# Application for Regulation of Paramedics under the Health Practitioners Competence Assurance Act 2003

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# Section 1 - Introduction

This is an application under Section 115 and 116 of the Health Practitioners Competence Assurance Act 2003, from the Trustees of Ambulance New Zealand to the Minister of Health to:

- Designate health services delivered by paramedics as a health profession under the Health Practitioners Competence Assurance Act 2003 (the Act) as set out in Section 115 (1) (a).
- Establish a new responsible authority (RA) to be the body corporate with respect to the regulation of paramedics as set out in Section 115 (1) (b) (i).

In making this request, the Trustees of Ambulance New Zealand (ANZ) have considered the financial viability and the need to find a cost effective way of administering the proposed RA. Therefore ANZ have recommended that the new group join one of the existing secretariats or a servicing group to administer the new RA or join the proposed single secretariat for all the RAs. In the consultation with the sector, paramedics were explicit about the desire to set up a RA Board **separate** from others in the sector. This could be a small Board of 5 - 7 people representing the practitioners and training providers. **This is consistent with current legal parameters as set out in Section 115 (1) (b) (i).**

The ambulance sector agrees that regulation of paramedics[1] under the Act is consistent with the principal purpose of the Act; in that it will enhance *the health and safety of members of the public by providing for mechanisms to ensure that paramedics are competent and fit to practise* and thus granting this application is in the public interest.

This application is being forward by the Trustees of Ambulance New Zealand[2] on behalf of the groups in the ambulance sector including New Zealand Defence Force (NZDF) medics, The Order of St John (St John), Wellington Free Ambulance (Wellington Free), ambulance services run by the Wairarapa DHB and on behalf of some of the private providers[3].

This application has been informed by an extensive consultation with ambulance officers and medics in late 2010. This consultation process was thorough: it included 900 people being involved in the qualitative phase, and 2119 people taking part in a survey. The consultation covered ambulance officers and medics from New Zealand Defence Forces, St John, Wellington Free, and ambulance services run by the DHB and staff of some of the private providers. Consultation also included personnel at a mix of metropolitan, provincial, rural and remote locations. The full summary[4] of this consultation is in Appendix 1 and quotes from the consultation report are referred to throughout this application.

[1] The definition of paramedics used in this document are healthcare practitioners who work with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy and who are trained to Intermediate Life Support and Advanced Life Support Level.

[2] Ambulance New Zealand is a trust set up to promote the common goal of participant ambulance service operators in New Zealand and to provide safe, reliable and efficient ambulance services in New Zealand. The Trustees are drawn from the main providers of ambulance and other emergency services.

[3] Initial Response and SPS

[4] Final Report: Registration of Ambulance Officers and New Zealand Defence Force Medics under the HPCA Act 2003, C*onsulting the Profession*, Sally Tye. January 2011.

# Section 2 Scope of this application

## The ambulance sector

Ambulance services covered by this application include pre-hospital emergency intervention, medical transportation and the delivery of primary care in homes and communities in some areas of New Zealand.

The sector covers ambulance officers and medics working for the following providers:

- St John.
- Wellington Free.
- Ambulance services run by the Wairarapa DHB.
- New Zealand Defence Forces.
- Private operators.

Paramedics make up part of the workforce that delivers ambulance services. Most ambulance providers employ a combination of paid staff and volunteers, the latter group play an essential part in service delivery. Currently these staff and volunteers are grouped into one of four practice levels depending on their qualifications:

- Basic Life Support (BLS) First Responder
- Basic Life Support (BLS)
- Intermediate Life Support (ILS)
- Advanced Life Support (ALS).

There are approximately 4000 people working in the sector, up to 3000 of these are volunteers, they primarily work at BLS level. Approximately 800 are paramedics[5] this includes those who work as medics in the NZDF. Paramedics work at ILS and ALS levels. Some staff and volunteers are already regulated health professionals under the auspices of existing Responsible Authorities (RA)[6] as the service employs and has as volunteers, health practitioners such as nurses and doctors and other allied health professionals. These people may not be employed to work within their registered scope.

## Scope of this application

**This application only covers health services delivered by paramedics, those practising at ILS and ALS levels.**

### Rationale for coverage of paramedics

In accordance with the NZS 8156[7], the standard developed by Standards New Zealand, paramedics working at the ILS and ALS level are able to perform invasive procedures and administer a range of drugs under standing orders or authority to practice. Under this system, a Medical Director grants permission (or authority) to use standing orders. Paramedics also perform invasive procedures such as intravenous drug administration, intubation and thoracic decompression.

[5] **Paramedics** work with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy and who are trained to Intermediate Life Support and Advanced Life Support Level.

[6] A **responsible authority**, in relation to a health profession, means the authority appointed in respect of the profession and in relation to a health practitioner, an applicant, or a former health practitioner, means the authority responsible for the registration of practitioners of the profession that the person concerned practises or seeks to practise or has practised.

[7] Standard for the Ambulance and Paramedical Services, No 8156 (Standards New Zealand, 2008).

In the NZS 8156 paramedics who practice at ILS and ALS have the skills to deal with situations where the threat to life is immediate, that is with:

- Critical and unstable patients, those that require immediate and aggressive treatment for example cardiac or respiratory arrest, severe head injury, severe shock, severe compromise of airway, breathing or circulation.

- Serious and unstable patients, in those situations where the patient has serious and or deteriorating conditions with potential threat to life or requires time critical treatment including airway compromise, respiratory distress, circulatory compromise or chest pain that does not respond to normal medication.

Paramedics have tertiary qualifications and therefore have an identifiable qualification as required by Section 12 (1) of the Act.

As noted in the consultation feedback below most ambulance officers and medics supported regulation at the ILS and ALS level, thus regulating this group would be both possible and practical.

> In the consultation[8] with ambulance officers in 2010, 57% of the survey respondents (1709 in total) thought at least some levels of ambulance officers and medics should be registered under the Act.
>
> When asked about which levels should be registered, nearly two thirds thought only ILS and ALS Practice levels should be registered.

**Rationale for coverage of New Zealand Defence medics**

The application includes regulation of medics in NZDF as this group of paramedics have specific concerns that will be addressed by regulation under the Act.

