



NEW ZEALAND PARAMEDIC AND AMBULANCE WORKFORCE OPINIONS REGARDING REGULATION UNDER THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT (2003)

Stakeholder feedback from

Paramedics Australasia, New Zealand

27 June, 2017

Paramedics Australasia is the peak professional organisation representing practitioners who provide paramedical services to the community

www.paramedics.org

BACKGROUND

In May 2017, the Ministry of Health (MoH) issued a consultation document and survey to 101 targeted stakeholders on Ambulance New Zealand's proposal to regulate Paramedics under the *Health Practitioners Competence Assurance Act (2003)* (HPCAA).

Paramedics Australasia was included in the consultation. The New Zealand Paramedic Registration Working Group (NZPRWG) of Paramedics Australasia prepared a 27 question survey based upon the MoH consultation questions. This anonymous survey was distributed to Paramedics Australasia (NZ) members and was also opened up to others in the New Zealand paramedic and ambulance workforce. Distribution was via personal, professional and social media networks. The survey was open between 6 and 22 June 2017 and gained 241 responses.

The paramedic workforce is assessed by the MoH as having around 1,000 individuals in scope for registration. These have authority to practice (ATP) as granted by their employer of "Paramedic" or higher as well as a minimum of a Bachelor's Degree, or professional service equivalent.

The overall workforce, including volunteers, is in the order of 4,500, 48% of whom are "First Responders". 1300 (29%) are "Emergency Medical Technicians" (EMT, NCEA Level 5) who although are able to autonomously administer 16 medications are not normally able to provide "high risk" interventions as defined by the MoH. Increasingly the paid EMT workforce are Degree qualified and such Degree qualified EMTs are able to practice Paramedic-level interventions when crewed with a Paramedic or higher Authority to Practice (ATP), even though the Paramedic may not have a degree. Further analysis of this group will be necessary to ascertain whether their scope of practice meets, or warrants registration under the legislation.

SUMMARY ANALYSIS

The paramedic workforce strongly believe that they meet the primary criteria for regulation under the HPCAA, as they deliver a health service that poses a potential risk of harm to the health and safety of the public.

It is noted that responses from the non-Ambulance sector (New Zealand Defence Force (NZDF), agency, event medical services and private providers) rate the frequency of harmful events higher (by 20%) than those from St John and Wellington Free Ambulance. It is also noted that the MoH proposal includes complaints to the Health and Disability Commissioner (HDC), citing two complaints annually over the past two years, 0.4 per 1,000 staff. In 2016, in accordance with the National Reportable Events Policy 2012, St John and Wellington Free Ambulance self-reported 33 clinical incidents which resulted in harm or death to a consumer (or patient)¹. This equates to 14 incidents per 1,000 staff per year.

The workforce expresses concern that existing reporting and remediation mechanisms are not as effective as would be enforced if registered under the HPCAA. Other non-legislative mechanisms are seen as less effective than registration.

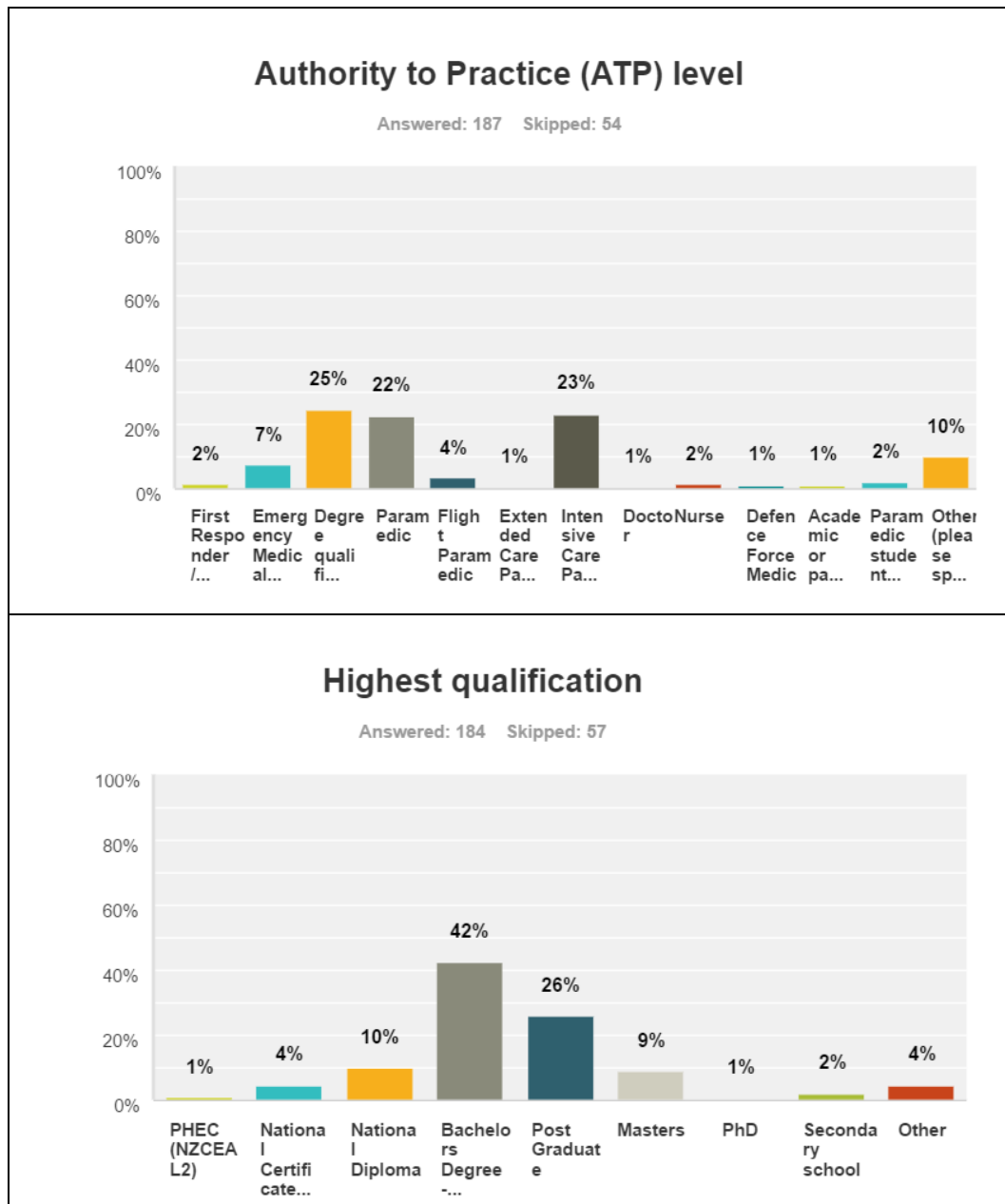
Cost to individuals is seen as the greatest downside but this is outweighed by the benefits to the public interest (through standardisation and consistency of training) and providing separation between employment and professional practice disputes with employers. There is also a question of how changes in protocols and interventions recommended by the Responsible Authority (RA) would be funded and implemented by the service providers.

