



Response to:

**The Regulating Workforce under the
Health Practitioners Competence
Assurance Act 2003**

Consultation Document

**To be submitted no later than 30th June 2017 to
info@healthworkforce.govt.nz**

**Calvin Fisher
Secretary
AWUNZ Sthn Inc**

Submission in response to the Consultation Document with respect to Regulating the paramedic workforce under the Health Practitioners Competence Assurance Act 2003.

AWUNZ Southern Inc would prefer to submit our responses by referring to your discussion questions and expanding our responses.

Question 1

We accept that the paramedic workforce does provide a health service as defined under the HPCA act and there is a risk of harm to the health and safety of the public.

Question 2

We accept the consultations description

Question 3

No we do not accept that there is a high frequency of harm, this is evidenced by your own documentation and our own experience in dealing with such matters. Also we are very aware of St Johns processes and the public access to St John with respect to complaints; this is due to St Johns involvement in the Community. There is awareness amongst officers of their processes, and reporting of other officers in addition to the public.

Given the above circumstances we believe the levels of reporting is testimony to the level of practice amongst officers.

Question 4

We believe harm is an emotive term, we are aware of instances of inadequate delivery, or standard of delivery, these are examples of behavioural short falls, having said the above, the work environment, workload and other issues are contributing factors. Your own documentation refers to the matters we have submitted; we accept that your stats around these issues is an accurate summation.

Question 5

Not relevant

Question 6

We can only respond to this question as a generalisation gathered from members replies to our request for comment.

The response to this issue was mixed, however officers do accept that with registration it provides the public with a choice of those registered and those not. When 111 is called presently the public are not given an option of who responds to them. If the public were to ask for a registered practitioner, how would that request be managed. If an AO, first responder or EMT were dispatched, how the informal public responded, could be of concern, because registration will heighten expectation.

Having said that with 73% of the Ambulance proposed not to be registered, an increased level of responsibility will rest with the registered personnel, especially given current crewing.

Question 7

In terms of training, CCE, auditing and monitoring, we believe the standards referred to are being met. The consultation papers refer to standards, or lack of national standards or consistent standards, and questions the current providers systems (ref 5.3 Secondary Criteria) Table 8 demonstrates what is believed to be limits, with the present process. We have received mixed responses from members on this matter, but no objection to National Standards.

Question 8

Yes existing mechanisms could be strengthened as outlined in Table 8, however that doesn't account for non-funded operators. From that perspective Registration under the ACT would provide National Standards.

Question 9

This option has not drawn much comment from members. In reality if the current providers co-operated to provide a single national register, it wouldn't be under the HPCA Act and wouldn't address the issues referenced in Table 8.

Question 10

Officers have responded only to the question of registration or status quo and the workforce we are responding on behalf of have indicated a preference for registration under the ACT but concerns around the costs associated with registration, indemnity insurance and other possible ongoing costs, that aren't applicable within the current system.

Question 11

Yes we agree

Question 12

(a) All members have been advised of the proposal and your documentation. Given the level of response, it is our opinion that officers have agreed and understand the responsibilities; we have not received any notification of concerns.

We have had concerns expressed to us with respect to the makeup of the Paramedic Council and any professional conduct committee.

(b) With respect to annual practising fees, members expectations are that their employer will pay, that issue has to be resolved

(c) With respect to Indemnity Insurance, this organisation is certainly aware of the issue, and through its own Insurance/Financial advisory company, is having this matter looked at. We are concerned about this sectors exposure to this matter, and intend having discussions with St John. We don't believe this issue has been properly canvassed and is of concern. The purpose is understood as it is spelt out in the consultation papers.

Question 13

We understand that current paramedics who do not have a degree, despite the standard going forward are automatically covered by registration, as would be qualified paramedics but working as EMTs but want to maintain their paramedic registration. Given the EMT/Paramedic qualification, related costs for those officers to maintain registration could be a concern or seen as a negative outcome for that section of the workforce. Again the expectation is that the Employer will meet the costs for that sector of the workforce.

It has been noteworthy that given the level of Clinical procedures and medications, officers have commented that historically current EMT and projected EMT skills is where paramedics were. At what point would EMT be considered for registration, given the percentages of the breakdown of the workforce.

Question 14

In terms of benefits to the public through registration outweighing non-registration continuing. Our members have focussed more on the issues around registrations effect on them by comparison to the current practice provided by their employer. As previously reported in our submission members have questioned the publics' expectation of access to registered paramedics or otherwise, and in real terms what will change with respect to the day to day service to the public by being registered.

Concern has been expressed at the lack of details provided in the consultation papers with respect to National Standards auditing etc, and associated costs in addition to registration and indemnity insurance.

There is a heightened awareness of risk from officers perspective not necessarily because of registration, but the prevailing workload, staffing mix, single crewing, recall cover, and reliance on volunteers. Officers are very aware of the ever increasing growth in metro areas and workload in general, compliance issues, additional medications being scheduled, the nature of the circumstances officers are encountering at scenes; we acknowledge that the committee will be aware of the environment we are referring to, however they are unique to ambulance officers.

In closing we would like to thank those people who put the Consultation Document together, members found it to be informative, we have highlighted concerns expressed to us from members, realising they are outside of the scope of the purpose of this process.

We have no objection to the full disclosure of our submission, and we make no request for any withholding under the Official Information Act.

Regards



Calvin Fisher

Secretary

AWUNZ Sthn Inc