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Stakeholder feedback from

**Promed NZ Ltd**

27 June 2017

### Consultation 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. Whilst it is acknowledged that adverse event reporting is low for the paramedic workforce, the type of activity and the risks to the public are comparable to a number of other registered professions.

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

Yes. The activities and risk are in many cases similar to critical care and advanced resuscitation procedures practiced by registered medical practitioners, usually in a controlled and well supported hospital setting. Arguably the risk of adverse outcome is greater in a pre-hospital setting with fewer potentially less experienced practitioners.

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. There is no current evidence of this, either by reporting or anecdotally in observation. We believe this is largely due to the already restricted and closely monitored scope of practice, and clinical oversight. The experience within ProMed is such that this workforce represents a small number of staff, and therefore the oversight and audit process has been easily managed.

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

Yes. The incidence of harm observed within and external to ProMed can be broadly categorised into 2 areas:

*Pro + Med (NZ) Ltd is a registered training establishment with the NZQA. Students are enrolled with the registered entity that is Pro+Med (NZ) Ltd and credits are reported to NZQ by Pro+Med. NZQA is Confident in the education performance and Confident in self assessment of Pro + Med (NZ) Ltd*

- a. Clinical: errors with potential harm due to incorrect or inexperienced advanced practice skills. For this reason ProMed limits the pre-hospital scope of practice to Advanced Care Paramedic level only, but with restrictions on some advanced skills only to those who have and maintain the experience. This includes intubation by a small number of experienced staff only, and no RSI (Medical officer only skill).
- b. Communication: Frequent potential and actual harm due to lack of, or poor inter-service communication. We believe that registration of the paramedic workforce may assist with alleviating this pattern, by providing a benchmark for professional standards.

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

<b>Administration of a range of parenteral medication &amp; drugs</b>	<b>Yes</b>
<b>IV Cannulation</b>	<b>Yes</b>
<b>Manual defibrillation</b>	<b>Yes</b>
<b>Sedation and paralysis pre-intubation</b>	<b>Medical officer only</b>
<b>Decompression of tension pneumothorax</b>	<b>Yes – specified AP staff only</b>
<b>Cricothyroidotomy</b>	<b>Yes - specified AP staff only</b>

AP: Advanced Paramedic

ProMed provides primarily event medical and non-urgent ambulance transport services. As such the vast majority of patients are trauma related or minimal acuity. There is a requirement for some intensive care skills to be performed by paramedic staff, but without the rest of the extended skills in the intensive care paramedic scope.

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. For the same reasons as the answer to questions 1 and 2. This is particularly highlighted in recent months by the emergence of private provider(s) who do not appear to have an understanding of clinical governance, oversight and delegated authority to practice, the key underlying features which are likely to be responsible for the low frequency of reported adverse events in the paramedic workforce.

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.

Yes. Historically, the paramedic workforce in New Zealand has operated under clearly defined protocols and clinical practice guidelines, with oversight, and established continuity of care (usually hand over to a registered health care provider). Over more recent years there has been a significant expansion in the scope of paramedic practice, both range of skills as well as providing definitive care in the community (extended care paramedics). These factors, along with the emergence of greater numbers of private providers and their clinical contacts means that it is now time to regulate the paramedic workforce.

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.

Yes. However, this would require a number of factors to be addressed, not the least of which is the apparent inability to ensure appropriate clinical standards and clinical governance amongst some of the non-government providers. Increased awareness of the Health Act, Medicines Act and Standing Orders Regulations would be required throughout the industry, but also for non-health users of ambulance and paramedic services. For example, event organisers currently rely only on claims or credentials provided by industry. There is little or no ability to benchmark an individual practitioner from any number of services wearing a paramedic badge against an agreed and appropriate standard.

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

No. This would place the emphasis of checking individual credentials on either the employer or client, in many cases without the necessary checks and balances required for assessing competence and safety to practice. Additionally, it brings into question who would have the mandate to represent the ambulance sector in this role, and who would ensure that the register is maintained and current without a regulatory framework.

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.

Yes. Whilst developing a different and effective mechanism is always possible, New Zealand has established the HPCA Act. There is little sense in re-inventing the wheel to regulate a new group of health service providers, and in doing so introduce other unexpected complications or risk an unsatisfactory outcome.

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

Yes. A number of both established and new health service provider groups have become regulated under the HPCA Act. The proposal relies on leveraging off the existing experience of the Nursing Council of New Zealand, a body already effectively regulating thousands of members in a similar scope of practice.

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.*

No. There is a general high level understanding of the proposal and reasons for regulation, but our paramedic workforce will require more detailed education about their responsibilities once a framework has been established and finalised.

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

Yes. ProMed is prepared to pay the cost of paramedic registration and associated training and additional oversight to monitor the process. However, this cost will add to the operating expenses of all ambulance providers, and is expected to be passed on to the end user in the form of price increases for paramedic services.

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

Yes. To some extent. It will be important to ensure that indemnity insurance, if provided with registration, is sufficiently independent of the regulating authority in order to adequately and fairly support the individual practitioner in the event of a claim or complaint.

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?

Yes. Despite identifying the scope of practice and skills specific to paramedics and intensive care paramedics, there needs to remain a level of flexibility to allow the development of new skills, and delegation of skills above or below a defined level of practice. This is already evident in current practice, and has historically been the norm between, and often within the different ambulance services. These variations need to reflect the different work environments in which certain providers operate. A clinically safe and appropriate system of achieving this already exists within the government and some non-government providers, with delegated scopes of practice from an experienced medical director, backed up by oversight and audit processes. These systems can run in parallel with regulation under the HPCA Act, in the same way that nurses can practice independently as well as provide extended care under Standing Orders.

In developing the regulatory framework, care needs to be taken that highly experienced and skilled practitioners can be "grandfathered" into the system despite not meeting the proposed qualification listed in table 1.

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. Whilst the main negative impact in the short term will likely be financial and administrative workload, over time, the benefits of having a regulated, more aware and competent workforce will outweigh this.

15. ProMed (NZ) Ltd. Is a non-government funded ambulance provider. Services include event medical cover, emergency and non-emergency medical transport.

ProMed (NZ) Ltd. is an employer and provider of paramedic services, training, and clinical governance for industry, including the manufacturing industry, resources sector, international operations, sporting bodies, international airport operators, other health care providers and voluntary organisations.

ProMed (NZ) Ltd. operations provide medical care to over 2000 patients annually throughout New Zealand, operating from 7 centres, and employing 82 staff.

ProMed (NZ) Ltd. uses the services of an experienced medical director, who holds 3 fellowship qualifications in relevant scopes of practice and has experience in pre-hospital care within ambulance and aeromedical evacuation systems throughout Australasia. The clinical governance structure within ProMed (NZ) Ltd. aims to provide a robust and appropriate level of oversight to the paramedic, emergency medical technician and first responders operating under its systems.

“Registration is a must for any organisation employing staff classified as medic's irrespective of level. All industry not just StJ and WFA must have fair and reasonable input. The implementation of a grandfather clause for 10years is a critical part of the negotiation.

Determination of indemnity insurance for registration is also critical e.g. who pays and what does it cover. Determination of "currency" of skills needs to be clarified e.g. do lab skill workshops meet currency in very experienced medics vs those medics with little "real" exposure. Long term should any organisation/company offering medics of any level ensure that all staff are registered e.g. first aiders/PHEC/co-responders...etc.”