Consideration needs to be given to the registration of degree-qualified practitioners who are employed at Emergency Medical Technician (EMT) (or lower) levels of practice.

¹ <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>

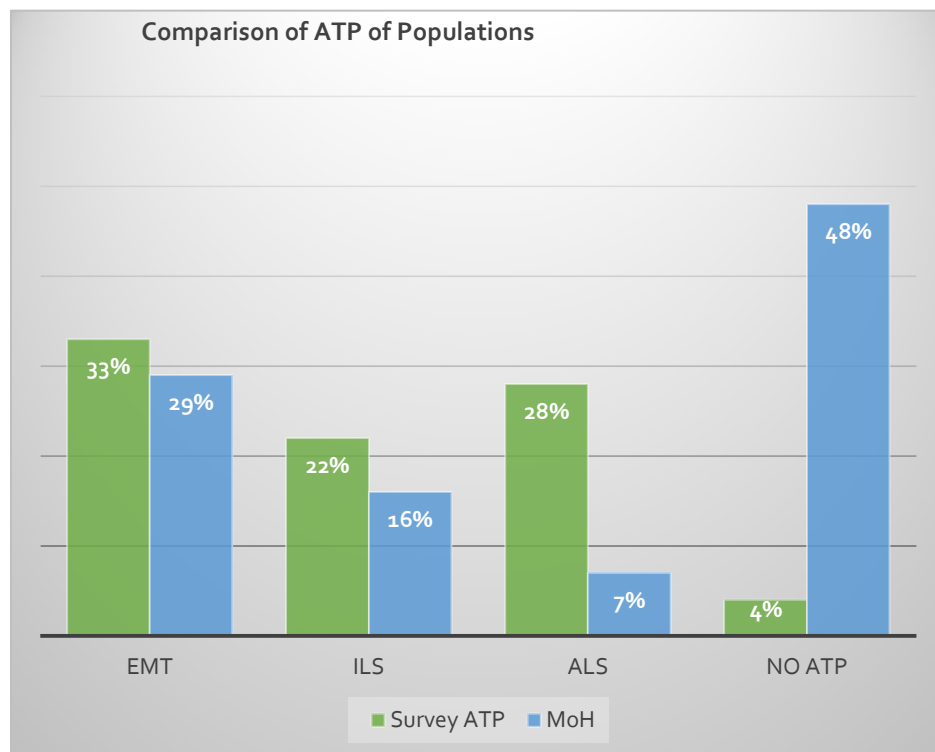
SURVEY POPULATION

The survey attracted 241 responses. Respondents were asked to provide both their level of academic qualifications and their current authority to practice as granted by their employer.



145 (60%) of respondents would be in scope for registration (i.e. being, or will shortly be Degree Qualified and/or practicing as Paramedics or Intensive Care Paramedics).

It is of note that the sample population's ATP distribution differs from the industry figures provided by the MoH.

