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Ministry of Health
By email: info@healthworkforce.govt.nz

Regulating the Paramedic Workforce Under the HPCAA Submission

Pharmacy Council Interest in Paramedic regulation

The Pharmacy Council is a regulatory authority established under the Health Practitioners Competence Assurance Act 2003 (HPCAA). Our primary role is to protect the health, safety and wellbeing of the public by ensuring pharmacists are competent and fit to practise.

We support the proposal to regulate the paramedic workforce. Paramedics provide an essential emergency service to the public, have access to, and administer prescription medicines including controlled drugs, and provide high risk invasive medical treatments to patients who may be unconscious, isolated or vulnerable. As these services may pose a risk to public welfare we support the proposal to regulate paramedics under the framework provided by the HPCAA.

Support for regulation

The regulation of paramedics meets more than 50% of the guidelines for meeting public interest in regulating a new health profession under the HPCAA in accordance with the Ministry's assessment of the paramedic workforce and there is strong interest from both the profession itself and the public to regulate.

The paramedic workforce is regulated in the UK, Ireland, Canada and South Africa. Australian paramedics are set to become the 15th health profession regulated by the Australian Health Practitioners Regulation Authority (AHPRA), joining health professions such as medical, dental, nursing and midwifery. Regulating New Zealand paramedics would ensure alignment of NZ with other countries that have already done so to protect public safety.

Although the two well-known paramedic services, Wellington Free Ambulance and St John have high minimum educational requirements and voluntary industry standards for their workforce, there is a high risk of harm to patients. The highly mobile workforce practises in isolation, without regular supervision or peer support from colleagues or other regulated health professionals.

Although paramedics have proportionately fewer HDC complaints than other regulated health professionals, this may be underestimated due to significant factors reducing or restricting the reporting of patient harm such as patient awareness of treatment expectations and lack of a formally recognised and publicised complaint process.

With no consistent standard or independent body for assessing or monitoring the competency and fitness to practise of the paramedic workforce, there is potential for risk of harm to the public. The current self-regulation puts onus on ambulance service organisations to ensure that its workforce is competent and fit to practise.

Currently anyone could call themselves a paramedic. Individuals claiming to be a paramedic may not be suitably qualified or experienced to provide safe and effective health care to the public, leading to poor or inappropriate clinical outcomes and high risk of harm. Regulation would ensure that only those suitably qualified and registered with the Paramedic Council could legally practise as paramedics.

Concerns with regulation cost for paramedics

Regulation of a health workforce must be balanced with significant costs required to establish the regulatory framework and ongoing registration, competence and disciplinary functions. We note the proposal to establish the Paramedic Council under the Nursing Council “umbrella” will provide operational cost and expertise efficiencies through use of the Nursing Council secretariat and Registrar. To cover operating costs for the Paramedic Council, a fee structure is proposed, with initial registration fees being funded by Ambulance NZ. It is proposed that Ambulance NZ provide seconded staff to establish the regulatory framework. As the cost of this is not outlined in the consultation document it is an assumption that this is achievable and will not put undue financial pressure on Ambulance NZ or affect the provision of care to the NZ public. Equally there is an assumption that the Nursing Council has operational capacity to support the Paramedic Council.

Ongoing APC costs for paramedics, estimated to be \$425 per annum may also result in as-yet unknown consequences for either the paramedic workforce, if they are required to finance the APC cost themselves or for the paramedic organisations themselves if they cover the APC costs for their workforce. Additional operating costs for paramedic organisations could potentially reduce services provided to the NZ public or require treatment costs to be passed on to patients treated or transported in emergency.

Responses to consultation questions:

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

Answer: YES. The definition of a health service under the HPCAA is “assessing, improving, protecting or managing the physical or mental health of individuals”. Paramedics provide emergency medical treatment to individuals at incident scenes, organise for additional medical treatment through referral or transportation of patients to alternative healthcare providers such as hospitals and increasingly, provide acute treatment to patients in their own homes reducing the need for secondary care services.

There is the potential for risk of serious harm through the high level of clinical judgement required in emergency or high pressure situations, administration of prescription medications and the invasive nature of medical and surgical procedures carried out by paramedics, often in life threatening situations.

In the UK where paramedics are subject to national registration they feature in the middle of the rankings for numbers and types of complaint processes. In the UK paramedics receive 1.1 complaints per 100 practitioners which is the highest rate for

the fifteen registered health and care professions. (Note - this excludes dentists, doctors, nurses and pharmacists.) The complaint rate for doctors in the UK is 4.65 complaints per 100 practitioners.

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?*

Answer: YES. The list of procedures, and the types of medicines administered during the conduct of high risk interventions practised by paramedics and intensive care paramedics listed in the consultation document clearly represent the nature and the severity of the risk of harm of paramedic practise.

3. *Do you consider there is a high frequency of harm being caused by the practice of the paramedic workforce?*

Answer: NO. The level of Health and Disability Commissioner complaints does not support what could be considered a high frequency of harm, however the 10% level of complaints received by St John and Wellington Free Ambulance per annum regarding their workforce, although mostly relating to attitude and communication, could suggest that the true frequency of harm may be higher than perceived.

4. *Are you aware of any instances of harm to patients being caused by the paramedic workforce?*

Answer: NO. The Pharmacy Council does not have any knowledge or data regarding patient harm caused by the paramedic workforce.