Regulation will be enable medics to be a more effective part of the NZDF national emergency response effort. For example in the recent event in Christchurch an urgent extension to medics' scope of practice had to be issued to enable the medics to treat affected civilian personnel.

Medics were working to their standing orders but the doctors are not able to easily sign off on the treatments for those civilians that are not their patients. With regulation, medics will be accountable for their own practice and be able to effectively respond when the nation has an urgent need. This is important not only for disaster relief but also includes NZDF medics helping in events like pandemics. Regulation and management by a single paramedic body will enable better alignment of practice, standards of competence and interoperability with the civilian ambulance sector. This then provides a larger pool of paramedics able to respond at need.

Regulation means that New Zealand would have better utility of medics when they are deployed off shore. As an example, when medics went to give aid after the tsunami in Samoa, they were not able to treat the locals as they were not able to be credentialed by the local authorities. Registration may overcome that problem.

[8] Final Report: Registration of Ambulance Officers and New Zealand Defence Force Medics under the HPCA Act 2003, *Consulting the profession*, Sally Tye, January 2011.

It will also enable NZDF medics to treat under their own scope of practice without needing to refer to a medical officer as this is often difficult when communications are limited.

**Outside the scope of this application**

BLS First Responders and BLS ambulance officers would not be covered by this application. NZS 8156 gives guidance on the scope of practice of BLS First Responders and BLS as follows:

- BLS First Responders should have the fundamental skills to deliver pre-hospital emergency care and focus on managing airway, breathing and circulation.

- BLS can manage life threatening and non life threatening situations. Their knowledge and technical skills build on the first response capability and include splinting and immobilisation.

Thus while BLS First Responders and BLS personnel may have to manage life threatening situations, they seek back up for life threatening situations and generally do not perform invasive techniques and may dispense a **limited** range of drugs. They work under "*authority to practice*" of a Medical Director and this gives them "*authority to use standing orders*".

BLS First Responder and BLS level are less qualified; their training is provided by Private Training Establishments and providers such as St John and Wellington Free. Most are volunteers. In the consultation with ambulance officers and medics concern was expressed that if volunteers at this level had to be registered this may impact on their willingness to continue to volunteer.

> Nearly 75% of those consulted who identified themselves as volunteers in the survey agreed there was a high risk that the sector would lose large numbers of volunteers if they were required to be registered.
>
> 45% of this group *strongly* agreed with this.
>
> 84% of people working in remote areas thought regulation would stop volunteers practising.

In light of the above information and feedback, ambulance providers, staff, volunteers and Ambulance New Zealand Trustees have discussed restricting coverage of this application to paramedics at ILS and ALS level, that is those who are most qualified, work independently and who manage the most complex cases and thus have the potential to cause the most harm to the public. It is considered by the Trustees of Ambulance New Zealand, as paramedics manage patients in life threatening situations and may perform invasive procedures and dispense drugs it is in the public interest that the health services delivered by paramedics be regulated under the Act.

**Therefore regulation of paramedics under the Act is consistent with the principal purpose of the Act, in that it will enhance *the health and safety of members of the public by providing for mechanisms to ensure that paramedics are competent and fit to practise.* This is in the public interest.**

# Section 3 Primary criteria for regulation under the ACT

## Criterion A Delivering a health service as defined by the Act?

The prime reason to regulate paramedics who deliver pre-hospital emergency and associated health services is to increase public health and safety and minimise risk.

> 68%, of those consulted, agreed and 17% disagreed that ambulance officers and medics have the potential to pose a risk of harm to the health and safety of the public while carrying out their professional duties or performing medical interventions.

Paramedics are healthcare practitioners "*who work with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy"*.

The main providers of ambulance services have agreed that the health services delivered by paramedics are defined as follows:

> Paramedics must be skilled and knowledgeable practitioners able to appraise and adopt an enquiry-based holistic approach to the delivery of health care in the primary care, acute and critical care settings.
>
> They are responsible and accountable for the quality of care they provide for their patients by employment of professional practice standards, clinical governance and evidence based medicine.
>
> They are also responsible for maintaining their fitness to practice and committing to continuing professional development.
>
> The breadth and scope of paramedic practice encompasses the following:
> - leadership, research and direction in the development of the paramedical profession;
> - the assessment, management and evaluation of health care intervention;
> - application of agreed practice standards in patient management;
> - working with individuals who may present with complex and challenging problems resulting from multi-pathology health states;
> - health promotion and injury prevention;
> - management of documentation associated with health care delivery;
> - working with social and health care professionals in interdisciplinary teams;
> - working with integrated emergency management teams;
> - allocation of resources using medical based priority decision support systems in 'out-of-hospital' situations;
> - an understanding of the health care issues and inter-relationships associated with diverse cultures within society;
> - the development of educational programmes that enable paramedics to demonstrate fitness for practice and a commitment to continuing professional development"[9].

Ambulance services in New Zealand "*treat and transport*" and "*treat and leave"* as some paramedics deliver services in people's homes or the community. This is consistent with

[9] The draft scope of practice was developed by the Education and Training Committee of Ambulance New Zealand that has members from St John, Wellington Free, the DHB ambulance service, NZ Defence Forces, NASO and of the union that has widest coverage, the National Distribution Union.

other jurisdictions, such as in the United Kingdom, where roles of Emergency Care Practitioners are common.

**Therefore paramedics do deliver a health service as defined by the Act.**

# Criterion B: Do the health services concerned pose a risk of harm to the health and safety of the public?

Paramedics deliver services that do have the very real potential to cause patient harm if they are not fully competent.

## Paramedics do perform invasive procedures and dispense drugs

Paramedics manage patients in life threatening situations and may perform invasive procedures and dispense drugs which have the potential for causing harm. These procedures and drugs are able to be administered by paramedics under standing orders which are specific to each ambulance officer.

Examples are as follows:

- **Intermediate Life support paramedics** can administer

  Manual defibrillation, Synchronised cardioversion, IV cannulation, IV fluid,IV glucose, SC lignocaine, Morphine, Fentanyl, Naloxone, IV or IM ondansetron, IM adrenaline, IV adrenaline for cardiac arrest, IV amiodarone for cardiac arrest, Ceftriaxone, Naloxone, IM and IN midazolam for seizures and thrombolysis.

