Email: info@healthworkforce.govt.nz

To whom it may concern,

Re: The Ministry of Health Consultation Document: Regulating the paramedic workforce under the Health Practitioners Competence Assurance Act 2003

This is a formal submission to the Ministry in response to the above consultation document.

This submission represents the views of the Central Amalgamated Workers Union (CAWU) members from Wellington Free Ambulance. Members who provided feedback work primarily in emergency ambulances and hold Paramedic and Intensive Care Paramedic qualifications, but we also received feedback from emergency ambulance Emergency Medical Technician as well as Patient Transfer, Communications and Education staff holding a variety of qualifications. This submission is on behalf of all our members. We prefer to make a written submission in our own format, rather than using the Survey Monkey template provided. To aid consideration of our submission, we refer to the question numbers of the template when possible. We will also publish this submission to our members and publicly, as it represents our united opinion on several industry matters surrounding registration.

CAWU agree that the paramedic workforce provides a health service as defined under the Health Practitioners Competence Assurance Act, and does pose a risk of harm to the health and safety of the public (Q1). We also agree with the consultation document's description of the nature and severity of the risk of harm posed by the paramedic workforce (Q2). However, we are concerned that the consultation document's focus is on the performance of specific skills such as intravenous cannulation or drug administration. The public's expectation of ambulance officers' provision of healthcare in the community, both emergency and non-emergency, has developed to the point that the actions of all ambulance officers pose numerous risks.

Our analysis finds that an Emergency Medical Technician in 2017 is responsible for administering the same number of drugs (sixteen) as a Paramedic was in 2008, the year

in which New Zealand Ambulance Standard 8156 was published. Similarly the Emergency Medical Technician of 2017 may perform more procedures than their 2008 Paramedic counterpart (ten versus eight). Examples of actions which if performed incorrectly could adversely affect members of the public include: patient assessment; request for additional resources including the assistance of the higher-qualified officers that the document refers to as "the paramedic workforce"; provision of healthcare advice; leaving some patients at home or at scene rather than transporting to an Emergency Department; and unsupervised medication administration.

The Ambulance Standard identifies Emergency Medical Technician as a minimum for ambulance crewing. We believe that the future of ambulance service provision includes an increase of the minimum level for ambulance crewing to Paramedic with removal of an Emergency Medical Technician qualification from front-line ambulances, excepting those in a training programme. In the meantime, given that a large proportion of the current ambulance workforce is Emergency Medical Technician, any consideration of registration must also include the registration of those who hold Emergency Medical Technician practice level.

We acknowledge that harm is sometimes caused to the public through the actions of ambulance officers. Examples of such harm include: the performance of unnecessary procedures; incorrect working diagnoses; inadequate patient monitoring; injuries caused through manual handling; missed treatment steps; minor injuries through the extraversion of intravenous cannulae; incorrect medications and medication dose errors; endotracheal tube misplacement; incorrectly performed cricothyroidotomy (Q4). It is possible that reporting processes lack robustness and incidents of harm by ambulance officers may be under reported. Many factors contribute towards this at various times, such as: working in unpredictable environments and high-acuity situations; variable ongoing training; individual experience; fatigue, due in part to prolonged shifts; equipment failure; chronic stress and poor health; breakdowns in communication; and single crewing. We are pleased with the recent announcement of funding to address one of the issues, but stress

that many other issues remain unaddressed and will continue to contribute to the risk of causing harm. We believe that registration will not address all of these risks, and that further funding will be required to address other issues.

Despite the present risk, we do not consider there is a high frequency of harm being caused by the practice of the paramedic workforce (Q3). This is in no small part due to the high level of motivation seem amongst ambulance officers. Also relevant are the accountability and calibre of Medical Directors, as well as the ability for the public to complain directly to the Health and Disability Commissioner. Recruitment in the Wellington area is contingent on holding a Bachelor's Degree in Health Science (Paramedic) or equivalent, which results in a high clinical standard, likely further reducing incidences of harm. WFA has approximately 36 staff who hold a paramedic degree but who are restricted to indefinitely practising at Emergency Medical Technician level due to financial restrictions. This situation is not recognised in the consultation document. In fact there appears to be no reason for individual ambulance officers to pursue registration if practice level (referred to by ambulance services as 'Authority to Practice") continues to be determined by the employer. A reasonable system of registration would have a Paramedic Council determine a suitable practice level based on an individual's level of training, and require ambulance services to formally recognise the practice level at which that individual is registered.