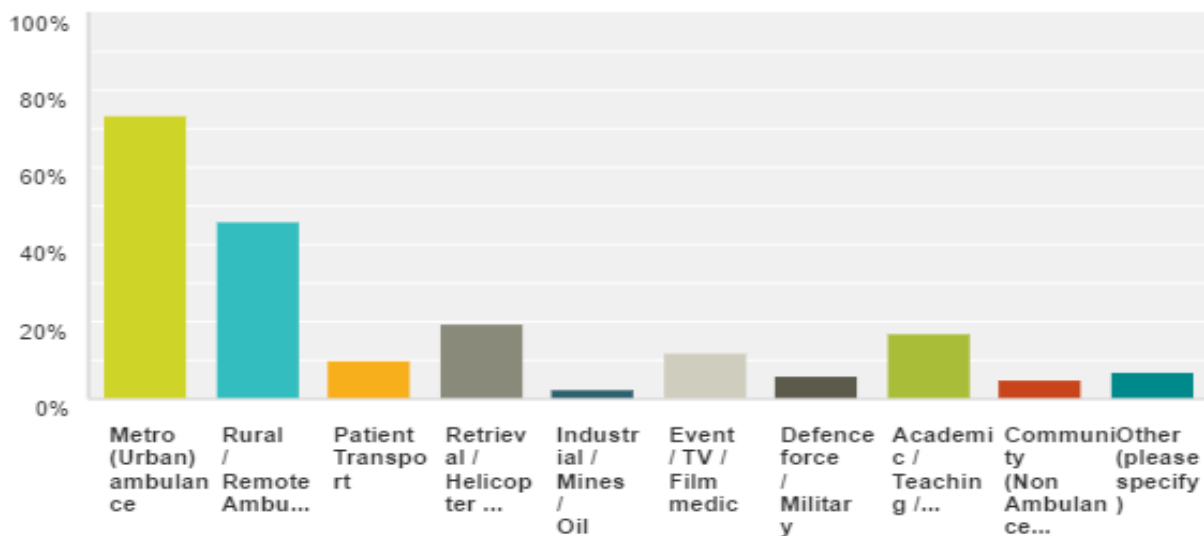


There is the possibility that there is “response” or “survey distribution” bias in the survey sample, however it is significant that the respondent population includes a high number of degree qualified EMTs (25% of the survey).

The survey respondents broadly represent the proportionality of New Zealand staff by employer. It finds a mix of working environments as well as demonstrable international mobility.

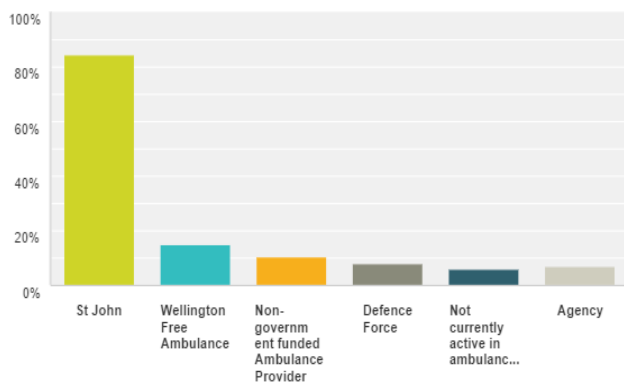
Which best describes your practice environments?

