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

Submission to the Ministry of Health

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to respond to your consultation on *Regulating the paramedic workforce under the Health Practitioners Competence Assurance Act 2003* (HPCA Act).

2. NZNO has consulted its members and staff in the preparation of this submission, in particular members of the board, regional councils, the College of Emergency Nurses New Zealand (CENNZ); the College of Primary Health Care Nurses; nurses and nursing support staff in aged residential care; specially trained PRIME (primary response in medical emergency) nurse practitioners and registered nurses who assist ambulance services where there is limited access to clinical services, or when rural response times may be longer than usual.

3. NZNO supports the CENNZ's submission.

4. NZNO welcomes and supports the proposal for the paramedic workforce to be regulated by a new responsible authority (RA), the Paramedic Council, with the operational support of the Nursing Council of New Zealand (NCNZ).

5. We agree that there is potential for a high risk of harm to public health and safety, and that regulation would mitigate that risk.

6. We suggest there are a number of issues, besides the ones raised in the consultation document, that need to be thoroughly canvassed and thought through to ensure consistency and the 'best fit' of the paramedic workforce within existing regulated scopes of practice.

7. We recommend that you:

- **ensure** that "key referral" mechanisms do not adversely impact, duplicate or impact or circumvent existing triage and decision-making mechanisms;

- **ensure** professional representation on the Paramedic Council, as occurs with the Medical and Nursing Councils, rather than the Paramedic Council being solely appointed by the Minister of Health;

- **consider** ways in which regulation of paramedics could enhance horizontal integrated practice such as a dual paramedic/nurse scope of practice, and how to mitigate barriers such as cost, professional development and competence requirements etc. (The very useful dual role of nurse/midwife has all but disappeared because of regulatory barriers, for instance.) Auckland University of Technology (AUT) is currently developing a paramedic double degree;

- **ensure** that the paramedic scope of practise is focused on prehospital and prehospital and acute trauma care, leads to collaborative rather than duplicative practise, and precludes 'scope creep'. There is some indication in the consultation document, of potential 'crossover' between the registered nursing scope of practise and what the paramedic scope will encompass, that could undermine well established, cost effective, nursing roles in primary, critical and emergency care.

- **note** that nurses are generally underutilised – PRIME nurses are a case in point. Care must be taken to ensure that nurses are able to practice to the full extent of their scope (as expanded practice and new regulations allow), rather than risk duplication and cost escalation by introducing a paramedic scope of practise that encroaches on nursing.

  The College of Air and Surface Transport Nurses (COASTN), for example, note the very different skillsets required in transporting a critically unwell adult, from one suffering acute trauma, and would be very concerned if services were structured in a way that made the roles interchangeable, because of the potential for adverse outcomes. A comparable situation occurs in some community mental health services where social worker and RN (Mental health) roles are rostered interchangeably, which has led to delayed and unsupported medication, and preventable hospital admission.

  Similarly, in relation to the extension of medical care in the home (Urgent Community Care Service) by Extended Care

Paramedics (ECP), it will be important not to lose sight of the of the RN (eg district nurse, public health nurse, practice nurse) role of assessment and triage of nursing care.

In this context, we note that paramedics, like anaesthetic technicians, are predominantly male and we would not like to see a repeat of nurses, 93% of whom are female, being replaced with a better paid male workforce, as specific areas of well-established nursing practice are duplicated. Gender equity in the health sector is already compromised in terms of leadership, remuneration, and opportunity. The glacial pace of removing regulatory barriers to fully utilise the scope of practise of enrolled nurses (EN), registered nurses (RN) and nurse practitioners (NP), and large scale substitution of nurses is reflected in Aotearoa New Zealand's lack of progress in improving access to cost-effective primary health care and in reducing entrenched health disparities. It would be a travesty if recent steps enabling better utilisation of the nursing workforce were undermined by a new, male more expensive, medical workforce assuming part of the nursing role. The evidence is clear that what Aotearoa New Zealand needs is more health care not more medical care.

- **note** that the proposed registration fee seems very high, and may deter paramedics who currently volunteer from taking up the registered role, and that will affect capacity in the short time. That capacity is already strained by the new requirement for double staffing of ambulances, which is consistent with the proposed regulation of paramedics. The education and regulation costs for paramedics needs to be considered in this light, as well as support packages for training to retain the volunteer workforce.

- **note** the CENNZ *Position Statement on Triaging Away*[1] and similar statements by the College of Emergency Medicine and Ministry of Health upholding the right of patients to choose how they access care. ie Health care should not be denied to anyone requesting emergency care. There is some concern, particularly in the light of continued underfunding of health in successive budgets[2], that the regulation of paramedics extending care/treatment into the home, may limit patient choice/access to emergency departments; and

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1 http://www.nzno.org.nz/Portals/0/2009%20CENNZ%20Position%20Statement%20Triaging%20Away_updated.pdf

2 http://www.union.org.nz/category_media/health-working-papers/

- **consider** a second level paramedic scope of practise equivalent to the EN scope to ensure the regulation of all paramedics, including volunteers/first response.