- **Advanced life support Paramedic** can administer

  all of the above plus laryngoscopy, endotracheal intubation, capnography, cricothyroidotomy, chest decompression, intra-osseous needle access, Intra-osseous lignocaine, adrenaline, atropine, amiodarone, midazolam, ketamine, pacing, Vecuronium, Suxamethonium (selected personnel only).

## Paramedics do make clinical judgements and interventions.

Paramedics make decisions and judgements which can impact on a patient's health as they do have to assess complex patient needs after an accident or acute medical event. They also make key decisions as to whether it is safe to leave a patient, for a patient to stay in their own home or be transported to a medical facility.

As they are a mobile service they work without direct on-site supervision of other health professionals.

Often paramedics have to react quickly in the critical period after an accident or acute medical event when the patient is vulnerable and may not be conscious and therefore unable to give informed consent.

## Concerns and complaints

An assessment of concerns and complaints related to clinical and competence issues across the sector is difficult to compile as there is no central database or national sentinel or adverse event reporting. However some providers currently deal with a number of complaints per month and at least some of these relate to clinical standards and communication with patients.

A review of actual complaints about ambulance services to the Health and Disability Commissioner (HDC) from February 2004 to April 2009 noted that 46 complaints were made and, of these, 25 related to complaints about the appropriate standard of care. In most of these complaints the HDC took no further action.

Since 2008 there have been 31 complaints - nine are still open and 16 where no further action has been taken and one was resolved by the HDC. Three complainants were referred back to the provider, one to Advocacy services and in others cases an educative response was made by the HDC to the ambulance officer.

The HDC website currently features six decisions about cases that have been investigated by the Commissioner since 1999 which relate to ambulance officers, (some working in conjunction with other health practitioners).

Regulation under the Act will give an independent body that is able to have an overview of any complaints in the sector and under Section 118 (k) able to promote education and training within the profession.

**Regulation of paramedics overseas**

Regulation of ambulance personnel differs in similar countries overseas. In some cases paramedics are fully regulated as health practitioners, in other places regulation is being investigated and in some places the services or providers are regulated.

In Australia there is state regulation of ambulance services for example in New South Wales, Victoria and South Australia. Currently there are major changes in health regulation taking place in Australia including the implementation of national practitioner regulation, rather than the former model of state practitioner regulation. The Australian Health Ministers Conference at its February 2010 meeting gave in principle agreement to the investigation of national registration for paramedics. On 12th November 2010 the Australian Health Workforce Ministerial Council (AHWMC) considered the registration and accreditation of paramedics as part of the National Registration and Accreditation Scheme (NRAS) for Health Professions and the Health Workforce Principal Committee (HWPC) has been asked to provide advice to the Health Ministers on the inclusion of paramedics in the Scheme.

In April 2011, consultation took place to consider options for strengthening regulation requirements for currently unregistered health practitioners. The consultation gathered information and views to assist in determining the adequacy of existing protections for consumers, which including medical treatment from paramedics. The consultation came in response to an increase in complaints to health departments, registration boards and Health Complaints Entities concerning unregistered health practitioners.

The Council of Ambulance Authorities[10] at their last Convention in October 2010 the Board recorded their current position as follows:

> *"The CAA recognises that there has been rapid development in the profession/sector. The advantages and disadvantages of paramedic registration should be explored. The CAA supports that there must be thorough analysis to move the profession forward and believes that the CAA should be a key component of the consultation process".*

The Australian College of Ambulance Professionals[11] (ACAP) now called Paramedics Australia has advocated for the regulation of paramedics in Australia. They made an

[10] The Council of Ambulance Authorities represents the main ambulance providers in New Zealand, Australia and Papua New Guinea.

extensive submission to the New Zealand Ministry of Health on the criteria for regulation and at this time supported statutory regulation of paramedics[12].

In the United Kingdom ambulance personnel are covered by health practitioner regulation and paramedics are regulated by the Health Professions Council and "*paramedic*" is a protected title.

In Canada states such as British Columbia, paramedics are currently regulated and have a licence to practise; in other areas they work under delegation. In February 2010 the Government of Canada announced that the Alberta College of Paramedics would receive, on behalf of paramedic regulatory authorities across Canada, more than $1 million for the collaborative development of a single national standard and process for the qualification, assessment and certification of paramedics, leading to full labour mobility for paramedic practitioners.

In the United States licensing of paramedics is a state responsibility and this does vary across the states; emergency services are also regulated.

**Therefore paramedics deliver health services that do have the very real potential to cause patient harm.**

**In addition there is a trend to regulate or consider regulation of paramedics as health practitioners in jurisdictions similar to New Zealand.**



[11] The College is a national body representing paramedics which is involved in research and delivering programmes of professional development for paramedics.
[12] Submission to New Zealand Ministry of Health, *Statutory regulation of the health professions - Review of the basic principles justifying statutory regulation of the health professions.* March 2010.

# Criterion C: Is it in the public interest that the provision of the health services be regulated as a profession?

As paramedics manage patients in life threatening situations, may perform invasive procedures and dispense drugs on patients unable to give informed consent it is in the public interest that the health services delivered by paramedics be regulated under the Act.

## Practising without direct on-site supervision

As the ambulance sector is a highly mobile, with only one or two paramedics attending most critical events and accidents, therefore paramedics do practice without direct on-site supervision.

## Providing services to vulnerable or isolated individuals

Paramedics do at times provide services and stabilising treatments to vulnerable individuals who may not be conscious or not be in a position to give full informed consent.

## Complaints about the quality of services

There is no national register of complaints about ambulance officers or paramedics and as noted in Section 3, Criteria B a relatively modest number of complaints reach the Health and Disability Commissioner Office as most complaints are dealt with in house by the employers. Many relate to attitude and matters such as communications rather than competence. However some of these complaints do impact on the standard of care for patients when they are vulnerable following an accident or emergency.

## National standards of clinical competencies

The sector has been working on the development of national standards of competence. The Education and Training Committee of Ambulance New Zealand has started to develop clinical competencies and these could be built on if the paramedics are regulated under the Act.

### National qualifications

There are currently two recognised degrees for paramedicine delivered by Auckland University of Technology (AUT) and Whitireia Polytechnic. The main providers/employers do have input into the standard of these courses though an advisory committee.

