

20 June 2017

Health Workforce New Zealand
Ministry of Health
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Regulating the paramedic workforce under the Health Practitioners Competence Assurance (HPCA) Act 2003

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

We strongly support the proposal to regulate the paramedic workforce under the HPCA Act 2003. We note that the paramedic workforce comprises 23% of the ambulance workforce and consists of at least 1,000 individuals who practise at the level of a Paramedic or Intensive Care Paramedic. Our specific responses to the consultation questions are provided below.

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. There is no doubt that paramedics and intensive care paramedics provide a health service as defined under the HPCA Act, and that the range of medical and surgical interventions they perform pose a risk of harm to the health and safety of the public. While the consultation is limited to the paramedic workforce, first responders and emergency medical technicians have lower skill/qualification levels than the paramedic workforce. These groups, therefore, could also be expected to pose a risk of harm to the health and safety of the public (eg, by having a higher likelihood of missing a deteriorating patient).

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. We agree with the consultation document's description of the range of medical and surgical interventions performed by the paramedic workforce, as well as the clinical consequences if these are not performed competently. For example, cricothyroidotomy, rapid sequence intubation, defibrillation and administration of IV medications all carry with them significant risks of harm and long-term adverse consequences if done incorrectly or when not indicated.

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.

Harm is likely to occur but the extent is related to how calls are handled, whether teams are dispatched or not, and what paramedics eventually decide and do. The answer to this question depends on how high frequency is defined. The ambulance workforce has a low number of complaints to the HDC. However, this workforce is not considered in the same light as other regulated health professionals, but rather as an employed labour force. On the other hand, we understand that St John receives a moderate level of complaints. The specific answer to this question should emerge from feedback from St John and Wellington Free Ambulance.

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

Yes, though this is largely anecdotal. We have heard of complaints from emergency department staff and occasionally from families. These complaints are often based on judgements made in hindsight and do not necessarily reflect the reality of the situation paramedics find themselves in. We have also heard of cases where patients have been intubated in the community, thus delaying their arrival to hospital, when it may have been better to manage the airway with more straightforward techniques and get the patient to ED without delay. We are also aware of cases where paramedics have not appreciated the risk of sepsis in immunosuppressed patients and have left patients at home rather than bringing them to ED for broad spectrum antibiotics.

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

N/A.

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. We consider that regulating the paramedic workforce under the HPCA Act meets the Ministry's guidelines for being in the public interest.

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.

There are limits on how the existing regulatory mechanisms in the ambulance sector address the risks of harm of the paramedic workforce. A major limit is that there is no consistent standard or independent body for monitoring the competency of the paramedic workforce. While the mechanisms available through St John are largely effective in managing their workforce, the model is incorrect for highly qualified healthcare providers. Given the numbers of members and the potential to cause harm, it makes more sense to regulate the paramedic workforce under the HPCA Act.

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

No. While these already generally function well, the model is incorrect for this workforce.

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

No. Our preference is for regulation under the HPCA Act. While implementing a register of paramedics suitable/unsuitable to practise is an alternative to regulation under the HPCA Act, it is associated with several disadvantages (identified in Table 9 of the consultation).

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

No. Many aspects relevant to the maintenance of competence are better managed within a registered health profession than by other regulatory mechanisms. For example, under the current system, an employer is responsible for providing clinical updates to paramedics. Whether or not paramedics get directed to attend learning sessions depends, therefore, on the current financial position of the employer and the perceived workload of employees. When responsibility and funding associated with CPD is shifted to registered health professionals, they make decisions more in line with the expectations of the registering body, which are generally more principle-based and depend less on current workplace circumstances.

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

Yes. For a new health workforce to be regulated under the HPCA Act, there must be agreement on qualifications, standards and competencies. The paramedic workforce potentially meets this requirement as: i) pre-hospital emergency care is a discrete area of activity; ii) the Ambulance Standard provides standards for conduct, performance and ethics; iii) the two main existing ambulance service providers agree that the minimum qualification required to practise as a paramedic is a Bachelor of Health Sciences in Paramedicine; iv) the two main existing ambulance providers have established clear pathways for paramedic degree graduates to develop a career as a paramedic. We see no barriers (other than cost) to establishing such registration and that the registering body will require support as is proposed.

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 individual responsibilities.

N/A

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

N/A

(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?

We believe that regulation will bring benefits such as increased oversight and accountability for the paramedic workforce. This should translate into reduced risk of harm to the health and safety of the public. While there are some negative impacts, such as costs (identified in Table 10 of the consultation), we consider the benefits of regulation to outweigh the negative impacts.

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. The potential benefits in terms of reduced risk of harms to the health and safety of the public clearly outweigh negative impacts. We are strongly supportive of regulation of the paramedic workforce.

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K. Baddock', with a stylized, flowing script.

Dr Kate Baddock
NZMA Chair