Answered: 186 Skipped: 55



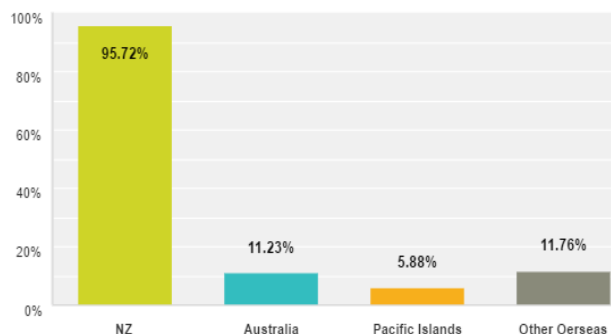
Services worked for

Answered: 182 Skipped: 59



Geographic locations you work in

Answered: 187 Skipped: 54



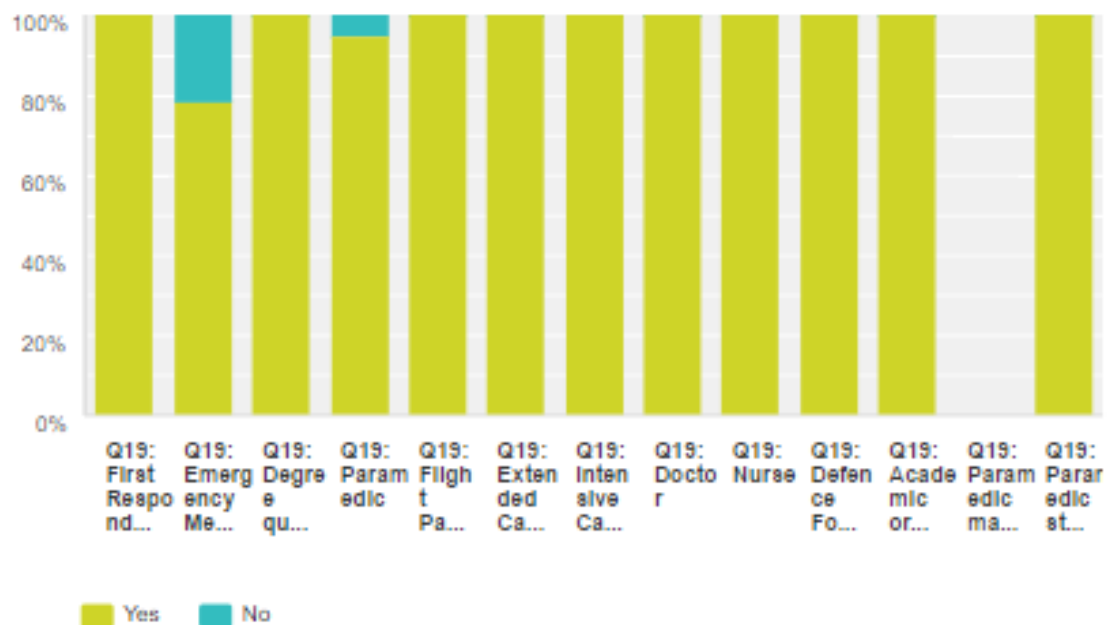
MEETING PRIMARY REGISTRATION CRITERIA

DELIVERING A HEALTH SERVICE

Ambulance staff overwhelmingly agree that paramedics meet the registration criteria under the Act with 94% agreeing that they provide a health service that poses a risk to the public.

Do you agree that Paramedics provide a health service and in doing so, do they pose the potential to harm the health and safety of members of the public?

Answered: 166 Skipped: 0

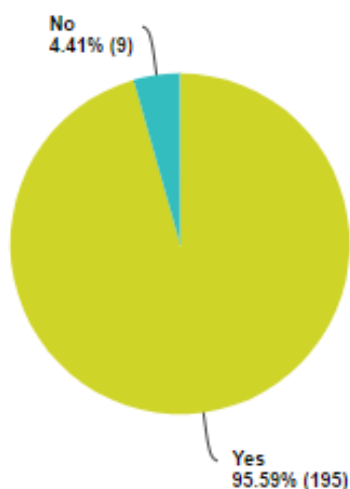


RISK OF HARM TO PUBLIC HEALTH AND SAFETY

Of those who recognise the risk, 96% believe these to be life threatening.

Do you agree with the Ministry of Health's assertion that the potential for harm by Paramedics can be life threatening ?

Answered: 204 Skipped: 33



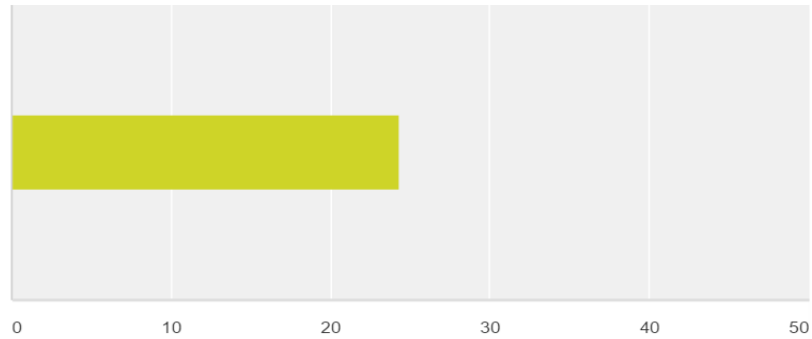
The MoH consultation paper states “evidence from published reports indicates that the paramedic workforce may only be causing a low frequency of harm to the public”. However when asked to rank the incidence of harm, respondents believed that harm occurred with a moderate level of frequency. Respondents working in the NZDF and private sectors rank the incidence of harm 20% higher than those in the Ambulance (St John and WFA) services.

Ambulance staff work in unpredictable and high urgency situations, often in isolation and without direct supervision. A high level of clinical reasoning and decision making is required of staff at all ATP levels, including EMT. The MoH proposal identifies risks posed by clinical interventions at the various ATP levels. We argue that there are significant understated and underreported risks associated with EMT-level staff *not* performing clinical interventions or electing *not* to transport a patient for further assessment and management. It is notable that EMTs may autonomously administer 16 medications, as well as insert laryngeal mask airways, defibrillate and perform bladder irrigation.

Paramedics Australasia believes that the proposal underestimates the risk of harm posed by ambulance staff.