In the ambulance services ALS paramedics have a post graduate certificate and ILS have a BHSc or have come though a provider internal pathway as shown below.

| Practice Level | Title | Qualification |
|---|---|---|
| ALS | ICP | Postgraduate Certificate |
| ILS | Paramedic | BHSc or internal pathway |

Paramedics in NZDF currently complete a double diploma via AUT which includes a Diploma in Paramedic Science and a Graduate Diploma in Health Sciences.

There is also progress towards ensuring a similar qualification standard is available throughout the country but without regulation under the Act, there is no independent group with statutory ability to ensure the education delivered by a third party is of the required

standard. Section 12 (2) (a) of the Act would enable the RA to set the requirements though accreditation of a course of study and Section 12 (4) would enable the RA to monitor the provider that it accredits.

This will give one national body (who is not connected to a provider, employer or union) able to accredit and monitor the standards required and set clinical competencies under Section 118 (i) of the Act. This will improve the progress towards one national standard for qualifications and competence.

Currently there are few restrictions to prevent additional ambulance providers setting up and advertising as an emergency service or requiring these providers to ensure their personnel are competent and work to agreed standards.

While progress on national standards is being made in the sector, concerns remain in relation to patient safety and about the differing standards of clinical competence and qualifications and levels of service delivery across the service providers and in different areas of the country.

**Standards of ethical conduct and cultural competencies**

Currently there are no **mandated** national standard of ethical conduct or cultural competencies across the whole sector as required under Section 118 (i) of the Act.

National development of a code of ethical conduct and cultural competence for paramedics would also be beneficial as it would flow on to BLS First Responder and thus have a positive impact on ethical standards and cultural competencies across the wider ambulance sector.

**Public expectations**

Currently it is also not easy for the public to differentiate between the most qualified practitioners in the sector or be assured of the standard of competency of paramedics.

Through regulation, as all RAs have websites and most have on-line registers, members of the public will be able to know what health services they can expect from a paramedic and have increased knowledge about the paramedic's scope and be able to find out if the individual paramedic is registered, competent and safe.

40%, of those consulted, agree and 30% disagree that the benefits to the public of professional registration of ambulance officers clearly outweigh any potential negative impact of such regulation.

30% neither agree nor disagree with this statement.

**It is in the public interest that the health services delivered by paramedics be regulated under the Act.**

# Section 4 Secondary criteria

# Criterion 1: Do existing regulatory or other mechanisms fail to address health and safety issues arising from the practice of the profession?

The lack of consistent approach across the sector means that there are varying ways by which potential risks of harm to the health and safety of the public are addressed.

## NZ Standard for Ambulance and Paramedical Services

Currently any organisation that provides ambulance services and/or use the words *"ambulance", "paramedic" or "medic"* is covered by the Standard for the Ambulance and Paramedical Services No 8156 (Standards New Zealand,2008). Compliance with the New Zealand Standard is required, but **not yet mandated,** however providers that have a contract for public funding will have to operate within the NZ Standard from July 2011. Currently both Wellington Free and St John are accredited against the NZ Standard.

## Other laws and regulations

The sector is also covered by the laws relating to employment, general legislation, and some sector specific statutes such as Fire Safety and Evacuation of Buildings Regulations 1992, the Fire Service Act 1975, the Land Transport Act 1998, the Land Transport Rule and Vehicle Lighting, 2004. It is also covered by health statutes such as Health and Disability Commissioner Act 1994 and the Health Information Privacy Code 1994. However, there is no specific regulation covering the standards of the services or the competence of clinical personnel delivering the services.

## Regulation of services

In 2007 the Health Select Committee undertook an inquiry into the provision of ambulance services in New Zealand. This inquiry report noted, '*that in New Zealand, the provision of ambulance services was voluntary and that there is no specific legislation requiring services to be delivered or governed by national standards'.* The inquiry noted that ambulance services should be, '*underpinned by nationally recognised clinical standards to ensure appropriate care and training*' and that it was considered, '*essential that paramedics be registered by the Health Practitioner Competence Assurance Act 2003'.*

The Ministers of Health and of ACC have publically supported the registration of paramedics and though the National Ambulance Sector Office (NASO)[13] have provided money to enable the sector to consult on this matter.

The sector has discussed regulation of the services as occurs in some states in Australia but the view of NASO, the Ministry of Health and Ministers of Health and ACC inclusion under the Act is the preferred option, see Appendix 2.

[13] NASO was set up in 2008 as a joint venture between ACC and the Ministry of Health to help foster a consistent national direction for New Zealand Ambulance services and to co-ordinate funding from the main agencies that fund the ambulance sector

## Use of standing orders

Currently all paramedics are supervised by a limited number of medical practitioners who act as Medical Advisors/Directors for the services, five in number across the country. This enables paramedics to work under standing orders. In addition there are also levels of clinical staff including paramedics in the larger organisations to provide supervision and support of all clinical personnel. However as the services are mobile and widely dispersed across the country, direct on-site supervision of paramedics is not feasible.

## Other forms of regulation

Ambulance New Zealand has considered other forms of regulation such as employer lead regulation, self regulation or regulation of the services.

As there are currently four[14] main employers in the sector, therefore employer regulation was considered but this form of regulation can only operate effectively to protect public safety if **all** the employers in the sector agree to the same standards and while most employers do work together, this cooperation does not include some small providers. Employer regulation can also lead to potential conflicts between the employers' needs, financial requirements and the clinical demands of the service.

Employer regulation may also restrict practitioner mobility as there is effectively a restriction of trade operating and this is not in the practitioner or the public's interest. Without a national registration framework for paramedics, if a practitioner chooses to leave their employment, they effectively lose the right to practice regardless of their fitness-to-practice. Employer led regulation would not prevent other unregulated providers from entering the sector.

Self regulation of the sector may also not protect the public as there is no independent body focussed on public health and safety and ensuring individual paramedics are competent to practice.

Regulation of the services would require development of a new statute or regulations and therefore is not practical to implement at this time.

Thus the main providers have reviewed other options for regulation and the benefits, costs and risks of paramedics becoming a regulated profession and have agreed to forward this application.

