College of Emergency Nursing, New Zealand, NZNO

Submission to the Ministry of Health

On the

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

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About the College of Emergency Nurses, New Zealand

CENNZ is a professional nursing College within the New Zealand Nurses Organisation (NZNO), representing Emergency Nurses in New Zealand. Its aim is to promote excellence in Emergency Nursing within New Zealand / Aotearoa, through the development of frameworks for clinical practice, education and research. It is involved in the promotion of advanced practice opportunities and specialty competencies development through participation in policy making, evidence based guidelines, and the provision of expert knowledge and advice to government and other national bodies.

INTRODUCTION

Thank you for the opportunity to comment on the consultation document, *Regulating the paramedic workforce under the Health Practitioners Competence Assurance Act 2003.*

This submission has been prepared on behalf of the College of Emergency Nurses, New Zealand, NZNO, (CENNZ) following invitation for feedback to members of the college and with final development and consolidation of responses undertaken by the college committee.

The responses received are supportive of the intention to move towards regulation of the paramedic workforce, and see this document as an effective first step towards achieving this. It is hoped that the process is not only enacted for paramedics, but ultimately is extended to all those providing professional healthcare in the pre-hospital environment.

CENNZ does support the document.

Key points/recommendations for achieving the purpose of the document.

1. CENNZ strongly agrees with the appropriateness of having a regulated paramedic workforce in NZ

2. Regulation is seen as best achieved through establishment of a new responsible authority (RA) the Paramedic Council, with operational support being provided by the existing Nursing Council of New Zealand processes.

3. CENNZ believes there is a high risk for potential harm to the public from an unregulated paramedic workforce, and that this risk could be significantly reduced through regulation.

4. While there are appropriate points identified in the consultation document, we believe additional factors need also be considered.

5. It is recommended that consideration be given to the following:
• The potential issues associated with dual registration and the impact this may have eg RN/paramedic.

• Ensure that the changes to the paramedic model of care align with current protocols regarding community based care, and do not become a default process for ‘deferring’ or excluding access to ED care in order to manage hospital crowding.

• That the model of care and the role of paramedics as a ‘key referral mechanism’ risks introducing an additional level of gatekeeping and the potential impact on access to services.

• That urgent consideration is given to expanding the process of regulation to the level of Emergency Medical Technicians, with recognition of the significant risk to the public that can be associated with this level of care.

• Recognition that this will involve a workforce including both volunteer and paid employees and the implications associated with this.

Response to survey questions

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

YES

• CENNZ believes that the services provided by the paramedic workforce are clearly within the definition of ‘health service’ as defined by the HPCA Act, and that there is a clear risk to the health and safety of the public.

2. Do you agree with the consultation document’s description of the nature and severity of the risk of harm posed by the paramedic workforce? If not, please provide comment.

YES

• CENNZ believes that here needs to be careful consideration of the role and scope of practice associated with the levels of paramedic practice, and at what point the risk to public is most apparent. While the argument offered in relation to level of intervention and risk supports that there is risk at the level of more advanced practitioners (ie paramedic levels), in many areas where there may only be EMT or basic level staff available, the risks are those associated with limited knowledge, skills, and ability to critically interpret situations, and recognition of the deteriorating patient. Inability to
recognise the importance of escalating a situation, or calling in additional assistance is equally significant in terms of public risk. An analogy can be made to the levels of practice within the nursing workforce – the enrolled nurse (EN) is perhaps comparable to the EMT in the paramedic workforce – and equally requiring regulation and registration.

3. **Do you consider there is a high frequency of harm being caused by the practice of the paramedic workforce? Please provide comment about your answer.**

   **No**

   - *It is not believed that there is a high level of actual harm, but the potential for harm to be caused remains.*

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

   **YES**

   - CENNZ is unable to provide specific details of harm caused to individuals; however, anecdotal feedback from members has identified some generic situations which may be worth considering. While members wish to be clear that they highly value the collaborative engagement that they have with paramedic and other ambulance staff, there have been instances when care has been less than optimal, or when circumstances were open to alternative interpretation.