Overall assessment of frequency of harm

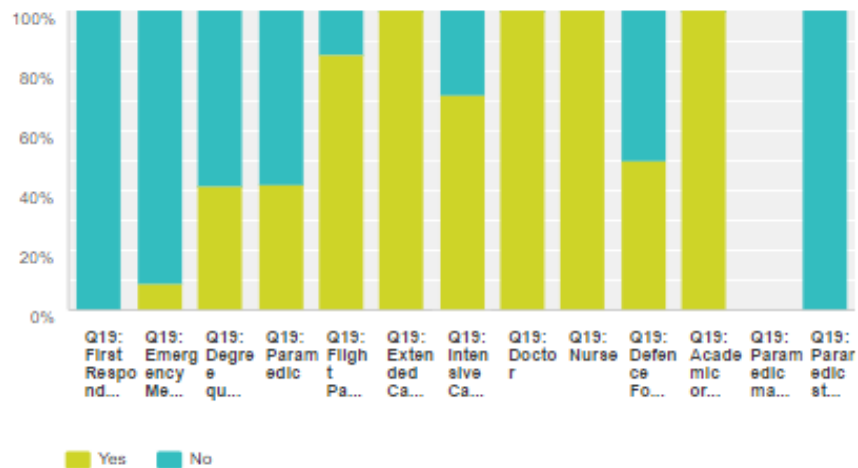
Answered: 206 Skipped: 35



Overall 50% of respondents are directly aware of harmful incidents (the higher the ATP, the greater the level of awareness). This figure rises to 70% in responses from the non-Ambulance sector (private providers and Defence force).

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

Answered: 161 Skipped: 5



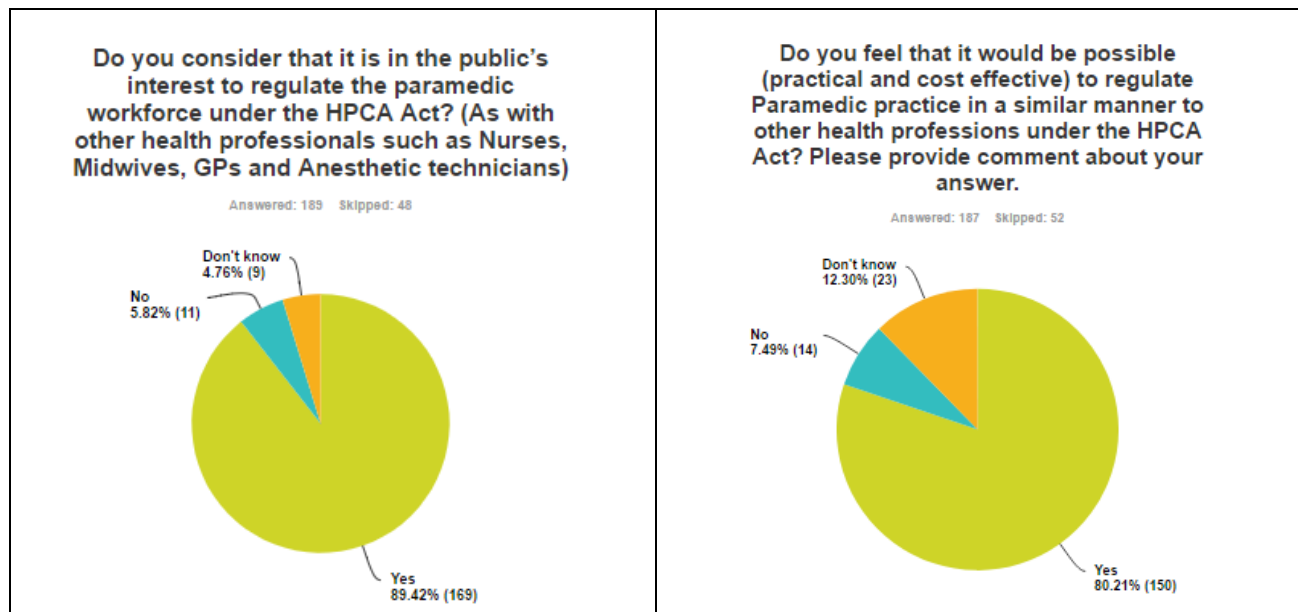
In the 81 free text comments provided with this response, issues were noted at all levels of practice from EMT onwards. There were 8 (10%) mentions of potential fatalities, and around 15% expressed dissatisfaction with remediation or training practices within the ambulance service or employer, with several respondents alleging deliberate misreporting.

These responses suggest the potential for much higher levels of complaints than have been noted by the HDC. Paramedics Australasia has significant concerns around this apparent under-reporting of harm.

SECONDARY CRITERIA

PUBLIC INTEREST AND COST EFFECTIVENESS OF REGISTRATION

The vast majority (90%) of the workforce believe that it is in the public interest to regulate paramedics under the HPCAA, with 80% believing it is practical and cost effective to do so. Of the 12% who are unsure, free text comments indicate they lack information regarding how registration would be implemented.