> In recent consultation with ambulance officers 57% of survey respondents thought some level of ambulance officers should be regulated under the Act and 50% agreeing this was in the public interest.

Paramedics Australia has noted that self-regulation was not effective because self audit and clinical review may be robust or focus on key performance indicators based on the execution of the professional practice itself. Employer led regulation results in a tension

[14] New Zealand Defence Force medics, The Order of St John and Wellington Free Ambulance and Wairarapa DHB.

between the exercise of clinical judgement and controls driven by an '*employer bias*' and the employers need to consider financial implications over and above clinical demands.

**Therefore some additional form of regulation is needed in New Zealand to improve public health and safety, regulation of paramedics under the Act would be the most efficient and effective at this point of time.**

# Criterion 2: Is regulation possible to implement for the profession in question?

Implementation of regulation is possible and the profession is well defined and recognised both within the ambulance sector and those working within the wider health sector.

**Agreed services and discrete area of practice**
In 2008 the New Zealand Ambulance service strategy developed by NASO noted that the ambulance services were the first line of treatment in the care continuum. The health service includes pre hospital emergency care. Every day in New Zealand about 1100 people rely on the emergency services to treat them. Increasingly the emphasis is on delivering the best, most effective treatment to the patient, this includes treatment in homes and the community.

## Agreed standards

As noted in Section 3 Criterion C, the Education and Training Committee comprising representatives of the main service delivery groups in the sector have started to develop a scope of practice and standards of professional practice or functional competencies relating to the areas of:

- Autonomy and accountability.
- Professional relationships.
- Clinical management.
- Quality of practice.

Further, as noted in Section 2, Standards New Zealand has worked with the sector to develop a national benchmark for all ambulance providers. It established guidelines for the provision of services that are safe and reliable, and efficient in the use of public funds and donated services. In addition the NZS 8156 gives up-to-date guidelines for ambulance services on safe, reliable, and efficient benchmarking standards that will allow appropriate measurement of service delivery.

## The profession is identifiable

The profession is defined at present by its association with ambulance service providers and NZDF. Paramedics are recognisable to the public though it is difficult to for the public currently to assess the knowledge, skills and experience and competencies of the paramedic who attends them.

Pre hospital emergency care is a discrete area of activity and the providers operate in very similar ways. The profession is identifiable in overseas jurisdictions which supply paramedics to the New Zealand workforce. The title "*paramedic*" is a well understood title and is now used widely within the services. The title "*paramedic"* is a restricted title in some jurisdictions such as the United Kingdom.

## There is an accepted body of knowledge

The current degree course covers the competencies and knowledge to be a paramedic. In the initial year it is delivered in conjunction with other health professionals such as nurses and allied health practitioners. This course results in an undergraduate degree in paramedicine.

Regulation under the Act gives one national body to accredit and monitor the educational institutions which deliver qualifications to ensure that the qualifications are fit for purpose and meet the needs of those working in the sector under Section12. Currently the CAA accredits the delivery of degree courses in Australia. Some of the training institutions in New Zealand are currently applying to be accredited by the CAA to ascertain their ability to deliver paramedics for the Australian market.

In future the RA may work with CAA to accredit all similar qualifications in New Zealand. This would ensure similar qualification standards on both sides of the Tasman, which is desirable as the Tran Tasman Mutual Recognition allows for "*free movement*" of health practitioners across the Tasman.

If an overseas trained paramedic wishes to practice in New Zealand, Ambulance New Zealand assesses the paramedics training and qualifications against the requirements of paramedic training in New Zealand. Service providers may then make their own assessment of the individual. An RA would strengthen this process as it would be required to assess if the person is fit for registration has the prescribed qualifications and is competent to practice within the scope under Sections 15 and 16 of the Act

## Continuous professional development

Professionals within the sector are committed to continuous education or continuous professional development and currently all of the main providers have requirements for ongoing learning but at present each provider has different requirements and standards.

Regulation under the Act would ensure all registered paramedics have the same professional development requirements on the same basis nationwide wide. This would be required if new providers entered the sector.

> 44%, of those consulted, agree and 26% disagree that professional registration may mean their employer provides them with more continuing education.

Therefore regulation would build on the developments already taking place within the sector and ensure all providers had to operate within these mechanisms. It would give an independent body responsible for national standards for entry or registration, for national education and qualifications and for ongoing competency through recertification and a make these applicable across the whole sector.

It would also give a body independent of providers, employers and unions which is focused on public health and safety and ensuring individual paramedics were competent to practice, thus increasing the safety of ambulance services.

> 66% of those consulted agree and 11% disagree that professional registration is possible to put in place for ambulance officers and medics. 23% neither agree nor disagree with the statement.

**Therefore implementation of regulation is possible and would enhance public safety.**

# Criterion 3: Is regulation practical to implement for the profession in question?

There is agreement from providers and a substantial part of the profession that regulation is desirable and hence it is practical to implement. Regulation under the Act will give a group (separate from providers, employers and unions) in the sector the mandate to focus on public safety.

## Sector groups are working to gain regulation

While there is not one professional body or association for paramedics in New Zealand, there are several sector groups that have worked towards regulation over the years.

The Council of Ambulance Authorities supports regulation as do some of the Unions. Recent consultation shows that the majority of practitioners support regulation under the Act.

Paramedics accept that regulation under the Act will make them responsible for their actions and for maintaining their own competency, as under the Act it is the individual that is regulated not the services or providers.

> Nearly 75% of respondents agree that registration makes each individual responsible for maintaining their own skills and competence. 64% are not concerned about this and 17% are concerned.

## Register of the profession

Currently each employer keeps records of the members of the profession who are employed by or volunteer for the organisation but there is no central register that can be viewed by the public, as happens with other regulated health professionals.

## Understanding the implications of regulation

The sector has just completed an extensive consultation process to ensure paramedics understand the implication of regulation.

> This showed that those who support registration – of some levels of ambulance officers and medics, at least – form the largest group, with 57% of those surveyed agreeing that registration should happen.

Two previous studies showed similar results. In 2008, Ambulance New Zealand organised a survey of those involved with the provision of ambulance services to give information on the Act and measure the level of interest amongst clinical personnel of becoming registered under the Act. Over 500 responses were received, and the results showed that, of those that replied, most clinical personnel supported registration in some form, with 5% being opposed and 3% stating they were unsure.

