



Options for regulation of paramedics

Response to the Consultation being conducted under the auspices
of the Australian Health Ministers' Advisory Council (AHMAC), on
behalf of State, Territory and Commonwealth Health Ministers

*Ambulance
New Zealand*

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What organisation do you represent?

This response has been prepared on behalf of the Trustees and member of Ambulance New Zealand (ANZ).

ANZ is the umbrella group for the ambulance sector in New Zealand and it includes in its membership:

- The Order of St John (St John)
- Wellington Free Ambulance (Wellington Free)
- All contracted air ambulance/air rescue operators
- Some of the private ambulance providers.¹

How many paramedics are employed/members of your organisation?

In New Zealand ambulance services include pre-hospital emergency interventions, medical transportation and the delivery of primary care in homes and communities in some areas of New Zealand.

There are approximately 4000 people working in the sector, approximately 800 are paramedics,² this includes those who work as medics in the New Zealand Defence Forces.

The background and scope of this application

In 2011 ANZ applied for the services delivered by paramedics in New Zealand to be designated as a health service under the Health Practitioners Competence Assurance Act 2003 (the HPCA Act) and for paramedics to be regulated under the HPCA Act.

The HPCA Act provides for a consistent regulatory regime for all health practitioners covered, currently there are 16 regulators covering 22 classes of health practitioners. The principle purpose of the HPCA Act is "to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions". The HPCA Act also provides for scopes of practice and systems to ensure that no health practitioner practises outside his or her scope of practice. There are also powers to restrict specified activities to particular classes of health practitioner to protect members of the public from the risk of serious or permanent harm.

¹ Initial Response and SPS

² Paramedics in New Zealand 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 ANZ application has been received by the Ministry of Health. However currently all new applications for coverage under the HPCA Act have been put on hold until the impending reorganisation of the secretariat structure for the regulatory groups and the review of the HPCA Act are completed.

Currently the criteria that have to be met before a new group of health practitioners are regulated in New Zealand are very similar to those used in Australia. The primary criteria are:

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

The secondary criteria are:

- Criterion 1: Do existing regulatory or other mechanisms fail to address health and safety issues arising from the practice of the profession?
- Criterion 2: Is regulation possible to implement for the profession in question?
- Criterion 3: Is regulation practical to implement for the profession in question?
- Criterion 4: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

ANZ has argued that paramedics in New Zealand should be regulated because:

- Paramedics deliver a health service as defined in the HPCA Act.
- Paramedics deliver health services that have the very real potential to cause patient harm if paramedics are not fully competent thus paramedics may pose a risk of harm to the health and safety of the public.
- Regulation would give consistent standards of entry to the profession and set standards for conduct and competence of paramedics.
- Regulation would have a positive impact on health outcomes of patients.
- Regulation would give external accountability to those training paramedics.
- There are no other regulatory mechanisms in New Zealand that would give similar protection to the public as regulation of paramedics under the HPCA Act.
- Regulation is possible and practical to implement for paramedics as the practitioners are identifiable, there is an accepted body of knowledge and accepted qualifications and paramedics take part in continuous professional development.

It was also agreed by ANZ that the benefits to the public of regulation outweighed the potential negative impact of such regulation and any consequent costs. The application by ANZ was supported by providers and the majority of practitioners from the ambulance sector.

ANZ assesses many of these benefits would apply in Australia if paramedics were covered by the National Health Practitioner Registration and Accreditation Scheme.

ANZ has not responded to all questions in the consultation paper as it is not in a position to comment on the local Australian impacts of regulation.

What should be the objectives of government action in this area and is there a case for further regulatory action by governments in this area?

It is understood that the principles of the National Health Practitioner Registration and Accreditation Scheme (the National Scheme) for the health professions are as follows:

- Provides for a single national system of registration and accreditation of health practitioners.
- Provides for greater safety for the public.
- Allows health professionals to move around the country more easily.
- Reduces the regulatory burden on health professionals.
- Promotes a more flexible, responsive and sustainable workforce.
- Establishes a public national register for each health profession to ensure that a professional who has been prevented from practising in one jurisdiction cannot gain regulation in other Australian jurisdiction.

