



The Council of Ambulance Authorities Inc.
Submission

Regulation of Unregistered Health Practitioners

April 2011

Members of the CAA:

A.C.T. Ambulance Service
Ambulance Service of New South Wales
Ambulance Tasmania
Ambulance Victoria
Queensland Ambulance Service
SA Ambulance Service
St John Ambulance Australia (NT) Inc
St John Ambulance Australia (WA) Inc
St John New Zealand
Wellington Free Ambulance

Associate Members:

Ambulance New Zealand
St John Ambulance Papua New Guinea

Contact for Further Information:

Lyn Pearson

Executive Director

The Council of Ambulance Authorities

PO BOX 1116

FLINDERS PARK SA 5025

Tel: (08) 82431934

Fax: (08) 82430259

Email: LPearson@caa.net.au

Executive Summary

The Council of Ambulance Authorities (CAA) is the peak body representing the principle statutory and other providers of ambulance services in Australia, New Zealand, and Papua New Guinea.

The Council of Ambulance Authorities wishes to formally provide information relating to regulation and registration of ambulance services in Australia in view of the Australian Health Ministers' Advisory Council's consultation paper 'Options for Regulation of Unregistered Health Professionals'.

Overview of the current situation shows that paramedics are at this point in time an unregistered health profession in Australia. The paramedic profession is not included on the list of the 14 scheduled registered health professions under the National Registration and Accreditation Scheme for Health Professions.

This however does not correctly portray the extensive governance systems in place throughout ambulance service providers in Australia which provides strong regulation and control of paramedic clinical practice and services provided to the community.

Background

Registration and Regulation of Paramedics

Registration is the process of legally recognising a practitioner's qualifications, experience, character and fitness to practice and its purpose 'is to provide assurances of quality and safety to the general public'. Not all health occupations are registered and most registration boards have discretion as to qualifications they accept and conditions they impose on registration including scope of work and codes of conduct.

The characteristics of good regulatory governance are increasingly being recognised as: clarity, predictability, autonomy, accountability, participation, and open access to information.

Sir David Clementi¹ (UK) in his landmark review of legal services identified the key functions of regulation as:

- setting minimum entry standards and training;
- formulating professional roles to which individuals are expected to adhere;
- monitoring the individuals providing services;
- enforcing professional roles where necessary;
- implementing a complaints procedure; and
- implementing a disciplinary procedure for individuals who are negligent or breach the professional roles of practice.

Australian ambulance services, as the major employers of paramedics, provide for these functions through well-developed governance and internal control and accountability processes. However, there is also a view expressed that to properly command public support in the management of complaints and where necessary, determining disciplinary outcomes, these should be handled independently of a profession or service provider. In the case of ambulance service provision there are, in fact, various avenues for external professional health practice review and independent examination processes available to consumers for complaint referral as considered necessary. In many States and Territories these include the:

- Health quality complaints commissions;
- Ombudsmen;
- Police Services;
- Specialist criminal and misconduct commissions; and
- Coroner.

Health professionals are currently regulated in Australia under six main models²:

- Self-regulation – no occupational licensing or registration laws that require member of a particular profession to be registered with a statutory body. Consumers rely on a practitioner's voluntary membership of a professional

¹Report of the Review of the Regulatory Framework for Legal Services in England and Wales, December 2004 – accessed 14/4/2011 on <http://webarchive.nationalarchives.gov.uk/+http://www.legal-services-review.org.uk/content/report/index.htm>

²CAA Position Statement 'Council of Ambulance Authorities views on the regulation of pre-hospital care providers', July 2008

association as an indication that the practitioner is suitably qualified, safe to practice and subject to a disciplinary scheme. Where the practitioner is an employee, their employer also has responsibility for ensuring their safe and competent practice.

- Negative licensing – any person is able to practice in a self-regulated profession unless they are placed on a register of persons who are ineligible to practice.
- Co-regulation – there is a range of models where regulatory responsibility is shared between government and the industry.
- Reservation of title only – particular titles of interest of the profession can only legally be used by those who are registered by the relevant registration board. A statutory registration board establishes qualifications and character requirements for entry to the profession, develops standards of practice, and receives and investigates complaints of unprofessional conduct and applies sanctions if necessary including deregistration.
- Reservation of title and core practices – certain risky and intrusive acts or procedures within the defined scope of practice of a profession are restricted via legislation only to members of the registered profession and other registered health professions identified in legislation. Unregistered and unauthorised (but registered) practitioners are not only prohibited from using reserve titles, but may be liable for prosecution for an offence if they carry out any of the reserved core practices under the direction and supervision of an authorised member of the profession.
- Reservation of title and whole of practice – the most restrictive form of regulation includes not only offences for unregistered persons to use reserved professional titles, but also a broad ‘scope of practice’ definition of the profession in legislation and an offence for unregistered persons to practice the profession.

Although paramedics/ambulance officers are not regulated through a registration model, the majority of ambulance services regulate paramedics under a similar model as that outlined under ‘reservation of title and core practices’. Many of the ambulance services have ambulance legislation which gives legislative power to govern the practice of ambulance staff and to determine which drugs paramedics/ambulance officers are authorised to use and under what circumstances. Ambulance employers achieve this level of regulation through authorised guidelines/protocols achieving strong regulation through matching protocols, drugs and procedures to a medical evidence base and maintaining educational and skill levels and undertaking regular case audit requirements.