   - Examples given include: issues related to poor communication, with the potential for less information being shared, with the resulting loss of opportunity to provide best care for a patient. This includes less information than needed to alert staff to the need for activation of trauma calls, or in relation to patient circumstances. It was noted that this was more likely to occur with staff who were junior or from rural areas where volunteer crews may not have been as familiar or comfortable with systems.

   - Other examples relating to the use of paramedic level medication use, in particular administration of ketamine. This included instances where relatively large amounts of ketamine were administered with inadequate or absent associated analgesics. The use of ketamine could also result in difficulties associated with subsequent assessment of patients, particularly if the doses were large.

   - A third situation described was where staff may be uncertain about certain actions that had occurred, given that documentation was not always completed in a timely manner (despite movement to electronic based systems) whereby staff would complete the documentation retrospectively, following arrival to the ED.
5. If you are a non-government funded ambulance provider, does your workforce practise high-risk interventions? Please provide comment about your answer. Refer to Tables 4 and 5 (page 10) of the consultation document.

Some concerns were raised regarding non-government providers transporting patients who were deemed to be acute and therefore outside of the providers’ remit – however, this is again noted to be anecdotal.

6. 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?

Yes

7. 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.

No.

While the existing mechanism offer some framework elements, these are not seen as sufficient or robust enough on their own.

In particular, there needs to be clear mechanisms around the practice for NGOs. The introduction of a competency based practicing certificate is seen as an essential element.

8. Can the existing mechanisms regulating the paramedic workforce be strengthened without regulation under the HPCA Act? Please provide comment about your answer.

No.

The existing mechanism are inconsistent across the workforce and currently do not address the competency needs and are not comprehensive enough to ensure that all aspects are covered effectively.

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

No

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

No
11. Do you agree that regulation under the HPCA Act is possible for the paramedic workforce? Please provide comment about your answer.

Yes

This seems a reasonable and feasible approach to take; it will enhance not only the safety of the public but the professionalism of the individual practitioners. It is acknowledged that in order to provide a fully professional workforce in this area (ie fully regulated including EMTs) then this has significant implications in terms of funding and the overall health care model. This is currently a very difficult process to achieve, but this should not be avoided because of this, and continued political and social lobbying should occur to advocate for this position.

12. If you are an ambulance organisation or ambulance provider, do you consider that the paramedic workforce:

(a) understands the individual responsibilities required under the HPCA Act? Refer to Appendix Four of the Consultation Document for the list of responsibilities.

(b) is prepared to pay the estimated annual practising certificate fee (and other future regulatory fees) set by the proposed Paramedic Council?

(c) understands the purpose of obtaining professional indemnity insurance?

N/A

13. Do you have anything to add to the consultation document’s list of benefits and negative impacts of regulating the paramedic workforce under the HPCA Act?

Benefits as outlined: also raises the importance of the issue and the significance of aligning the prehospital / ambulance/transport workforce with the overall health sector – ie the need to provide a profession, responsible and accountable workforce. This makes the need to have a fully registered workforce, and a fully funded sector, of increasing importance. There need to be ongoing political and social conversations regarding what the New Zealand public expect and are prepared to pay for – what the implications are of having a volunteer health service.

It is important to ensure that scope of practice is carefully delineated, to ensure that this does not become repetitive of existing services, or subject to political manipulation as a means of avoiding fully funding other health care needs. There is considerable need, both in terms of personnel, resources and funding across the health system and a fully integrated and consistent system is needed.

14. Do you consider that the benefits to the public in regulating the paramedic workforce outweigh the negative impact of regulation? Please provide comment about your answer.

Yes.
As the role and scope of practice for paramedics seems likely to continue to evolve, it is essential that this is subject to regulation to maintain a professional and effective presence within the NZ health system.

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