

# **Regulating the paramedic workforce under the Health Practitioners Competence Assurance Act 2003**

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Wellington Free Ambulance Submission



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## Preview

Under the HPCA Act, the Governor General has the power, on the Minister of Health's recommendation, to:

- designate health services of a particular kind as a health profession
- establish a RA to regulate the new health profession or assign the new health profession to an existing RA.

Before making such a recommendation, the HPCA Act requires the Minister of Health to consult with any interested organisations and be satisfied that:

- the provision of the health services concerned pose a risk of harm to the public, or that it is otherwise in the public interest to regulate the profession
- there is agreement on the qualifications, standards, and competencies required for the health profession.

## Consultation Questions and Responses

### 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 participates in providing a number of health services. Paramedics generally provide services under the delegated authority of a Licensed Practitioner. This could change in the future if paramedics were Licensed Practitioners and able to provide services under their own licence.

Yes. Paramedics pose a risk of harm to the health and safety of the public. This can be by their actions or inactions when providing a service.

### 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.

Yes. Tables 4 & 5 which list the High Risk interventions practised by the paramedic workforce show the Potential Clinical Consequence. However, the harm that can be caused is not specifically articulated although it is apparent what potential issues could arise.

### 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.

No. Wellington Free Ambulance (WFA) does not believe there is a high frequency of harm being caused by the paramedic workforce. For the last 12 month period (May 16– April 17) WFA reported 138 clinical events of which five were classified as serious. When you take into account the number of patient interactions over the same time period (~50,000) the frequency of adverse events is approximately 2/1000 (events) and 0.1/1000 (serious events) respectively.

Reportable events from ambulance services are published on the MoH website:

<http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/naso-national-ambulance-sector-office/emergency-ambulance-services-eas/performance-quality-and-safety/reportable-events>

Definition of a Clinical Event:

Any event involving the application of clinical care during which aspects of the care provided, or the outcome, were unexpected, unplanned or different from care described in the Wellington Free Ambulance Clinical Protocols and Guidelines (Wellington Free Ambulance, 2014). A clinical event may result in a reportable event, an adverse event, or a near miss.

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

Yes, we believe harm may have been caused in about five events over a 12 month period (May 16 – April 17).

- 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**

Not applicable as WFA is capacity funded by government contracts.

- 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?**

Yes. Specifically in relation to the table provided, >50% of the criteria are met. The last bullet point in the table is also "yes" if you consider that St John and WFA are not the only employers.

There is also a wider point about alignment with the NZ Health Strategy – part of which directs the health sector to become more integrated, provide health services close to the patient and achieve coordinated health outcomes for patients (vs services fragmentation). Paramedics play a critical role in the integrated health team and as emergency responders are vital to patient health outcomes.

- 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. The existing mechanisms do not regulate the workforce except to the extent that employers and individuals comply with current standards documents. The main issue, due to the lack of regulatory authority is that standards and competencies required will tend to vary between employers, creating inefficiency in that all employers will be 'recreating the wheel' with the potential to become inconsistent over time. There is no existing mechanism for ensuring paramedics, who have caused harm or been subject to an 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 or overseas.

- 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 current mechanisms are limited in their ability to adequately regulate a paramedic workforce.

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

No. It has been considered and trialled by Ambulance NZ. It did not cover paramedics not working for a member of Ambulance NZ. As there is no regulatory authority that covers the ambulance sector this would only be a subjective assessment and could not be legally relied upon. As a member of Ambulance NZ, which submitted the proposal for regulation of paramedics, we have stated our preference for a regulatory authority and licensing and periodic renewal of paramedics.

A register of “suitable to practice” would not record whether paramedics are maintaining their competencies. A register would be difficult to establish and even more difficult to maintain – particularly as it’s not clear who would own the register and perform the responsibilities of the owner (e.g. communicating the register, facilitating public access, etc.).

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

No. The HPCA Act provides a good regulatory environment to establish a RA for paramedics or to have them assigned to an existing RA.

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

Yes. Once the qualifications, standards and competencies required are formally agreed through Ambulance NZ and the profession and the secretariat and support of the Nursing Council is coordinated. However the question of funding, for both the registration of the workforce and the resources required to establish the framework, will remain a point of concern for WFA.

- 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.*

Yes, as far as this answer relates to the workforce employed by WFA. WFA ensures that there is compliance with these responsibilities currently.

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

No comment on the opinion of individual paramedics but with limited funding available; this is not a cost we are able to support with current funding. The benefits are to the public so the cost of the Paramedic Council should be funded elsewhere.

- c) Understands the purpose of obtaining professional indemnity insurance?

Yes. However the cost and whether this is managed at an organisational, individual or some other means is not understood.

**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?**

Yes. The benefits and negative impacts supplied are sufficient to justify a recommendation of licensing paramedics as health professionals.

However, negative impacts may be overstated – while there is a potential loss of volunteers, this is unlikely as EMTs are not being regulated. Similarly the cost of continuous professional development is met somewhat by employers (St John and Wellington Free) who have high standards of clinical practice requirements and on-going monitoring and education programmes.

The new environment is likely to bring additional future costs to increase the number of professional development days to support registration.

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 to NZ's Health Strategy in treating patients where it is beneficial to do so locally in the first instance and in an integrated manner that involves all relevant health professionals in order to improve patient outcomes overall.

**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 benefits to the public are about a potential reduction in actual harm incidents caused by paramedics and the possibility of a new licenced workforce empowered to more effectively support integrated health strategies and increase the likelihood of a better, more mobile health service.

Regulating NZ paramedics would ensure alignment of NZ with other 'peer' jurisdictions (i.e. UK, Ireland, Canada, South Africa, and soon Australia) that have already completed registration to protect public safety.

Yes, as most of the negative impact is to the cost of the paramedic workforce and its employers and is a short term impact before it becomes a business as usual cost.

## Comments on the Proposal to establish a Paramedic Council

This proposal is included in section 4.2 and while no questions have been asked about this proposal, WFA would like to provide some commentary to assist in the creation of the Paramedic Council should the licensing of Paramedics proceeds to that stage.

### Comments:

1. The three health professionals on the Paramedic Council must all be Paramedics.
2. Only operational tasks can be delegated to the Nursing Council Registrar and clear rules about when paramedic expertise is compulsory.
3. The existing qualifications as required by St John and Wellington Free Ambulance become the initial required qualifications.
4. The standards of practice as Specified in NZS 8156:2008 become the minimum initial required standards.
5. The consultation document does raise the concern around the EMT workforce and the risk they pose to the public. Depending on other stakeholder feedback further consideration may be required on where this workforce features in the registration framework.
6. That the term 'paramedic' becomes a protected title at the same time as registration.
7. A couple of specific operational issues - we are uncertain about whether Ambulance NZ has sufficient funds to cover the costs for the first year and where seconded staff would come from and how this will be funded.