ANZ considers there is a strong case for regulatory action by the Australian Government in that:

- Paramedics working within their scope of practice (as set out in page 12 of the consultation paper) have the potential to cause risk to the public as “paramedics deal with life and death and make routine clinical decisions on a daily basis, often without knowing a patient’s medical or social history. Paramedics regularly triage, assess and clinically manage unconscious, incoherent or combative patients, sometimes in multi-casualty situations”.
- Currently there is wide diversity in the scope of practice of paramedics across the States and Territories.
- The role of paramedics is being extended to cover delivery of additional health services (as noted in Page 8 of the paper). This type of development in the paramedic roles is already happening in New Zealand.
- There are no standard qualifications for paramedics across all States and Territories or single legislated national forum to set the standards of paramedic education, training and practice.

- There is no mechanism to prevent a paramedic who has significant health, conduct or performance issue, moving from one employer to another or one jurisdiction to another and continuing to work as a paramedic.
- There is no consistent model for complaints about paramedics across the States and Territories and thus no complaints and clinical incidents data collection and reporting comparable across the jurisdictions.
- There is no consistent regulation of the delivery of ambulance services across States and Territories.
- Consumer protection is not as effective as would be if paramedics were regulated under the National Scheme.

The current situation not only potentially puts the public at risk; it is confusing for the public and limits cross-state mobility of this workforce.

In addition if paramedics are regulated in New Zealand, as with many other health practitioner groups that operate in Australia and New Zealand, there will be clear benefits for national-based regulation on both sides of the Tasman. As the two countries could then work towards consistent accreditation of qualifications and recognition of entry standards, as happens in several of the other regulated health groups. This will be necessary and beneficial as paramedics will be covered by the provisions of the Trans Tasman Mutual Recognition Treaty.

Therefore ANZ considers that the Australian government has a responsibility to be cognisant of public health and safety when deciding if and how it should regulate paramedics. ANZ accepts that such regulation is at a cost but considers in this case that the benefits outweigh the cost.

Options for regulation

Option 1: No change – rely on existing regulatory and non-regulatory mechanisms, and a voluntary code of practice

While this would be a cost effective model, ANZ do not consider this an appropriate option in terms of public health and safety. Different scopes of practice, standards, qualifications and mechanisms to protect the public would remain unaltered or operate on a voluntary basis. Lack of consistency across the States and Territories would continue. The risks to the public associated with the actions of a paramedic who may have health, conduct or performance issues that make them unsafe to practice would be unchanged.

Option 2: Strengthen statutory health complaint mechanisms - statutory code of conduct and powers to prohibit those who breach the code from continuing to provide health services

A nationally consistent and mandatory code of conduct would have benefits in that it would set out accepted professional standards of practice for paramedics. It could create a more consistent complaint regime across the country.

This could also lead to a nationwide register of prohibition orders accessible to the public so the public are better informed, however this system would not proactively assist in protecting the public from incompetent paramedics, for example it is not a viable model if an incompetent practitioner is practising and the patient is in an accident and not in a position to refuse assistance or give consent.

It would not give national consistency of scopes and qualifications. It would also not enhance mobility of paramedics across the country.

Option 3: Strengthen State and Territory regulation of paramedic

Under this option any standardisation and consistency across the country would take time, changes will take place at different rates in each state and change is not guaranteed.

It may strengthen the scrutiny placed on paramedics in relation to health, conduct or performance issues.

It would also not enhance mobility of paramedics across the country.

Option 4: Registration of paramedics through the National Scheme

This is the preferred option of ANZ.

