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Dear Mr Goh

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

Thank you for the opportunity to provide feedback to the Ministry of Health (the Ministry) on the consultation document, *Regulating the paramedic workforce under the Health Practitioners Competence Assurance Act 2003* (HPCAA). The College applauds the work on this important aspect of health care.

#### **Introduction to general practice and the College**

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.

- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

### **The Ministry's consultation**

Ambulance New Zealand is proposing regulation under the HPCAA of members of the ambulance workforce who practise as paramedics or intensive care paramedics. The proposal does not include first responders or emergency medical technicians who are also part of the ambulance workforce. Under the proposal, a new responsible authority, the Paramedic Council, would be established to oversee the paramedic workforce and set standards for their practice. The Paramedic Council would receive operational support from the Registrar and secretariat staff of the Nursing Council of New Zealand.

The Ministry is now seeking feedback on whether the paramedic workforce meets the criteria for regulation under the HPCAA.

### **The College's feedback**

The College fully supports the proposal to regulate the paramedic workforce under the HPCAA to better protect members of the public. The College considers that the paramedic workforce meets the two-tier criteria for regulation set out in the consultation document.

### ***Primary criteria***

The primary criteria for regulation relates to the delivery of a health service as defined under the HPCAA and the risk of harm to the health and safety of the public. The HPCAA defines a 'health service' as:

"a service provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals".

We understand the Ministry considers that the paramedic workforce meets the definition of a 'health service' under the HPCAA (page 8 of the consultation document). The College agrees the paramedic workforce provides a health service as defined by the HPCAA because it assesses, stabilises, and transports sick and injured people to the emergency department.

Moreover, the College acknowledges the scope of services provided by the paramedic workforce is broadening. The ambulance sector is giving the paramedic workforce increasing responsibility that includes either treating patients at the scene or referring or transporting patients to alternative health care providers. Thus, as stated in the consultation document, it is possible that paramedics will be managing more patients in the community and become a key referral mechanism for other health providers. We also note that members of this workforce are in the New Zealand Defence Force.

The consultation document discusses the potential for harm to members of the public under both the traditional and new ambulance models of care (page 9). Key factors contributing to this risk include work that is unsupervised, the absence of support or resources that are generally available in emergency departments, and some of the high-risk procedures performed by the paramedic workforce (eg administration of parental medicines and intubation). Therefore, the College also agrees that the paramedic workforce poses a risk of harm to the health and safety of the public.

The College also considers that according to the Ministry's guidelines, it is in the public interest to regulate the paramedic workforce under the HPCAA. In particular, we note Table 7 indicates considerations that favour public interest in regulation under the HPCAA. These include:

- The paramedic workforce is practising without the supervision or support of peers and other regulated health practitioners.
- The paramedic workforce is mobile, or works on locums or short tenures.
- The paramedic workforce provides health services to vulnerable or isolated individuals.

### ***Secondary criteria***

The secondary criteria includes the effectiveness of existing regulatory mechanisms, potential alternatives, and whether regulation is possible and practical. There are a number of existing mechanisms for managing the risks of harm posed by the paramedic workforce. However, there are limits to the existing mechanisms, which are identified in the consultation document.

The College's view is that the existing mechanisms do not effectively address the risks of harm posed by the paramedic workforce. In particular, there is no consistent standard or independent body for monitoring the competence of the paramedic workforce or to ensure quality of training is provided.

The College's view is that the paramedic workforce should be regulated under the HPCAA rather than strengthening existing mechanisms. For instance, we note that self-regulation of the paramedic workforce is a potential alternative to regulation under the HPCAA. However, Ambulance New Zealand has already trialled a register of paramedic names and qualifications, and this was unsuccessful. We also note that in New Zealand we are currently well served by providers such as St John and Wellington Free Ambulance, but there is the potential for a new entrant who does not have robust policies, procedures and training programmes.

The consultation document states that regulating the paramedic workforce under the HPCAA would increase public safety by (page 3):

- assigning the proposed Paramedic Council to set the required parameters of practice, qualifications and competencies;
- providing a publicly accessible register; and
- requiring the paramedic workforce to maintain the required standard of competence to practise.

The College agrees that regulation under the HPCAA is possible for the paramedic workforce. It would increase public safety and recognise the potential risk of harm to the public caused by the paramedic workforce.

Thus regulation under the HPCAA would sustain public confidence in the paramedic workforce through independence via an existing responsible authority, and bring it into line with other health practitioners in New Zealand. Using mechanisms would also align with other countries such as the United Kingdom, Ireland, Canada and South Africa where paramedics are registered, and Australia (which is implementing national registration).

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely



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