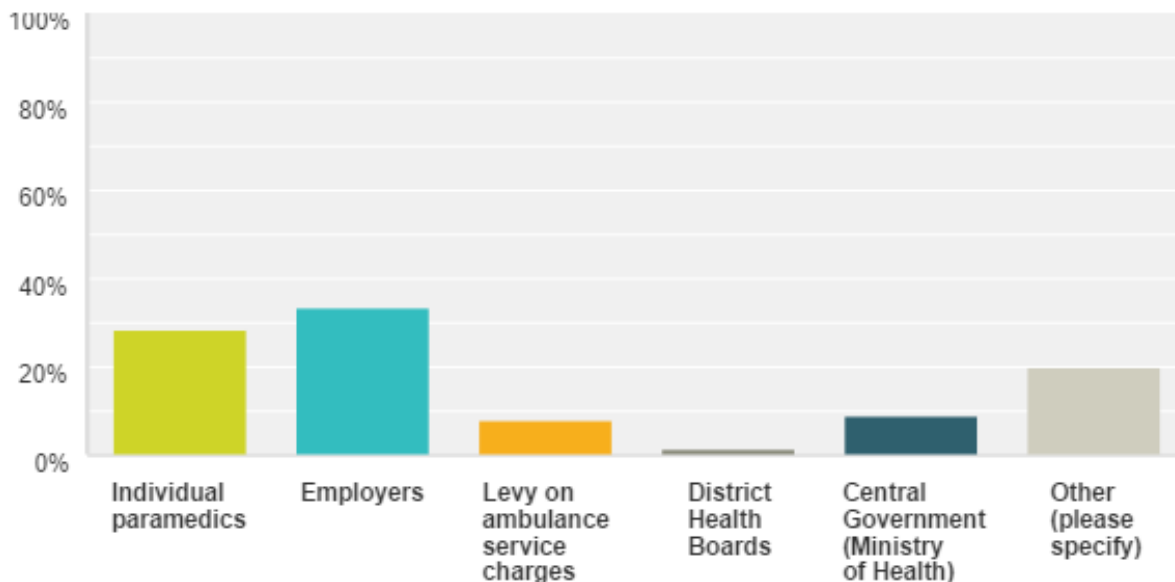


It is of note that the greater the respondent's understanding of the HPCA, the more likely they are to agree with registration. The majority of "no's" or "don't knows" come from those respondents with no or little knowledge of the Act.

There is a division of opinion over who should bear the costs of registration between it being an individual or employer responsibility.

Who should bear the cost of annual registration?

Answered: 191 Skipped: 50



The majority of those commenting suggest a split of costs over several parties.

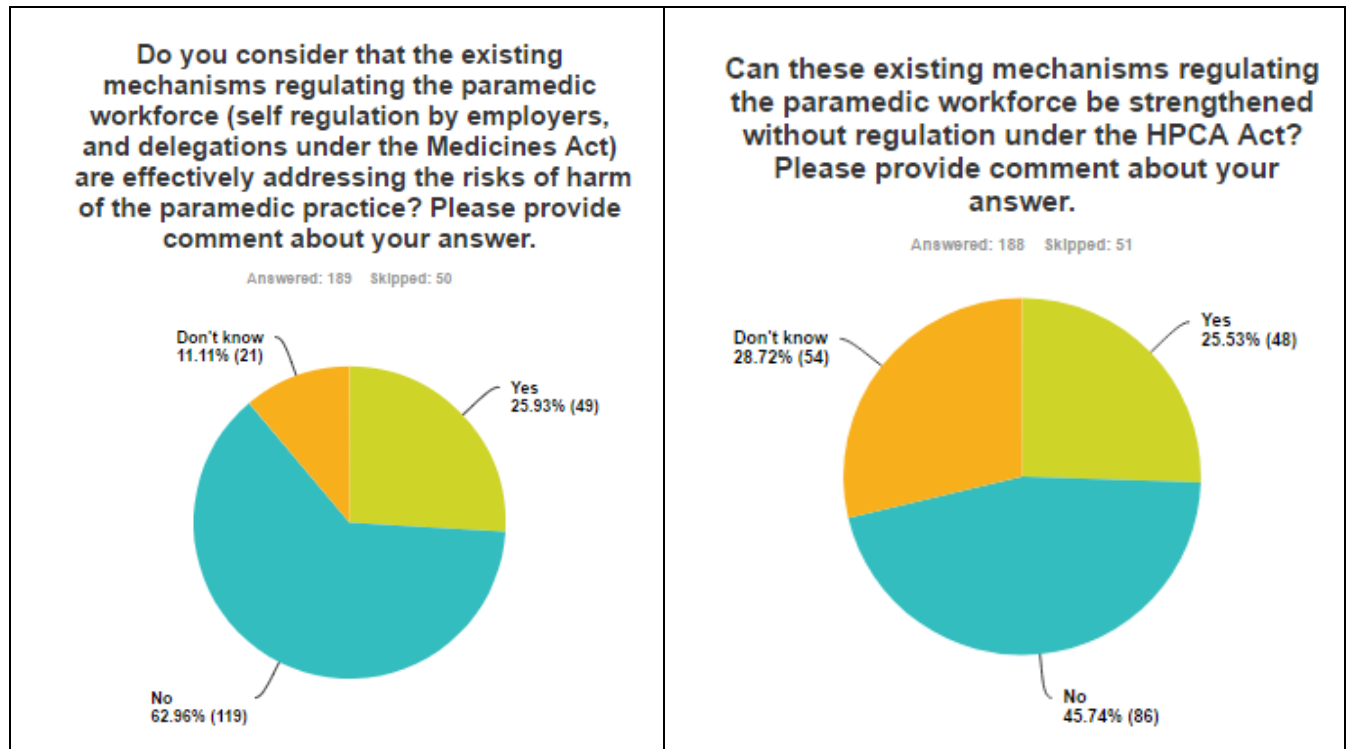
Regulation in the interest of public safety should not depend upon the willingness of individual practitioners to pay the associated fees.

