

Submission on the proposal to regulate the paramedic workforce under the HPCA Act 2003

Introduction

Auckland University of Technology (AUT) is New Zealand's largest tertiary education institution that grants qualifications in Paramedicine. The AUT Bachelor of Health Science in Paramedicine achieved accreditation in 2013 from the Council of Ambulance Authorities (CAA) Paramedic Education Program Accreditation Committee (PEPAC). AUT also educates registered health professionals including physiotherapists, podiatrists and nurses. AUT delivers pre-degree, degree and postgraduate level programmes (to PhD level) in paramedicine that are globally recognised. At any one time, we have more than 550 students engaged in our programmes, including international students. A unique element of our course is the significant amount of time our students spend on placement in ambulances, hospitals and primary health care settings. AUT manages these placements and this gives us insight into the challenges facing the workforce.

AUT, the two ambulance service providers in New Zealand, and other education institutions have worked extensively since 2000 to professionalise the workforce. The shift from vocational training to tertiary education has increased the clinical skill level and overall quality of patient care delivered. This change also has inherent risks that registration would help to mitigate. There have been extensive increases in the clinical scope. These will continue in the near future as technology changes and paramedicine becomes incorporated within the health system.

Our lecturing staff have extensive clinical experience, in both paramedicine and nursing. This experience and our knowledge of the competency of the current ambulance workforce provides us with a unique perspective on which to comment on the consultation document on regulating the paramedic workforce under the HPCA Act 2003.

1. Do you agree that the paramedic workforce provides a health service as defined under the HPCA Act, and poses a risk of harm to the health and safety of the public?

Yes. The paramedic workforce clearly meets the criteria of providing a health service.

Furthermore, the potential risk of harm to the public from the paramedic workforce is greater than that of some of the other health professionals already regulated under the HPCA Act for the following reasons:

1. Paramedics work in isolation, under urgency and without the direct supervision and monitoring that is provided in hospital and other healthcare settings.
2. Authorised procedures and interventions include a range of advanced skills and use of medications that have an inherently high risk of harm.
3. A high level of clinical reasoning and judgement is required and this includes making decisions on behalf of patients who are unable to give informed consent.

These risks of harm to the public extend beyond the paramedic scope of practice to the wider ambulance workforce. The consultation document proposes that paramedics and intensive care paramedics would be regulated under the HPCA Act. However, these two groups account for only 23% of the workforce.

We believe that the current scope of practice for Emergency Medical Technicians (EMT) carries a level of risk and potential harm to the public at a similar threshold to that of paramedics. EMT are frequently the highest qualified officer at an incident, and their clinical scope continues to expand. Some skills within the EMT scope have the potential to cause serious harm to a patient, for example, incorrect placement of a laryngeal mask can completely occlude the patient's airway resulting in asphyxia. Many EMT already have diploma level education and a considerable number are nearing completion or already have degree education. Failing to include EMT in regulation under the HPCA Act would fall short in protecting the public. The precedent of regulating health professionals qualified at diploma level exists with enrolled nurses and, from our nursing experience, we believe that this approach has worked well. Therefore, we recommend the inclusion of EMT in regulation of the paramedic workforce under the HPCA Act.

2. Do you agree with the consultation document's description of the nature and severity of the risk of harm posed by the paramedic workforce? If not, please provide comment.

We believe that the proposal underestimates the nature and severity of the risk of harm.

To illustrate this, we use the case of anaesthetic technicians who are already regulated under the HPCA Act. The skill sets of both anaesthetic technicians and intensive care paramedics include laryngeal intubation and administration of suxamethonium (a paralysing drug). Both of these skills present a severe risk of harm to the patient. However, while anaesthetic technicians practice under the direct supervision of a doctor, the paramedics practice under the standing orders of a registered medical practitioner and at a distance.

However, the risk of harm should not only be considered in terms of skills, but also in an ambulance officer's clinical reasoning and judgement. He or she must decide whether the patient needs to be seen immediately in a hospital, be managed in the community, or be referred to other healthcare services. The inability to recognise severity exposes patients to greater risk with lower qualified officers.