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

Paramedic registration is supported, however, as indicated above, there needs to be consideration as to what the scope covers. For example, the COASTN is developing a position statement about the skill of health professionals undertaking air transfer of critically unwell patients between hospitals with the view that nurses, not paramedics, have the required skills to provide the safe & quality of care that is required.

There is currently a Ministry of Health process looking at air ambulance standards, where the nursing voice has been a late addition (some members of COASTN are now attending around the country). A key concern of the COASTN is that critically ill patients have nurses included in the flight teams alongside medical colleagues. This is not undervaluing the knowledge, skill and expertise of paramedics, rather it is setting boundaries about who is best placed to provide the safest care for critically ill patients who are being transferred between hospitals, facilitating optimal outcomes for patients.

The recent release of the national pathways for trauma, ST-Elevation Myocardial Infarction (STEMI) and stroke patients include new guidelines on the inter-hospital transport of these patients and were developed without consultation with inter-hospital transport or intensive care clinicians. Following the release of these pathways, Dr Tony Smith in his role as Medical Director for St John, has proposed the use of paramedics to undertake these and other time critical inter hospital transfers in place of inter-hospital retrieval teams.

This raises several concerns – one is that if the intensive care paramedics are taken out for considerable lengths of time on these missions, this may leave significant gaps in local paramedic cover. Of more concern, though, is the public safety aspect of ensuring that patients are getting appropriately skilled and qualified people to provide care of the same level in flight until they have arrived at the destination service (i.e hospital to hospital, ICU to ICU) with comparable skill and expertise in flight being provided by nursing and medical teams.

While paramedics are a valuable resource with specialist pre-hospital skills, there are concerns regarding the level of knowledge, skill and expertise of those health professionals who are accompanying critically unwell adults on

flights between units. Utilising inappropriately skilled personnel is unsafe. This matter has come to the attention of the College of Intensive Care Medicine and they will be discussing the issue at their next meeting with a view to putting out a position statement.

Paramedics are well prepared for trauma first responder issues, but should not replace nurses in a flight team between hospitals due to the unstable medically complex nature of patients who need to be maintained and cared for safely. These patients are physiologically unstable & altitude exacerbates this issue.

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.

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. Although there is a risk of serious harm, there is no substantial evidence as to the frequency with which it is occurring. It is likely that people are generally less likely to complain about a free service offered in an emergency, than they are about services which they pay for either publicly, through taxation, or privately, where there are clear standards of care, and established complaint processes.

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

Yes, we are aware of some isolated instances of harm and also of criminal behaviour[3]. However, nurses generally have no concerns with paramedics causing harm, and regard them as highly proficient professionals. There have been occasional issues with volunteers/ first responders who have been put in situations they lack the knowledge and skills to deal with eg sudden deterioration of a patient during transit, which have resulted in harm. CEENZ contends that since paramedics operate at the level of emergency medical technicians, all paramedics should be regulated. The College strongly advocates a second level paramedic scope of practise equivalent to the EN scope.

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.*

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[3] eg http://www.stuff.co.nz/national/77146205/paramedic-who-sexually-assaulted-patients-in-the-back-of-ambulance-loses-appeal-bid

Yes. Assessments and assurance of competency is needed as the paramedics are very often front of staff.

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. There is insufficient immediate oversight and acceptance of responsibility regarding paramedics' competency, conduct, and the standards of care currently required.

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

No. Existing mechanisms don't support maintenance of competency, professional conduct and standards. There is a conflict between the role being delegated, but with paramedics usually operating without supervision, under standing orders, which an autonomous scope of practise would resolve.

9. *Should the ambulance sector consider implementing a register of paramedic suitable/unsuitable to practise instead of regulation under the HPCA?*

No. We do not think it would offer the same public protection or consistency as regulation.

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*.

NZNO's Bay of Plenty/Tairawhiti regional council reports a trial of an alternative regulatory mechanism for paramedics which was unsuccessful.

11. *Do you agree that regulation under the HPCA Act is possible for the paramedic workforce? Please provide comment about your answer.*

Yes. There is already broad agreement on qualifications, standards and competence, and the NCNZ has a highly efficient operating model.

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? Refer to Tables 10 and 11 (pages 17 and 18) of the consultation document*.

As above.

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 per Tables, with increasing pressure put on current workforce and the likelihood of more community work alongside the primary health care team, assurance of the paramedic workforce's competence and fitness to practise is in the best interests of public safety.

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