Cost mitigation

The cost to individual registered paramedics has been viewed as a significant negative factor. These include annual registration, indemnity insurance, professional membership, and self-funded continuing clinical education expenses. Whilst a legitimate concern, unions are already factoring in registration-related costs in current and future negotiations and Paramedics Australasia members will have access to peer-reviewed registration-ready online CCE opportunities as well as low cost bulk purchase indemnity insurance.

EFFECTIVENESS OF EXISTING MECHANISMS

62% of respondents do not believe that existing regulatory mechanisms are currently effective with 60% doubting that that these can be strengthened. Of the 25% who do have confidence in current mechanisms, 45% believe that these can be strengthened without the HPCA.



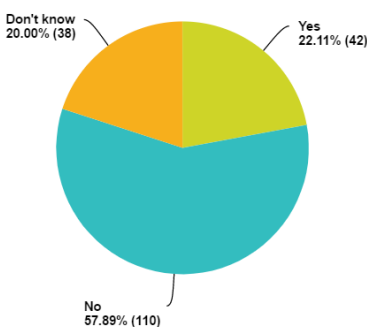
Supporters of the current mechanisms note recent changes brought about by the ambulance services including the electronic patient report form (ePRF) system and proposals to changes in the CCE models and ATP certification. Those who lack such confidence cite conflicts of interest, poor management practices and lack of transparency between professional practice and employment disputes.

ALTERNATIVES TO REGULATION

There is little support for the implementation of a paramedic register. Although this is considered cost effective by some, critics are concerned that this could become a punitive model and would not necessarily encourage remedial action. Some respondents express concern around arbitration and appeals processes.

Should the ambulance sector consider implementing a simple register of paramedics who are suitable or unsuitable to practise instead of regulation under the HPCA Act? (NB the MoH have not provided any information on how this would operate or how any appeal process would be mediated)

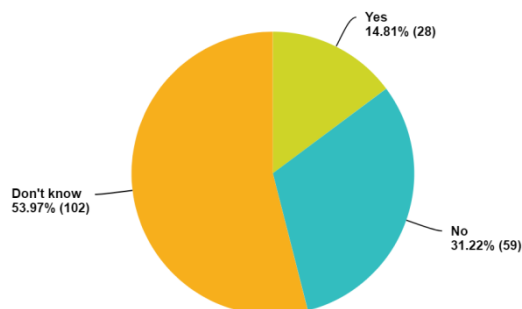
Answered: 190 Skipped: 49



There is considerable uncertainty over other non-legislative options with the majority of respondents being unsure.

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

Answered: 189 Skipped: 52



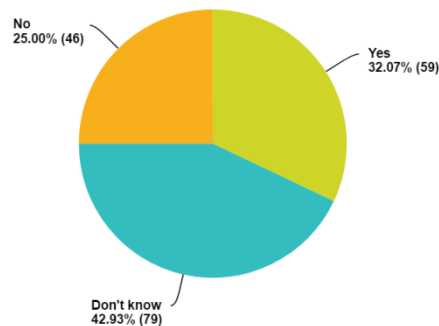
Comments provided to this question tend to suggest improved training and continuing clinical education based upon national standards that are independent of the employers.

ADDITIONAL BENEFITS AND DRAWBACKS TO REGISTRATION

77% of respondents agreed with the set benefits identified by the MoH (or were unable to suggest more).

The Ministry of Health has identified multiple benefits Do you see any other benefits?

Answered: 184 Skipped: 57

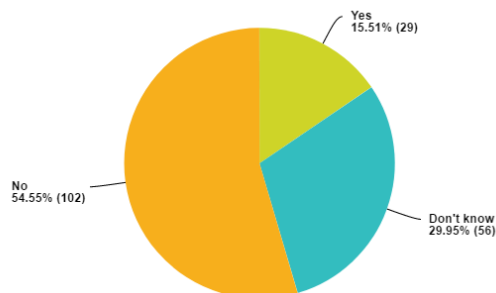


The single main benefit (not otherwise paraphrased by the MoH) was the ability to separate professional practice issues from employment issues, noting that termination of employment would not necessarily be synonymous with termination of the ability to practice.

Similarly over 83% of respondents fail to see any further disadvantages to registration. (NB our earlier survey identified the costs of registration and professional indemnity insurance as the main concerns, but nonetheless acceptable by most).

The MOH recognise that there are downsides to regulation Do you see any other negative issues?