Clinical judgement must guide whether or not it is appropriate to use a procedure on a case by case basis. Specific examples of errors of omission and commission are provided in our response to Question 4. While the Health and Disability Commissioner's (HDC) website reveals only a small number of cases involving paramedics, these adverse events arose from clinical judgements including non-transportation and missed diagnosis (for example, decisions [13HDC01190](#); [03HDC00153](#); [99HDC02269](#)).

As identified in our response to Question 1, the consultation document has not addressed the risk posed by other scopes of practice within the paramedicine workforce, in particular EMT. These clinicians work unsupervised and have a broad skill set which includes the administration of regulated medications and performance of medically delegated procedures, as detailed in Appendix 3 of the consultation document.

3. Do you consider there is a high frequency of harm being caused by the practice of the paramedic workforce? Please provide comment about your answer.

We believe that there is a high incidence of under-reporting of harm caused by the ambulance workforce. A number of reasons for this have been identified within the consultation document (page 11).

The absence of a registration body and a process for the public to make a complaint are highly likely to contribute to low rates of reporting. Patients and their families may also be unwilling to make a complaint against a charitable organisation. Within other medical professions, quality improvement mechanisms and a culture of self-reporting of errors and near-miss incidents have developed to identify system faults in medical professions and to support patient safety. The adoption of quality improvement mechanisms later within paramedicine has contributed to lower identification of incidents of patient harm to date.

Ambulance providers ascribe a recent increase in the number of adverse events identified within the sector, and raised in the media earlier this year, to improved reporting. There are no national reporting systems and processes in place for paramedics practicing with private providers and in other sectors of healthcare. The impact of low rates of complaints to external bodies such as the HDC, means that historically there may not have been sufficient accountability. The HPCA Act offers a comprehensive framework for competence review and discipline.

Based on our experience and knowledge of other clinical professions, there is no reason why the frequency of errors and acts of harm would be lower than in other healthcare professions such as nursing. In countries that already regulate their paramedics, higher rates of reporting have been observed. For example, in the UK in 2012-13, paramedics comprised 6.23% of the Health and Care Professions Council's register, but were the subject of 15.85% of all complaints¹. Compared to other registrants, paramedics were more than twice as likely to be the subject of a complaint.

1. Bracken, J. (2013, October). Paramedic regulation in the UK: a fast and continuing journey. In G Strong (Chair), *Plenary 12*. Symposium conducted at the meeting of Paramedics Australasia, Canberra.

4. Are you aware of any instances of harm to patients being caused by the paramedic workforce? If so, please provide further information.



5. If you are a non-government funded ambulance provider, does your workforce practise high-risk interventions? Please provide comment about your answer. Refer to Tables 4 and 5 (page 10) of the consultation document

AUT students undertake clinical placements with health services (including ambulance services) and practice high risk interventions as part of this. We are responsible for them whilst they undertake these placements. In addition, AUT educates paramedics on when and how to practice high-risk interventions such as rapid sequence intubation. Some paramedics are performing these skills with a lower level of education as there is no national professional standard. Maintenance of competence is not formally assessed. There is poor continuity of education compared with other health professionals. Insufficient funding of the emergency prehospital sector, combined with a lack of requirement to demonstrate continuing competence to a regulatory body, have significantly reduced protected education time.

6. Do you consider that, under the Ministry's guidelines, it is in the public's interest to regulate the paramedic workforce under the HPCA Act?

There is substantial risk of harm to the public due to the nature of the emergency medical service and the way it is provided in New Zealand. Ambulance officers' roles have expanded and their skill set now includes interventions and practices that are also the domain of other registered health professionals. This is very apparent at intensive care paramedic level where the skill set includes invasive procedures. However, even at EMT level, a lack of sound clinical reasoning and judgement exposes the patients to substantial risk of harm.

