25/6/2017

Feedback on consultation document: Regulating the Paramedic workforce under the Health Practitioners Competence Assurance Act 2003

Feedback provided on behalf of the Clinical Advisory Group for the Hauraki Primary Health Organisation (PHO). The Hauraki PHO is Kaupapa Maori PHO that has an enrolled population of 114,032 people at 17 practice partners operating from 29 clinics throughout the Waikato Region. A large number of these practices provide care to rural communities and work closely with the Ambulance sector.

Do you agree that the paramedic workforce provides a health services as defined under the HPCA act and poses risk of harm to health and safety of the public? Absolutely, paramedics are an integral part of primary care provided to our communities and their role within primary care is increasing with more patients being assessed and left at home with appropriate treatment under the Urgent Community Care service (UCCS). The Paramedic workforce provides health care to vulnerable patients therefore pose a risk to public health and safety. This alongside an increase in clinical decision making being made by paramedics providing UCCS within the community becomes added risk to patient safety and increased margin for clinical error.

Do you agree with the consultation documents description of the nature and severity of the risk of harm posed by the paramedic workforce? I agree with the listed clinical risks and feel that the severity of the risk has been accurately detailed around procedures and physical risk. I would add that risk hasn't been looked at holistically. Risk of harm to the public in the form of; cultural inappropriateness or lack of cultural competence, unethical practice or inappropriate use of power has not been considered. For example often complaints brought before the Health and Disability Commissioner relate for nurses relate to unethical practice or misuse of power causing harm rather than clinical incompetence resulting in harm.

Do you consider there is a high frequency of harm being caused by the practice of the paramedic workforce? 'high frequency' is a hard statement to answer to, what defines high frequency and is this number of incidents of harm caused compared to other professions, numbers of practicing paramedics or number of encounters with the public. I do believe that the frequency of harm caused is likely to currently be inaccurately recorded given there is not an independent body for ambulance staff or the public to report harm to and I question what the culture of the ambulance sector is

around incident reporting for potential or actual harm, whether the culture is supportive and non-judgemental or if there is reluctance to report.

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

Yes actual and potential harm. I feel the potential harm is just as important to measure as actual harm. This is how we prevent actual harm from occurring. In my rural practice I have very regular encounters with the paramedic workforce as does my GP colleague/Medical Director in a different rural practice I sought further examples from to answer his question

1. Patient presenting with fever, leg swelling, poor mobility and feeling generally unwell, has diabetes and chronic lymphoedema legs - assessed by paramedic as having cellulitis and suitable for community treatment - contacted GP to provide a script for oral antibiotics - GP knowing the patient and significant past history and co-morbidities assessed the patient - felt not suitable for community treatment so sent to hospital - 10 day admission on iv antibiotics.

2. Patient called ambulance in early hours of the morning with severe chest pain - reported he was lying on the floor and could not get up - pain eased by the time paramedics arrived - seen and assessed and not transported - to visit GP that day - came in to clinic and assessed by GP - although no specific signs or abnormalities found because of the story and severity of pain was sent to ED for assessment - troponin raised, sent for angiography and had 3 stents the next day.

3. Patient diabetic patient in early 70s assessed my paramedic at home after calling 11 due to severe left arm pain, assessed and left at home with diagnosis of musculoskeletal pain. Patient presented to nurse in GP clinic the next day with ongoing arm pain, normal ECG but history suggestive of potential cardiac cause and high risk patient, sent to ED, on arrival in ED had large NSTEMI in department, thrombolised, ED doctor advised patient he wouldn't have survived had he not had the NSTEMI in the ED.

4. Paramedic attended diabetic patient (on insulin) at home with vomiting and dehydration , transported to clinic after assessing patient at home advising clinic staff patient was just dehydrated and needed IV fluids in clinic not hospital admission. When nurse assessed in clinic in presence of Paramedic patient found to obviously confused, dehydrated BGL 24mmol and acetone breath. Nurse suspected diabetic ketone acidosis (DKA) and advised paramedic to wait whilst GP assessed urgently as patient would definitely need hospital admission, paramedic disagreed and left patient at clinic. Patient found to have DKA and 111 called for transport to hospital within 15 minutes of the Paramedic leaving the patient at the clinic.

Do you consider that under the Ministry's guidelines it is in the public interest to regulate the paramedic workforce under the HPCA act? Yes, regulating a health care workforce working closely with the public everyday can only be in the publics best interest and improve the delivery of service and reduce the risk of harm to the public.

Do you consider that the existing mechanism regulating the paramedic workforce are effectively addressing the risks of harm of the paramedic practice? I think that as much as St John and Wellington Free Ambulance try to regulate their workforce this is very difficult given they have the dual role of employer and to be entirely fair and impartial an independent authority is paramount.

25/6/2017

Can the existing regulatory mechanisms regulating the paramedic workforce be strengthened without regulating the paramedic workforce under the HPCA act? I believe than an independent body such as a Paramedic council, support by the Nursing council as proposed is the best way to successfully regulate the Paramedic workforce by setting standards of practice, monitoring practitioners, setting scopes of practice and dealing with complaints about practitioners independently from the employers of the Ambulance sector. I think this will strengthen the credibility and professional standings of Paramedics within the health sector and the public's perception of the paramedic workforce and make for a more transparent workforce.

Should the ambulance sector consider implementing a register of paramedics suitable/unsuitable to practice instead of regulation under the HPCA act? In my opinion great care needs to be taken when keeping a list of health professionals competence that is publically accessible. The public need to be able to clearly understand what suitable/unsuitable to practice is means and how this is measured, this requires a considerable degree of context. I don't believe having a register will directly minimise the risk of harm to the public.

Are there other regulatory mechanisms that could be established to minimise the risk of harm of the paramedic workforce? The Medical Council, Nursing Council and Teachers Council are prime example of successful councils that provide standards, scopes, support and improve the professional standing of these professionals within the profession and within the public eye. They also work to successfully minimise harm to the public and when harm occurs deal with this in a prompt, professional manner. They provide another tier above the employer to deal with complaints from the public and provide feedback to its members so that awareness of complaints, issues in practice are highlighted to prevent further episodes of similar harm to the public.

Do you agree that regulation under the HPCA act is possible for the paramedic workforce? Yes certainly, the only real barrier or negative impact of competent Paramedics being registered under a new Paramedic council (which are the only ones we want practicing) is the cost of the membership which given their pay rate I feel it entirely achievable.

Do you have anything to add to the consultation document list of benefits and negative impacts of regulating the paramedic workforce under the HPCA act? Our Medical director provided this feedback from a peer group meeting of fellow GPs where this proposal was discussed 'We have heard of a local incident where a paramedic has been disciplined by St Johns as employer for straying from defined protocols even though this was under the direction of a GP at the scene who looked at the wider clinical context and advised an alternate action' An independent regulatory body with 'scope of practice' and standards for 'direction and delegation' like nurses have would prevent such discipline of individual paramedics in these situations.

Thank you for the opportunity to provide feedback on this consultation document.

Kind regards

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