



Whitireia
NEW ZEALAND

SCHOOL OF HEALTH

Submission on the consultation document: Regulating the paramedic workforce under the Health Practitioner Competence Assurance Act 2003.

Background:

Thank you for the opportunity to provide comment on the above document. This submission has been prepared by the School of Health, Whitireia Community Polytechnic. These responses are informed by paramedics, nurses and social workers.

Responses:

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: Paramedics are health practitioners who deliver health services to the public (HPCAA) and there is a potential risk of harm to the health and safety of the public in the delivery of paramedic services.

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: Evidence for risk of harm posed by paramedics to the public is incomplete. While Table 6 (p.12) shows rates of HDC complaints against 'Ambulance Officers' is low, this is not a full picture and does not capture complaints to employing bodies or unreported concerns.

A regulating body would provide an independent body

- For complaints/concerns to be reported and assessed.
- Beyond the employment model with its inherent weaknesses (e.g: protection of the 'brand'/reputation of the employer; employers avoiding expensive/protracted legal and/or employment processes).

Contemporary service delivery models such as 'treat and leave', shifts the risk of harm by paramedics from traditional clinical intervention risks to clinical decision-making risks. This gate-keeping role (by default) for paramedics to make clinical decisions regarding when to escalate an event to ED carries increased risk. Previously all patients would be transported to ED for medical assessment.

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: Available evidence does not support a 'high frequency of harm'. EMT's (volunteers) would remain an unregulated workforce which carries significant potential risk to the public – especially given the 'treat & Leave' approach requiring increased clinical expertise and clinical currency.

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

Yes: Practising paramedics (including those contributing to this submission) are aware of actual events that caused harm to patients by the paramedic workforce. These included events caused by individual paramedics, systemic failures and industrial influences. These have traditionally been managed within employment structures, not always satisfactorily.

5. If you are a non-government funded ambulance provider, does your workforce practise high-risk interventions?

Question not applicable.

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 purposes of public safety, as per the recommendations from the *Inquiry into the provision of ambulance services in New Zealand. Report of the Health Committee*, (Kedgley, 2008)¹. The HPCAA provides a framework for public safety and transparency.

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: Existing mechanisms such as those outlined in Table 8, (pp.14-15), all have limitations, are not integrated, and do not have a specific mandate for protecting the public. Employers and/or professional bodies dealing with issues have different priorities and conflicts of interest. A regulating body can function from a more independent position.

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 mechanisms outlined in Table 8 (pp.14-15), rely on self-regulation and are open to conflicts of interest. For example: the need to maintain funding streams e.g: government contracts renewal; risk of damage to 'brands'/organisations when they rely on public donations and public good-will for operation costs; risk of protracted and expensive legal and/or employment processes with an individual that do not focus on clinical/professional issues and do not have patient safety as a central concern.

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

No: This would not provide enough safeguards. How is "suitable/unsuitable" defined? It would not go far enough to provide a legal framework to prevent unsafe practitioners from practising.

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: Not as comprehensive as a regulation body can provide under the HPCAA. A regulatory body can set national standards for compliance for New Zealand educated and trained paramedics and internationally qualified paramedics wanting to practice in NZ independent of other organisations

¹ https://www.parliament.nz/resource/en-/48DBSCH_SCR4100_1/512079c402e3c0cd3386de9bc8182a9ef5bbeda8

with public safety paramount. A qualification is not enough to provide confidence in ongoing competence and currency of practice. Employing bodies have potential conflicts of interest.

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

Yes: This separates competence from employment and provides an independent body, with a consumer perspective who can act in the best interests of both client and the profession. Regulation will improve the visibility of the contribution of paramedics and ambulance services as a crucial part of the New Zealand health workforce.

12. If you are an ambulance organisation or ambulance provider, do you consider that the paramedic workforce [understands the implications of regulation]:

No: While we provide this submission as a tertiary education provider, as paramedics and working with paramedics in the industry (academia, practice and stakeholders) we recognise that paramedics currently have a superficial understanding of the HPCAA and the personal implications regulation.

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?

There are potential unintended consequences of paramedic regulation, particularly in regard to the EMT workforce if they remain unregulated. Employers may reconsider models of service delivery in favour of unregulated EMTs over registered paramedics. The impact on the EMT workforce, particularly in rural areas is uncertain, it is hoped that regulation would not disincentivise volunteers who provide much of the first response services out of main centres, in an environment of heightened compliance. Conversely, this may promote the safety agenda.

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: We recognise the narrow framing of this question. However, we support the potential benefits of regulation:

- It will provide increased scrutiny of practitioners who do not regularly work in teams and who do not have high volumes of clinical practice.
- It will provide increased scrutiny of independent ambulance services, small and independent business/providers of paramedic services.