Currently, individual services set up mechanisms for limiting risk to the public, including: patient report form audit; Medical Director oversight of the audit process; and dissemination of knowledge learned from incidents. Ambulance staff informally support one another in developing and sharing knowledge, and operate within clinical guidelines published by a National Working Group. This variety of systems and occurrences has some effect in regulating the paramedic workforce but is inadequate for addressing all risks of harm (Q7). These systems could be strengthened (Q8) and formalised as an alternative to registration. Examples of such strengthening would include: independent auditing processes; mandating continuing training requirements; making compliance with NZS

8156:2008 a legal requirement for all ambulance services; and monitoring of patient outcome. Creation of a simple register would limit an individual who demonstrates incompetence or misconduct from simply changing employer. However, we do not see a simple register alone as being an adequate mechanism for limiting risk to the public (Q9).

Central Amalgamated Workers Union do consider that, under the Ministry's guidelines, it is in the public's interest to regulate the paramedic workforce under the Health Practitioners competence Assurance Act (Q6). We also agree that such regulation is possible (Q11). Our members hold a variety of opinions as to whether the purported benefits of professional recognition, transferability of employment and consistent training will manifest. Nonetheless, registration of professions such as doctors, nurses and teachers demonstrates that regulatory frameworks can be out in place, and we note that registration is already a part of the ambulance industry in some countries. We have significant concerns regarding cost. We do not believe that New Zealand ambulance services are adequately funded, and we perceive that they will not be eager to bear the cost of registration for their employees. We likewise do not believe that ambulance staff are adequately remunerated for their work and skills, and would consider it unreasonable to expect them to bear additional cost. If registration is to be brought into effect the Government must agree to cover that cost.

We believe that there needs to be further robust discussion to balance the benefits to the public in regulating the paramedic workforce against negative impacts of regulation (Q14). We accept that registration aims to improve the accountability of clinician's and provide a certain guarantee of quality of care for the public. We also hope that it will improve the recognition of ambulance officers as the capable clinicians that they already are. We are concerned that ambulance services may seek to cut costs by using registration to further transfer the costs of training and skill maintenance on to the individual ambulance officer. Therefore, a mechanism should be created requiring ambulance services to provide paid training as necessary for the maintenance of registration. A number of our members are very capable industry-trained Paramedics and Intensive Care Paramedics who do not hold

degrees or postgraduate qualifications. Any registration requirements should include a process to 'grandfather' these ambulance officers so that they are not pushed out of the industry.

Finally, we are not convinced that establishing a Paramedic Council within the umbrella of the Nursing Council is the best approach Nurse and ambulance officer roles are significantly different with regards to approach to clinical care, and therefore with regards to training and skills required. One of the stronger motivators of our members in support of registration is the establishment of paramedicine as a profession in its own right. We would not want paramedicine to be seen as a sub-specialty of nursing, nor to have ambulance officer and nurse practice requirements judged to be interchangeable. If registration under the Nursing Council is absolutely necessary, we seek assurance that an established Paramedic Council would be able to become independent later as the industry develops. If registration were to occur, our preference would be for an independent Paramedic Council from the outset.

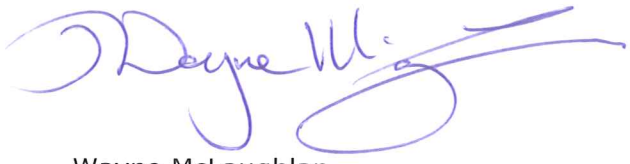
In summary:

- We accept that there are benefits to the public from registration;
- We emphasise that registration will not resolve many of the risks posed to the public by systemic failures and inadequate funding;
- We believe that if ambulance officer registration is to be required, it should include those at Emergency Medical Technician level until such time that that qualification is no longer the standard for ambulance crewing;
- A Paramedic Council should have the power to determine a practice level based on an individual's level of training and require ambulance services to formally recognise that practice level;
- We are concerned about the financial impact of registration, and seek a commitment from Government to fund all setup and ongoing costs;
- If registration is enacted, a mechanism should be created requiring ambulance services to provide paid training as required to maintain registration;

- We express a preference for a stand-alone Paramedic Council not under the umbrella of another registering authority such as the Nursing Council.

Thank you for the opportunity to respond during this process on behalf of the Union members at Wellington Free Ambulance.

Kind regards



Wayne McLaughlan

Interim Secretary

Central Amalgamated Workers Union Inc.

PO Box 243

Nelson 7010