Answered: 187 Skipped: 54



In the comments provided, the loss of volunteers seen by the MoH was not seen as being a significant issue, with those passing comment citing the need for Paramedics to be a professional force. A further negative factor seen was the practicality of implementing new protocols and interventions by the service providers and who would bear the cost of decisions made by the RA.

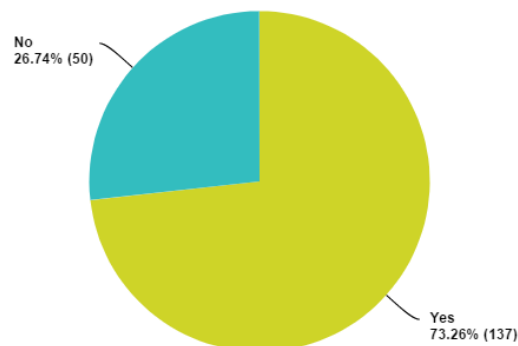
REGISTRATION OF PERSONS EMPLOYED AS EMT

The MoH consultation document notes that EMTs will not be within scope for registration. However under the present model, the designation of EMT is a job title with a scope of practice determined by the employer which may not reflect a worker's training. As noted earlier a significant number (46/ 25%) of EMT respondents were degree qualified.

73% of respondents believe that degree qualified EMTs should be able to opt-in to registration

Assuming that EMTs will not be registered at this stage, do you believe that EMTs and First Responders who hold a Bachelor's degree in paramedicine should have the option to "opt-in" to registration if they choose?

Answered: 187 Skipped: 54



Comments by respondents note that EMTs' decision-making regarding transport, calling for back-up and recognition of the seriousness of patients' conditions exposes the risk of harm to the public. There are comments regarding the quality of internal training programmes for non-degree qualified EMTs. There are a number of suggestions that EMTs could be registered as "Enrolled", akin to Enrolled Nurses.

The current proposal of ATP-based registration gives the employer the control over who can and cannot be registered. Registration based upon an individual's relevant qualification may mitigate this.

It is notable that the New Zealand Ambulance and Paramedical Standard NZS8156: 2008 (**Appendix 1**) suggests that any person holding an Ambulance New Zealand-recognised Bachelor of Health Science is



contractually considered to be ILS irrespective of ATP. Accordingly under NZS8156 EMT could be considered a job title, whereas BLS, ILS & ALS are defined as qualifications.

Paramedics Australasia disagrees with the current proposal to exclude EMTs from regulation under the HPCAA as we believe that EMTs fulfil both the primary and secondary criteria for regulation as stated under the Act. Both anecdotal and published evidence demonstrates risk to the public from ambulance staff at all levels. Paramedics Australasia appreciates the financial strain that EMT registration may put on ambulance services under the current partial funding model. However if regulation is indeed primarily to protect the public from harm then the funding model needs to be addressed.

A robust and externally moderated framework to define scopes of practice and monitor staff at all ATP levels needs to be implemented. Risk data must be gathered in a transparent manner by an external authority to accurately determine risk at each ATP. If EMTs are to be excluded from this initial registered cohort, Paramedics Australasia believes that their future inclusion *must* be planned for.

CONCLUSION

Paramedics Australasia, the professional body representing paramedics and ambulance staff in New Zealand strongly believes that only regulation and registration under the HPCA Act (2003) will ensure ongoing public safety, as well as professional protection of paramedics and ambulance staff.

Paramedics fulfil all primary and secondary criteria for regulation under the Act:

Primary Criteria:

1. The profession delivers a health service as defined by the Act
2. The health services concerned pose a risk of harm to the health and safety of the public
3. It is otherwise in the public interest that the health service be regulated as a health profession under the Act

Secondary Criteria:

1. Existing regulatory or other mechanisms fail to address health and safety issues
2. Regulation is possible to implement for the profession in question
3. Registration is practical to implement for the profession in question
4. The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation

These views are shared by the overwhelming majority of the 241 professional paramedics and ambulance staff we have consulted in the preparation of this feedback.

APPENDIX 1: SERVICE CAPABILITY LEVELS AS PER NZS 8156: 2008

Service Capability Levels	Road
Basic Life Support (BLS)	All emergency Basic Life Support capable ambulances must be crewed with at least one crew member who holds at a minimum: the Ambulance New Zealand recognised National Diploma in Ambulance Practice (NZQA Level 5) or equivalent.
Intermediate Life Support (ILS)	All emergency Intermediate Life Support capable ambulances must be crewed with at least two crew members who hold an Ambulance New Zealand recognised ambulance qualification. One must hold a minimum: the Ambulance New Zealand recognised Bachelor of Health Science, ILS Pathway (WFA/OSJ) or equivalent.
Advanced Life Support (ALS)	All emergency Advanced Life Support capable ambulances must be crewed with at least two crew members who hold an Ambulance New Zealand recognised ambulance qualification. One must hold a minimum of Post Graduate Certificate in Speciality Care – Advance Paramedic Practice or equivalent as recognised by Ambulance New Zealand.

<http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/naso-national-ambulance-sector-office/emergency-ambulance-services-eas/eas-providers/emergency-ambulance-service-generic-service-agreements>