Another study by Jackie Clapperton[15] in 2008 on *The Feasibility of Establishing Emergency Care Practitioners in New Zealand* asked paramedics about this concept and about regulation. 97% of individuals replying (116) and all organisations that were asked (15) said that ALS should be *"professionally registered."*

> In the consultation, 50% of those consulted agreed and 26% disagreed that professional registration is practical to put in place for ambulance officers and medics. 24% neither agreed nor disagreed.

**Therefore regulation of paramedics under the HPCAA is the most effective way to enhance public safety and is supported by providers and the majority of practitioners and is possible to implement.**



[15] Clapperton, J. (2008) *The Feasibility of establishing emergency care practitioners in New Zealand* a dissertation submitted for a Masters Degree. University of Otago.

# Criterion 4: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

**Benefits for the public**

If regulated, the sector would have one body the RA (independent from employers, unions and education providers who have other drivers) focused on public health and safety and whose prime task is to ensure individual paramedics are competent and fit to practise.

Regulation will ensure the development of the profession on the same basis nationwide as the RA would be required to set national standards for clinical and cultural competence and ethical conduct, this will decrease variances in standards across the country.

All paramedics would work within a defined scope or scopes of practice and have the required qualifications set by the RA, eliminating variances in qualifications, protocols and standing orders and continuing professional development requirements across the workforce and across the four main providers and thus improve standards.

> 56% agree and 25% disagree that professional registration would help to maintain and improve the clinical standards of ambulance officers and medics.

The RA would develop a framework to make sure those:

- Who enter the profession are fit for registration.
- Who are in the profession are fit and proper people.
- What paramedics are fit to practice by the RA assessing whether practitioners are maintaining their competence each year when issuing the Annual Practising Certificates (APC).

A standard process for patient complaints and concerns about a paramedic's competence would be put in place. This will separate complaints and competence issues from those of employment and provision of services. In addition the public will have one body, the RA, to raise concerns about competence of paramedics and who can advise if they wish to complain about the services delivered by a paramedic.

The RA will give more robust mechanisms for assessing practitioners from overseas who wish to enter the profession, as the RA is required to ensure any paramedic entering the New Zealand workforce is fit for registration, has comparable qualifications to those prescribed for the scope of practice and is competent to practice within the scope of practice.

Paramedics would be more clearly seen as "*trained and registered health practitioners*" and thus improve recognition by the public. The public could be involved when the standards are set, as any standards set by the RA would have wide consultation before they are put in place.

Regulation will assist in preventing unqualified people holding themselves out to be paramedics, through Section 7 of Act.

> 40%, of those consulted, agree and 30% disagree that the benefits to the public of professional registration of ambulance officers clearly outweigh any potential negative impact of such regulation. 30% neither agree nor disagree with this statement.

**Thus through implementing standards of entry to the profession and setting ongoing standards and ensuing competence, consumers will benefit.**

**Benefits for the health sector**

Regulation will enable the RA to promote education and training in the sector under Section 118 (k).

Regulation will enable sanctions to be put on practitioners who act incompetently, unprofessionally, bring the profession into disrepute or act in an egregious way and to be able to remove from practice those who are unfit to be part of the profession. No one group is able to do this at present. Currently while an employer may dismiss a paramedic because they are unfit to practice, this person may still be able to gain employment elsewhere in the sector.

> 82% of respondents agree that ambulance officers and medics who don't maintain their skills to required levels might have to practice at a lower level or be de-registered. 66% are not concerned about this, while 17% are concerned and 18% may or may not be concerned.

With regulation ACC could accept paramedics as treatment providers. Currently ACC sector funding is linked to transporting patients and not provided if services wish to supply other services, such a treating and returning a patient home rather than to a medical facility, which is not efficient for the health services or effective for the patient.

> 48% agree and 15% disagree that professional registration could mean ambulance officers are funded for treating patients in the community, not just for transporting people to hospital. 37% neither agree nor disagree.

**Thus regulation of paramedics will lead to benefits across the health sector**

**Benefits for health outcomes**

The RA would be required to set cultural competencies that would apply to all those who are regulated. This would be beneficial to the sector ensuring care is delivered appropriately to all. Some other RAs have also developed specific guidelines for practitioners working with Maori as a Treaty of Waitangi obligation and to improve health outcomes for Maori.

Regulation should facilitate paramedics to deliver more effective services to patients in their own homes as regulation will facilitate integration with other primary care providers. In a pilot, the Kapiti Coast Urgent Community Care research has shown decrease in need to admit patients to emergency departments and thus resulting in a saving to the health budget.[16] Similar services trailed in the United Kingdom have show health and cost benefits, see Appendix 3.

If paramedics are recognised as registered health care providers, ambulance services are more likely to be included in discussions about different models of delivering pre hospital and primary health care. This is in line with the current sector movement to deliver "*better, sooner, more convenient health care in the community*[17]". It should facilitate wider integration of ambulance services into the health sector and improved continuum of care for patients. The increased integration with primary care service delivery is desirable in a sector which continues have workforce shortages.

Similar regulation with other health practitioners already covered by the Act will increase coordination of care with other health services thus improving patient outcomes and safety.

> 66% agree and 22% disagree that professional registration would help ambulance officers and medics to be seen as competent health care professionals by other health professions such as doctors and nurses.
>
> 49% agree and 28% disagree that professional registration would help ambulance officers and medics to be seen as competent health care professionals by the general public.

As concerns and incidents occur as patients move from the responsibility of paramedics to hospital care it would be an advantage for paramedics to be part of the protected quality assurance activities as set out in Section 52-63 of the Act. This would enable all involved to discuss any incidents or adverse events to improve service delivery and decrease patient risk.

Regulation would enable paramedics to act in their own right and may in future allow them to prescribe and thus deliver primary care in the community "*better and sooner*".

**Thus regulation of paramedics would have a positive impact on health outcomes of patients.**

**Benefits for the workforce**

Regulation under the Act will help the ambulance sector to be more clearly seen as part of healthcare and therefore could help in improving the continuum of care to the patient. This in turn is in line with the New Zealand Ambulance Sector strategy and may allow more innovation in relation to the funding of the sector.