5. *Question not applicable to the Pharmacy Council*

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

Answer: YES. The Ministry's assessment of paramedic workforce indicates that more than 50% of the criteria are met for public interest in regulation. Bullet point 6 of table 7 also has the potential to meet the guideline as St John and Wellington Free Ambulance are not the only employers of ambulance officers at paramedic level or above. The education requirements for these paramedics are not outlined in the consultation document.

7. *Do you consider that the existing mechanisms regulating the paramedic workforce are effectively addressing the risks of harm of the paramedic practice?*

Answer: NO. We do not have any knowledge or data to specifically support any suggestion that the existing mechanisms for regulating the paramedic workforce are not effectively addressing the associated risks of harm. The paramedic workforce has a high level of skill and provides a highly valued and essential emergency service, however, we do believe that as the existing mechanisms have limitations in addressing the risks of harm, it could be more robustly managed through regulation under the HPCAA. The current mechanisms are not independent and rely purely upon non-government funded ambulance providers to comply with the NZ Ambulance Standards.

Clinical judgments made by paramedics are currently reliant upon a manual, which cannot cover all possible scenarios and the availability of control centres to provide additional clinical direction or advice to St John and Wellington Free Ambulance

officers in the field. Standing orders are used by Medical Directors to enable paramedics to administer prescription medicines, however this mechanism has severe limitations in that clinical advice cannot be given in each instance to ensure safe administration in complex situations or where patients may have complex medication regimes and there is potential for interactions or severe adverse events to occur.

Without regulation, there are no robust mechanisms for ensuring paramedics who have caused harm or been subject to a workplace investigation for conduct or unprofessional behaviour and quit before the investigation has been completed, can be prevented from being employed in the same role elsewhere in the country.

8. *Can the existing regulatory mechanisms regulating the paramedic workforce be strengthened without regulating the paramedic workforce under the HPCAA?*

Answer: NO. Although the existing regulatory mechanisms go some way towards promoting and ensuring safe practise for paramedics and protection of the public, they are severely limited in their application. Regulation is required to ensure independent oversight of education programmes, competence, fitness to practise, and management and monitoring of paramedics who do not meet the levels of practise required through registration.

Regulation will ensure that all paramedics whether government funded or not, are required to meet the accepted industry standard of practice and will confer a level of protection for the public under the HPCAA. Regulation may also provide long-term benefits through the application of scopes of practise and the potential for “exemptions under legislation” to carry and administer certain medicines. Limited “prescribing” rights for regulated paramedics sometime in the future, could reduce or even eliminate the problems associated with the administration of high risk or controlled medicines, in emergency or life threatening situations under standing orders. Regulation could also contribute to increased engagement and integration of paramedics with other health professions and promote alignment of competencies.

9. *Should the ambulance sector consider implementing a register of paramedics suitable/unsuitable to practise instead of regulation under the HPCAA?*

Answer. NO. Although this is a pragmatic interim solution, a register is difficult to establish and even more difficult to maintain. Even more difficult could be deciding who retains responsibility for establishing and updating, communicating and facilitating public access to the register. Without a regulatory authority, who would consistently decide how paramedics were deemed “incompetent or unfit to practise” and how paramedics whose names appeared on the “unsuited to practise” list have redress to remove their name from this list?

It also presents a negative perspective through saying who is “unfit” to practise rather than who is and as a result, those not competent could practise unnoticed until they are identified by the register.

10. *Are there other regulatory mechanisms that could be established to minimise the risks of harm of the paramedic workforce?*

Answer: NO. Another option under the HPCAA regulatory mechanism could be to make the paramedic a scope of practise under one of the other already established regulated health professional authorities as this could reduce the cost of establishing a separate regulatory authority. Similarities could be seen with the variety of different

scopes of practise regulated by the Dental Council. This option however, is likely to have already been considered and found impractical. Establishing a separate regulatory authority under the HPCAA for paramedics is likely to be the most realistic and practical solution.

11. *Do you agree that regulation under the HPCAA is possible for the paramedic workforce?*

Answer: YES. The HPCAA provides a very sound mechanism for regulation of the paramedic workforce. With the provision of secretariat and Registrar support by the Nursing Council and a framework developed by seconded staff from Ambulance NZ, it certainly appears achievable and desirable for the protection of the NZ public.

12. *Question not applicable to the Pharmacy Council.*

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 HPCAA?*

Negative impacts are overstated – while there is a potential loss of volunteers, this is unlikely as Emergency Medical Technicians (EMTs) are not being regulated. Similarly, we understand that the cost of CPD is already largely being met by employers (St John and Wellington Free) who have high standards of clinical practice requirements and ongoing monitoring and education programmes.

Another potential benefit of regulation of the paramedic workforce under the HPCAA is that they become a recognised health profession on the same level playing field as their other regulated health profession colleagues. This increases the potential for any cross-sector health profession competencies and standards driven through regulatory collaboration in the future to apply to paramedics.

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.*

Answer: Yes. For the reasons provided in the body of our submission, we believe that the positive benefits to public safety gained by regulation of paramedics far outweighs any anticipated negative impact, which we understand, in part, may be mitigated by activities already being undertaken by paramedic service providers.

There is an additional benefit of paramedics being regulated that is not specifically included in the document. An improved profile/acceptance of the paramedic profession as part of an integrated health care team aligns with NZ's Health Strategy in treating patients where it is beneficial to do so in the first instance and in an integrated manner that involves all relevant health professionals in order to improve patient outcomes overall.



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