Protection of the ‘paramedic’ title nationally has been of particular importance to the CAA member jurisdictions. There are situations where employees referred to as ‘paramedics’ are working for private service providers. These ‘paramedics’ in the main have a lower level of education and training than ‘paramedics’ employed by the principle State and Territory ambulance service providers. This can present a risk to the community, as the general public would expect persons referred to as a ‘paramedic’ to have the same set of skills and ability to provide medical attention across service providers. Private providers may not have the same governance

processes or self-regulating practices in place as do the principle State and Territory ambulance services.

CAA View

CAA member jurisdictions collectively employ the overwhelming majority of personnel involved in ambulance service provision / emergency pre-hospital care in Australia. The members of CAA between them employ approximately 19,320 personnel in either a paid or volunteer capacity and of these some 11,284 FTE staff and 5,588 volunteers are involved in pre-hospital clinical practice at varying levels.

The CAA supports the general direction of regulated practice of pre-hospital care because of the potential to do harm to the public whether that is through use of scheduled substances, invasive skills or other facets of pre-hospital clinical practice. However, the CAA believes ambulance practice is more heavily regulated than many registered occupations through the combined effects of:

- Ambulance employers determining clinical competencies at every level of practice (from volunteers to students undergoing training to paramedics and IC paramedics).
- Ambulance employers monitoring and reviewing clinical practice and determining clinical protocols often with a formal statutory body involved in determining clinical protocols and use of scheduled substances.
- State Poisons legislation governing authority to administer scheduled substances only to those personnel identified by ambulance authorities.
- Ambulance employers determining which employees will cease clinical practice in their State or “drop” to a lower level of practice, or undergo refresher training and skills assessments before continuing to practice a specific skill or set of skills or procedures.
- Procedures in place with every CAA member to review standards of education and clinical practice in credentialing qualified personnel recruited from other CAA members or from overseas, with mutual recognition processes in place to varying degrees based on determinations made of equivalency (or differences) of qualifications between some jurisdictions.
- Codes of conduct applying to personnel employed by CAA members which mirror ethical conduct standards used by registration bodies in other health occupations.

CAA’s Ongoing Commitment to Strong Regulation

CAA is continuously working on efforts and actions to further improve regulation of ambulance officers/paramedics working in Australia and New Zealand.

The CAA current agenda includes the implementation of national education and practice standards for paramedics. A national approach to education and training standards is ultimately the basis of national standards for any occupational grouping and CAA is acting through its national education review processes to accredit

university providers of ambulance education. The Paramedic Education Programs Accreditation Program is a significant CAA initiative towards achieving a common national approach and common standards in ambulance education, training and practice standards in Australia.

The CAA, in consultation with universities and sector partners is well advanced in the implementation of the national accreditation process for paramedic education programs delivered by universities in Australia and New Zealand and has recently issued nationally agreed, 'Professional Paramedic Competency Standards' (PPCS) to universities for use in the review and development of their paramedic programs.

Accreditation is an external process of evaluation to make sure that the educational standards of anyone entry-level paramedic education program meet accepted sector standards. Secondly, it is a quality assurance process to ensure that entry-level diploma, undergraduate and post graduate paramedic programs:

- are responsive to the needs of sector, the profession and communities, with consistent and acceptable educational and training standards; and
- prepare paramedic graduates who are competent to practice safely and effectively.

The accreditation process is intended to ensure that the workforce skills and competencies required to meet community health care needs are properly reflected in education and training programs. Accreditation is a necessary part of the quality improvement and safety agenda and will ensure that appropriate standards are maintained and that there is sufficient consistency in training approaches and course content across institutions.

The CAA and the CAA Ambulance Education Committee (AEC) view the development and adoption of national Professional Paramedic Competency Standards (PPCS) and the implementation of the tertiary paramedic education programs accreditation framework to be an area of significant strategic importance to the ambulance sector and an important part in regulating the paramedic profession.

Australian Health Ministers Conference Decisions

In February 2010 the WA Government submitted an agenda item for the AHWMC seeking the agreement of the other States and Territories for the national registration of paramedics as part of the National Registration Accreditation scheme (NRAS) prior to July 2014.

The Health Workforce Principal Committee (HWPC) has now been asked to provide advice to Health Ministers on the inclusion of paramedics in the Scheme, with the WA Department of Health leading the review project. The WA Department of Health is currently developing a consultation paper with the intention to distribute to all interested parties for comment, followed by a series of jurisdictional consultation forums. Prior to release, the consultation paper will be submitted to the Office of Best Practice (OBPR) with the intention of fulfilling the requirements of a Consultation Regulatory Impact Statement (RIS).

Ambulance services have been identified as a key stakeholder in the consultation process and Council of Ambulance Authorities are working closely with its members and the WA Health Department on the issues of paramedic registration.

Conclusion

The Council of Ambulance Authorities supports regulation of all health practitioners and specifically ambulance officers and paramedics. The CAA and its members have numerous provisions in place that provide a high level of regulation of practice by assuring the quality and safety of health service provision within the ambulance sector.

Furthermore, the CAA continues to work with the Federal, State and Territory Governments and the health sector to maintain and improve on the regulation of ambulance service professionals by being closely involved in the current registration consultations and discussions as well as by leading the national accreditation process for all paramedic programs in Australia and New Zealand.

By way of this submission the CAA wishes to support the consultation progress of Regulation of Unregistered Health Practitioners and asks the Australian Health Ministers' Advisory Council to consider the established regulations and ongoing work towards possible registration of the ambulance officers/paramedics profession when drafting a proposal for unregistered health practitioners.