We agree with the Ministry's assessment that EMT workers assess, stabilise and transport sick and injured people to an emergency department. However, as previously identified, they increasingly assess and treat patients and may leave them at home or refer to other health agencies. Therefore, there is also a need to regulate the EMT workforce in a model similar to that of enrolled nurses.

7. Do you consider that the existing mechanisms regulating the paramedic workforce are effectively addressing the risks of harm of the paramedic practice? Please provide comment about your answer.

No. In line with international trends, paramedics in New Zealand are increasingly employed in non-ambulance provider settings such as Primary Care Organisations, District Health Boards, rest homes and industrial settings such as off-shore drilling in Taranaki. Consequently, existing mechanisms do not cover all practicing paramedics.

Even with the level of collaboration within the sector, there have been numerous examples of ambulance officers who are unfit to practice being employed by other ambulance and non-ambulance providers or delivering clinical paramedic services as individuals.

A potential source of conflict of interest arises from personal relationships within the sector. There is a profound sense of collegiality due to the intense nature of the emergency ambulance setting. Furthermore, it is not uncommon to have several members of one family in the service including spouses, parents and children. This potentially compromises truly independent assessment of skills.

As an educational institution, AUT has a responsibility to ensure that graduates in health professions meet certain criteria to ensure the ongoing safety of the public. Occupations regulated under the HPCA Act have a mechanism for the tertiary institution to endorse their fitness to practice and good character at initial registration. Currently, graduates in paramedicine can gain employment without final institutional signoff. Even if we are aware of criminal acts, anti-social behaviour and significant psychological issues, we are unable to share this information with potential employers. There are multiple examples of this and AUT now works co-operatively with known providers to inform recruitment processes as much as possible.

We believe that title protection for the profession of paramedicine is a further key reason for the regulation of paramedics under the HPCA Act. Without title protection, the public is exposed to potential harm from unqualified persons who are entitled to describe themselves as paramedics. Two recent examples of this are available in the media:

- In Taranaki, a person was prosecuted for breaching the Education Act by giving first aid advice to a primary school. http://www.nzherald.co.nz/wanganui-chronicle/news/article.cfm?c_id=1503426&objectid=11362604
- In Christchurch, a person has offered medical services and claimed to be a paramedic despite having no qualifications
<http://www.stuff.co.nz/national/health/92959517/controversial-event-medic-shane-casbolt-launches-ad-campaign-for-mobile-detox-service>

8. Can the existing regulatory mechanisms regulating the paramedic workforce be strengthened without regulating the paramedic workforce under the HPCA Act? Please provide comment about your answer.

No. We believe that industry-regulation is not in the best interests of the public and will not provide a future-proofed system. As identified in the consultation document (Table 9), there are too many disadvantages associated with industry-regulation.

From our extensive experience in healthcare, we are aware of a number of cases where poor clinical decision-making occurred or crimes were committed during practice and resulted in the end of employment. However, without regulation there is the possibility for a person to be re-employed in other clinical roles within the health sector. Below are examples where ambulance workers continued to practice clinically after issues were raised.

- The case of James Henderson who was employed as a nurse in Dunedin despite being fired by an ambulance provider after sexually assaulting patients.
<https://www.odt.co.nz/news/dunedin/intensive-supervision-after-sex-offences>
- Industry regulation was ineffectual in the case of Chris King who sexually assaulted patients over 3 years while in the employment of an ambulance provider.
<https://www.courtsofnz.govt.nz/cases/christopher-roger-king-v-r-1>

Only the registration of paramedics under the HPCA Act will confer the broader benefits of regulation including the requirements to be registered and to maintain competency, title protection for the profession, and accreditation of education providers. The HPCA Act regime has productively regulated health occupations in an efficient and robust manner. Paramedicine should be positioned within this successful framework.

9. Should the ambulance sector consider implementing a register of paramedics suitable/unsuitable to practice instead of regulation under the HPCA Act?

