



Submission to the Ministry of Health: July 2017

REGULATING THE PARAMEDIC WORKFORCE UNDER THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the Ministry of Health (MoH, the Ministry) on *Regulating the Paramedic Workforce under the Health Practitioners' Competence Assurance Act 2003* consultation.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in New Zealand and Australia. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across New Zealand and Australia.

Following review of the consultation document, ACEM provides the following feedback.

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

ACEM respects the work of suitably qualified paramedics and considers that best possible support and recognition should be afforded to paramedic professionals. ACEM considers it is in the interest of public safety to regulate paramedics under the HPCAA. ACEM also agrees that as with other health professions, and as per section 5.2.1 of the consultation document, the paramedic workforce provides a health service as defined under the HPCAA Act.

Of note, a number of other health professional groups, with similar or lower levels of risk associated with their roles, are already subject to national regulation.

As outlined in the consultation document, there is a range of factors that can potentially contribute to prehospital adverse events in the practice of paramedicine. Paramedicine is a high-risk profession, where harm to a patient can be serious and irreversible, and at least in some emergency situations, the patient may lack the capacity make the decision of whether or not care can be delivered¹. A scope of practice that includes a range of interventions with significant risk, varying patient presentations, uncontrolled environments and uncertainty of diagnosis reinforce the need for

¹ The Cabinet Office Circular 99(6) page 7 notes that there is a possible case for intervention if harm is irreversible involuntary **even** if it is a low probability of harm occurring.

independent regulation and oversight, ensuring practitioners exhibit and maintain competencies relevant to the profession.

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?

ACEM supports regulation of the paramedicine workforce, and holds a firm view that this is in the public's interest. A number of factors associated with paramedic practice could potentially increase the risk of harm to the public, and include:

- Mechanisms for monitoring and reporting paramedics who have breached employer or representative body codes of practice lack consistency and transparency. This is an important quality and safety issue. ACEM's current understanding is that, without a publicly accessible register of practice, the public is unaware of paramedics who have breached such codes of practice but who continue to practise. Furthermore, as paramedics are dispersed nationally, and may also sometimes work for non-traditional employers, it will become more difficult to monitor misconduct and underperformance without national registration and associated robust regulation through a national mandatory code of practice.
- Ambulance ramping (ambulances unable to unload patients due to no physical space being available) at hospital EDs, as a result of overcrowding due to a lack of in-patient hospital beds, resulting in paramedics delivering care for extended periods before handover to EDs. (1, 2)
- A perception that the assessment and care delivered to patients by paramedics is equivalent to, or a substitution for, the medical care patients receive from doctors.
- Models for extended-care paramedics may result in some paramedics undertaking clinical work in different and novel settings (e.g. at a patient's home). This must be appropriately regulated and monitored, as would be expected for any other health professional providing care in similar settings.

ACEM understands that currently within the sector there are some concerns about variances in standards across various providers. This includes differences in the scope of practice, inconsistencies in utilised protocols and standing orders, and how continuing professional development is maintained across the workforce. There are also variations geographically across the country with different ambulance providers.

National regulation for paramedics will enable consistent safeguards for the public and enhance the professional standing of paramedics within the healthcare system. As paramedics work in an increasingly complex, pressurised and risky area of health service provision, uniform national regulation is appropriate and timely.

Importantly the HPCAA provides a process, independent of providers, under which concerns about practitioners who may not be competent or fit to practice, can be addressed. In this way, regulation will enable limits of practice to be enforced on those practitioners who act unprofessionally, bring the profession into disrepute or act in an egregious way. Furthermore, the ability to monitor frequently recurring complaints and concerns about the sector, particularly in areas of clinical practice, will facilitate the identification of education and training that will benefit both the individual practitioner, the profession overall, and the community.

ACEM also notes that a regulatory framework will provide robust mechanisms for assessing the comparability of overseas practitioners wishing to enter the profession. As part of the profession's regulation under the Act, ACEM envisages that, as with other health professions, educational institutions will be accredited and monitored for the qualifications they are delivering. This will ensure that any paramedic qualification is fit for purpose, producing a consistent quality standard of professionals.

ACEM considers that, in due course, other groups of ambulance officers (such as First Responders and Emergency Medical Technicians), should also be regulated under the appropriate Act.

Other advantages of regulation under the HPCAA

ACEM also considers that regulation in line with other health sector groups will increase coordination of care across the ambulance sector and with other health services, and ultimately improve patient outcomes and safety. If more clearly seen (and officially defined) as health care providers, ambulance services and paramedics are more likely to be included in discussions as stakeholders about different models of primary care delivery.

Furthermore, regulation of the sector may lead to a revised scope of practice, allowing paramedics to perform tasks that are currently performed by other health practitioners. As an example, the Coroner may delegate the ability for ambulance officers to declare patients deceased at the scene of an accident and thus reduce call outs for General Practitioners, or potentially unnecessary transport to Emergency Departments.

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.

ACEM does not consider that the existing mechanisms regulating the paramedic workforce are addressing risks of harm of the paramedic practice, as outlined above.

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

ACEM does not consider that a register of practice suitability is appropriate as a substitute to regulation under the HPCA Act. Such a stand-alone register would be incongruous with registration of other health practitioners, and would not provide a robust mechanism to protect the health and safety of the public.

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

ACEM agrees that regulation of the paramedic profession is possible. Successful registration systems for a number of health practitioners in New Zealand have already been successfully implemented, and could simply be extended to incorporate paramedics in the same way. ACEM also notes that on 6 November 2015, the Australian Health Ministers Council agreed to progress the inclusion of paramedics under the National Registration and Accreditation Scheme to ensure the safety of consumers of health services provided by registered health practitioners. National regulation of paramedics is expected to start in the second half of 2018 as a result of the Health Practitioner Regulation National Law Amendment Law 2017.

Thank you for the opportunity to provide feedback to the Ministry. If you require any clarification or further information, please do not hesitate to contact the ACEM Policy and Advocacy Manager Fatima Mehmedbegovic (03) 9320 0444 or fatima.mehmedbegovic@acem.org.au

Yours sincerely,



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References

1. Australasian College for Emergency Medicine. S347 Statement on Ambulance Ramping, November 2013: ACEM 2013.
2. Australasian College for Emergency Medicine. S57 Statement on Emergency Department Overcrowding: ACEM 2016.