[16] Swain A., Hoyle S., Long, A., 2010. *The changing face of prehospital care in New Zealand.* Vol 123 no 1309 NZMJ

[17] Ministry of Health. 2011. *Better, sooner., more convenient health care in the community* Wellington: Ministry of Health

Regulation will enable paramedics and NZDF medics to have greater mobility across the ambulance sector and to work in other health workforces such as accident and medical practice, primary care and emergency care.

> 70% agree and 11% disagree that professional registration would make it easier to transfer skills across organisations and to secure employment anywhere in New Zealand and overseas.

Regulation would recognise a new group of health professionals in a sector where there are workforce shortages. Responses to the questionnaire[18] sent out by Ambulance New Zealand (in 2008) noted that 28% of volunteers would definitely consider a career as a paid staff member and 31 % may do so. This could be a possible additional resource for the health sector as a whole, which is currently under pressure because of a lack of staff.

If regulated, paramedics may be able to perform tasks that are currently performed by other health practitioners.

Internationally, emergency ambulance services have assisted Emergency Departments in managing the increased patient capacity by delivering services in the community. Research by Jackie Clapperton has noted that *"part of the vision in introducing ECPs into the United Kingdom health system was to reduce the number of Emergency Department attendances (Department of Health, 2005)".* In New Zealand Emergency Department overcrowding has been identified as a major issue and this includes inappropriate attendances.

In emergencies regulation and management by a single paramedic governing body (the RA), will enable better alignment of practice, standards of competence across the whole sector and interoperability of NZDF medics with the civilian sector providing a larger pool of paramedics able to respond when needed.

**Thus regulation will have positive benefits for the workforce as a whole.**

**Benefits relating to training and professional development**

Qualifications and CPD would become more consistent nationwide, across the providers and different areas of the country as the RA would accredit training courses that results in qualifications and recertification programmes which are used for maintaining ongoing competence. This is turn will facilitate the provision of such training by other providers independent from employers such as the Universities. This should ensure that the qualifications are fit for purpose and meet the needs of those in the sector.

Regulation under the Act would make sure all registered paramedics have continuing professional development on the same basis nationwide wide even if new operators enter the sector.

**Thus regulation would give external accountability to those training paramedics.**

[18] It is important to note that these results were from a small sample and therefore have a high margin of error, and so this may not be a representative sample

56% agree and 25% disagree that professional registration would help to maintain and improve the clinical standards of ambulance officers and medics.

## General costs of regulation

During the last review of the Act, employers such as DHBs did note that the Act had increased their costs due to:

- The increase in RA costs as they were implementing a more complex piece of legislation.
- An increase in regulatory costs throughout the health sector due the requirements of recertification.
- The higher standards of compliance set by the RAs for example, registration requirements for practitioners entering the workforce from overseas.[19]
- The increase in costs of accrediting or approving graduate programmes by RAs.

## Specific costs for the ambulance sector

There would be an immediate cost for the employers of paramedics in that health based unions have traditionally negotiated payment of annual practicing certificate fees[20] and at least some of the costs relating to maintenance of competence into industrial agreements. . In a sector that is partially funded by donations there is the potential for this to reduce front line care.

Employers would not be able to employ a paramedic at ILS or ALS who was not registered and did not have an annual practising certificate to practice within the agreed scope of "paramedicine". This may have a cost.

The RA would be involved in some matters that now are dealt with internally by the employer, which will have a cost, such as:

- Ensuring all personnel are competent to practice within their scope.
- Investigating complaints about regulated staff which may be done differently or slower than the employer.
- Requiring personnel to be up-skilled if this has been shown to be necessary.

Employers will still need to *"credential"* clinical personnel to ensure the person is able to perform a particular role in their service therefore there will be little cost reduction in this area for employers.

Some of those consulted expressed concern that paramedics may be subject to "*double jeopardy"* and that regulation may add another mechanism for a person to complain about paramedic. At present a complaint can be lodged with the Health and Disability

[19] Section 13 (c) of the HPCAA states that qualifications prescribed by RAs must not pose an undue cost on health practitioners or the public.

[20] The annual practising fee or APC fee is the main source of income for an RA.

Commissioner (HDC) and to the employer (and to other organisations depending on the circumstances) and the RA would be another body that could investigate the complaint.

The RA would be involved in some matters that now are dealt with internally by the employer, such as ensuring all paramedics are competent to practice within their scope.

Therefore the costs of regulation have been raised as a concern but the majority of those consulted did accept the costs were outweighed by the benefits of regulation.

> 87 % of respondents agree that even if individuals don't have to pay for themselves, registration would have a cost to the sector. 26% are concerned about this while 56% are not concerned.
>
> 66% agree the cost of registration might lead to funding shifts in the sector and 27% are concerned about this. 27% think it may or may not be of concern and 46% are not concerned.

## Sources of income for the ambulance service providers

The two main sources of revenue in the ambulance sector is private funding and public funding through ACC and Ministry of Health, (of which about two thirds comes from the Ministry of Health and one third from ACC). The private funding comes from grants, donations and fundraising – and makes up about 23 % for Wellington Free, which also gets some local authority funding, and about 13 % of St John's income for ambulance operations.

Therefore there is concern that regulation may draw money from front line services. However if the sector is regulated under the Act, service development opportunities and possible funding sources should increase.

## Actual costs for this RA

Ambulance New Zealand has estimated the registration fee and APC fee if approximately 1000 paramedics are regulated. Conservative estimates of the income required in the start up phase of about $350,000 - $400,000 per annum if 1000 paramedics are to be regulated. Therefore the "*one off*" registration fee for practitioners will be in the order of $350-400 per practitioner.

Annual costs are estimated to be in the order of $500,000 per annum. This would mean the cost of the ongoing APC fee would be in the order of $500 pa. The actual costs will be dependent on the number complaints procedures and professional conduct reviews needed. (A Competence Review or a Professional Conduct Committee would cost in the order of $5,000 each and a discipline case before the Tribunal would be in the order of $15,000 per day of hearing).

## Secretariat costs

Providers and paramedics have discussed how the secretariat could be organised to ensure costs were kept to a minimum. It has been agreed that the RA would join one of the existing secretariats or a group delivering administrative services such as:

- Medical Science Secretariat (MSS).
- The Health Regulatory Authorities Secretariat (HRAS).