No. Creating a register that parallels the HPCA Act would still require substantial administration and considerable cost. There are further questions as to the characteristics of

such a register. For example, would it be freely available to prospective employers and the public? What evidence of competence would be required to maintain registration? Regulation of the ambulance workforce under the HPCA Act, including the requirement to be registered, will better serve the public and the profession.

We understand that regulation under the HPCA Act would include the establishment of a register that is openly accessible on the internet. This supports the public's and potential employers' right-to-know if the person is a registered healthcare professional. Registration protects the public not only in New Zealand, but internationally. For example, currently if a defence force medic has a conviction under military law it is not publically disclosed, allowing this person to continue working as a healthcare professional both in New Zealand and internationally. Registration is important to support our future workforce development and growth. With Australia now finalising the implementation of national paramedicine registration, it is important that New Zealand is aligned with the ambulance workforce there and further afield in the United Kingdom.

10. Are there other non-legislative regulatory mechanisms that could be established to minimise the risks of harm of the paramedic workforce? Please provide comment about your answer.

We have considered this question and are unable to identify any alternatives that provide the same benefits of minimising the risk of harm to the public by the paramedic workforce. The Health Practitioners Disciplinary Tribunal includes both lay and multi-professional perspectives. Any other potential mechanism would need to provide the same disciplinary safeguards and a continuing process of ensuring clinical competence, as was established under the HPCA Act.

11. Do you agree that regulation under the HPCA Act is possible for the paramedic workforce? Please provide comment about your answer.

Yes. Paramedics are already regulated in a number of countries including the UK, South Africa, Canada and (from 2018) Australia. The consultation document expressed concern as to whether the paramedic workforce and wider sector will welcome regulation. It must be remembered that the purpose of regulation is the protection of the public.

12. If you are an ambulance organisation or ambulance provider, do you consider that the paramedic workforce:

- (a) understands the individual responsibilities required under the HPCA Act? Refer to Appendix Four of the consultation document for the list of individual responsibilities.**

AUT paramedicine students must complete courses that includes content on the HPCA Act. Regulation under the Act has been topical within the ambulance sector for many years and has been widely discussed across a range of mediums. Professional organisations such as Paramedics Australasia have also been educating the workforce on the impact of regulation.

- (b) is prepared to pay the estimated annual practising certificate fee (and other regulatory fees) set by the proposed Paramedic Council**

From an AUT perspective, we would financially support our paramedicine staff with the cost of registration, as we do for nursing and other regulated professions. We believe that employers and representative bodies will determine a payment model. We are aware that for health workforces currently regulated under the HPCA Act, the arrangements for payment vary between employers. We believe that regulation is to protect the public and should not be contingent upon the willingness of any group of healthcare professionals or employers to pay the regulatory fee.

- (c) understands the purpose of obtaining professional indemnity insurance?**

At AUT, we support our staff and students with indemnity insurance.

13. Do you have anything to add to the consultation document's list of benefits and negative impacts of regulating the paramedic workforce under the HPCA Act?

We recommend the addition of the following benefits that are in line with our experience across other regulated workforces:

- title protection
- accreditation of education providers and curriculum standardisation
- inclusion of EMT in regulation of the paramedic workforce under the HPCA Act.

14. Do you consider that the benefits to the public in regulating the paramedic workforce outweigh the negative impact of regulation? Please provide comment about your answer.

Yes. The purpose of regulation, first and foremost, is protection of the public.

The potential negative impacts of regulating the paramedic workforce under the HPCA Act identified in consultation document (Table 10) do not outweigh the benefits to the public.

Clinical quality and safety is important for registered health professionals.

As New Zealand's largest tertiary education provider of paramedicine, we welcome accreditation and standardisation of the curriculum. The benefits of regulating the paramedicine workforce, as outlined in consultation document (Table 11), give a clear indication of the necessity of including the ambulance sector under the HPCA Act.

Conclusion

We would be pleased to discuss the above submission, and any other aspects of the proposal to regulate the paramedic workforce under the HPCA Act 2003.



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