6.1. How would the regulation of paramedics through the National Scheme provide further protection of the public?

The public would have greater protection if paramedics were registered through the National Scheme because:

- There would be better assurance that all paramedics are appropriately qualified and have attained and maintain approved national standards for conduct and performance.
- There would be a consistent national approach to paramedics who may have health, conduct or performance issues, this it would reduce risks to the public by the actions of a practitioner who may be unsafe to practice.
- The public would have a consistent process to raise concerns about the conduct and performance of paramedics, if they wished to complain about the services delivered by a paramedic.
- Paramedics would be more clearly seen as “*trained and registered health practitioners*” and improving recognition by the public.

6.2. Can you identify any barriers to a national accreditation scheme for the education and training of paramedics?

No.

6.3. What is your view on whether the accreditation scheme currently in place and operated by CAA would provide a suitable model for establishment of an accreditation body?

The CAA does currently provide assurance about the qualifications it accredits but currently it lacks a legislative basis for this.

Under the National Scheme a national course accreditation process would need to be endorsed, this should build on the CAA process.

6.4. What do you see as being the compliance costs for yourself or your organisation associated with the option for paramedics entering the National Scheme?

Not applicable

6.5. What benefits do you see for protection of the public associated with this option?

If paramedics were covered by the National Scheme the benefits for the public would include:

- Better assurance of nationally consistent of conduct, performance and requirements for continuing professional development for all paramedics.
- The establishment of a national accreditation body for the assessment of qualifications leading to registration as paramedics which would ensure consistency.
- It would separate complaints and competence issues from those of employment and provision of services.
- It would give legislated protection for use of the title 'paramedic', with only a person registered being able to use that title, so the public would be better able to identify regulated paramedics. Thus preventing unqualified people holding themselves out to be paramedics.
- Coverage by similar regulation to other health practitioners already covered by the National Scheme will enable paramedics to relate professionally with other regulated health practitioners and be part of the primary care health professional team. This should lead to an increase in coordination of care with other health services thus improving patient outcomes and safety. As paramedics extend their scope this will become increasingly important.

6.6. How would national registration be better than current regulatory arrangements?

National regulation will ensure the development of the profession on the same basis nationwide, with all paramedics working within a defined scope or scopes of practice and having the required qualifications, it would eliminate variances in qualifications, protocols and standing orders and continuing professional development requirements across the sector.

- This would give more robust mechanisms for assessing practitioners from overseas who wish to enter the profession, ensuring any paramedic 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.
- If regulated, the sector would have a regulator, independent from employers, unions and education providers and which would be focused on public health and safety and sector mobility.
- It would ensure if sanctions are put on practitioners who act incompetently, unprofessionally, bring the profession into disrepute or act in an egregious way or are who are unfit to be part of the profession that the person could not move and practice in any other State or Territory
- Consistent regulation will enable paramedics to have greater mobility across State and territorial boundaries.
- National regulation would give benefits in relation to national consistency of training, standards and codes of practice, across the different providers and different areas of the country and national accreditation of education providers would give external accountability to those training paramedics.
- Regulation under the Act would ensure all registered paramedics have continuing professional development on the same basis nationwide wide.
- Regulation and management by a single paramedic body will enable better alignment of practice, standards of competence and interoperability with the civilian ambulance sector.

For example in New Zealand during the recent earthquake in Christchurch the lack of common national regulation initially limited the NZDF national emergency response effort. An urgent extension to defence paramedics' scope of practice had to be issued to enable the medics to treat affected civilian personnel. Defence paramedics were working to their standing orders but doctors were not able to easily sign off on the treatments for those civilians that were not their patients. With regulation, defence paramedics will be accountable for their own practice and be able to effectively respond when the nation has an urgent need. This is important for disaster relief and in events like pandemics.

- As national regulation would include coverage of defence paramedics it would assist in service delivery during an overseas emergency.
For example when New Zealand defence 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.
- National regulation would give a platform for cross Tasman consistency when paramedics are regulated in New Zealand

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Thank you for taking the time to make a submission.

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