- Or be serviced by the Occupational Therapy Board (OTB) in a similar way to the Psychotherapy Board, Osteopathic Council and the Podiatrist Board, all of whom buy administrative services from the OTB.

Joint servicing would enable the RA for paramedics to rationalise costs and gain considerably from expertise of the other regulators in the sector.

The Trustees **have not yet negotiated** the costs with any of these groups but all of the groups have indicated willingness to work with paramedics to provide administrative services. Also it is noted that currently there is a movement in the sector to rationalise secretariat services and have one secretariat which would deliver administrative services to paramedics.

**Governance arrangements**
In the consultation with the sector, paramedics were explicit about the desire to set up a RA Board **separate** from others in the sector. This could be a small Board of 5 - 7 people representing the practitioners and training providers. **This is consistent with current legal parameters as set out in Section 115 (1) (b) (i).**

During this consultation the profession was asked whether a blended Board was possible for paramedics but it was considered no other RA Board has sufficient synergies with the ambulance sector to make this desirable. The concept of requesting a blended Board with the doctors or nurses was canvassed but neither option was regarded as being effective for the sector as there is little synergy in scope or in the way the sector is organised or in the training of these profession and that of para medicine. In addition the Medical Council and Nursing Council already have large and varied professions and number of scopes to regulate.

As ANZ is aware the Minister is looking for synergies and rationalisation in the way the RAs are organised. Thus an initial approach has been made to the Nursing Council, the Medical Council and to the secretariat of the newly formed Medical Services Council.

The Medical Council, the Medical Services Council and the Nursing Council would consider inclusion of paramedics under **Section 115 (1) (b) (ii)** but this would require extensive discussion with all parties and additional consultation with the in the ambulance sector and assurance that the paramedics had appropriate representation on the governance Council.

# Conclusions

As shown in this application the protection of public interest will enhanced through regulation of paramedics under the Act.

Regulation will help ensure the public can readily find out what services a paramedic is competent and entitled to provide, what health services can be expected from a paramedic and will know that a practitioner is competent and safe.

As has been shown in this application, paramedics do deliver a health service as defined by the Act and the delivery of these health services do pose a risk of harm to the health and safety of the public.

Existing regulatory or other mechanisms do not address health and safety issues.

**Regulation is possible and practical to implement for the paramedics and the benefits to the public of regulation outweigh the potential cost and negative impact of such regulation.**

# Appendix 1

Final Report: Registration of Ambulance Officers and New Zealand Defence Force Medics under the HPCA Act 2003, *consulting the profession*, Sally Tye. January 2011

# Appendix 2

On 4 June 2009 Ministers Ryall and Wong endorsed the NZ Ambulance Strategy and announced funding for the following initiatives:

- 100 new ambulance officers/paramedics.
- Support for volunteers to upskill to the basic life support training level.
- Support registration under HPCA Act.
- Additional support for the air sector.
- Funding for new initiatives.

The funding received to progress registration under HPCA Act is linked to the objectives and actions under **Initiative 7 of the NZ Ambulance Strategy** that reads:

> **Initiative 7**: Improve the level and extent of clinical expertise; develop procedures for utilising consistent protocols for a given condition regardless of setting, and extending the role of the paramedic.
>
> **Objective**: To assure clinical reliability of the patient care experience:
>
> **Action 1**: Establish formal links to the primary health care sector:
>
> · Establish an ambulance sector National Clinical Advisory Group, with among others links to the Primary Response in Medical Emergency programme.
>
> · Facilitate ambulance sector representation on the New Zealand Primary Health Care Advisory Council.
>
> · Consider options to be involved with the Joint Ministry/DHB Primary Health Care Work Programme, to integrate policy work and sector representatives.
>
> **Action 2**: Increase and standardise the level of ambulance workforce skill:
>
> · Standardise clinical competency levels and education of ambulance officers and paramedics to achieve national consistency.
>
> · **Enable the inclusion of ambulance officers under the Health Practitioners Competence Assurance Act.**
>
> · Identify clear career pathways for paramedics to encourage further study
>
> · Encourage links between ambulance sector and Emergency Departments to facilitate good decision making and transport to nearest place of definitive care.
>
> **Action 3:** Extend the role of the paramedic:
>
> · Identify opportunities to utilise paramedics in primary health care, health promotion and injury prevention.
>
> · Determine how opportunities might be realised in the context of the Government's Primary Health Care Strategy.

# Appendix 3

In the United Kingdom services by Extended Care Practitioners (ECP) who are able to diagnose and treat and identify complication factors, are able to treat and/or refer to other services. One study shows ECP can be deployed in 'out of hours' services and gives consideration to fact that the cost of an ECP is lower than that of a doctor (£40 pound sterling compared to £150 pounds). They may also be involved in emergency services which decreases pressure on Emergency Departments and admissions and saves money (ECP Team, Skills for Health, June 2007).

Another article (Dixon et al, 2009) describes a trial which trains paramedics to undertake a greater role in the care of older people following a call for an emergency ambulance. Paramedic Practitioners (PP) were trained in extended skills to enable them to deliver patient-centred care to older people calling for an ambulance. It was noted that PP were anticipated to spend longer, but it would reduce the number of emergency department attendances and admissions.

The objective of the trial was to assess the cost effectiveness of the Paramedic Practitioner (PP) scheme compared with usual emergency care. The study showed statistically significant changes in the use of health resources when PP were used. The article has a detailed analysis and estimates a reduced cost of service of £140 per patient. The article notes this is not statistically significant. However the trial also showed reductions in the length of episode, admissions to EDs and hospitals and increased patient satisfaction.

In the United Kingdom several schemes show sector benefits due to reduced transport rates and reducing admissions to hospitals, which in turn saves health dollars.

Some examples include:

- Ambulance transportation rates to Emergency Departments are reduced from 75% to 60% (Great Western Ambulance Service, Gloucestershire division).

- ECP transportation rates 43% urban and 25% rural (ECP Team, Skills for Health, June 2007).

- Reduced admission rates in patients who have fallen by 45% and those with breathing difficulty by 41% (Avoiding Admissions from the Ambulance Service T J Gray & A. Walker Emerg Med J 2008; 25: 168-171).