

Review of the Ambulance Services Act 1982

Submission from

The Council of Ambulance Authorities

February 2013



The Council of Ambulance Authorities

Providing leadership for the provision of ambulance services

The Council of Ambulance Authorities (CAA) is the peak body established by its members to collaborate on ambulance matters of national, regional and international importance. The CAA's members comprise the ten public ambulance services of Australia and New Zealand. These are listed below.

The CAA is governed by a Board, consisting of the Chief Executives of each member service, and supported by a Secretariat, headed by the CAA Chief Executive Officer. The collective knowledge and expertise of CAA's members combines to provide advice; explore opportunities for continuous improvement and innovation; and advocate on behalf of the sector to governments and key stakeholders.

The CAA exists to help advance ambulance services so that they are able to further develop superior pre-hospital care and ambulance services to communities across Australasia.

Members of the CAA:

- Ambulance Service of New South Wales
- Ambulance Tasmania
- Ambulance Victoria
- Australian Capital Territory Ambulance Service
- Queensland Ambulance Service
- SA Ambulance Service
- St John Ambulance Australia NT Ambulance Service
- St John Ambulance Australia WA Ambulance Service
- St John New Zealand
- Wellington Free Ambulance

Associate Members:

- Ambulance New Zealand
- St John Ambulance Papua New Guinea

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Introduction

The Council of Ambulance Authorities is pleased to make this submission to The Tasmanian Government Department of Health and Human Services' Review of the Ambulance Service Act. Our comments are based primarily on the Consultation Paper circulated in January; we have not reviewed the existing legislation directly. Our submission focusses on ambulance requirements and CAA has not reviewed other legislation that may be affected, for example, drugs and poisons regulations, emergency management legislation or road traffic laws but some of our suggestions may have flow on effects, as noted in the relevant paragraphs below.

Our comments relate to Australasian ambulance services generally as well as to Ambulance Tasmania specifically. The term 'public ambulance service' is used to refer to the services funded or directly provided by State and Territory Governments. It includes services created by statute and those contracted by governments to provide services to the general public.

Background – Modern Ambulance Services

As the consultation paper notes, the nature and role of ambulance services has changed over the past thirty years, around the world and no less in Tasmania. In such a context it is very appropriate to review the legislative framework within which Ambulance Tasmania (AT) operates to reflect this development and to address current issues.

Today's ambulance services are mobile health care services not just an urgent means of transport with some first-aid available. Modern ambulance services in Australasia, such as AT, are increasingly staffed by degree-trained paramedics, by 2015 it is envisaged that all of the public ambulance services in Australasia will have completely moved to graduate recruitment for their salaried staff. In all jurisdictions there will be an ongoing role for volunteers too, principally to assist in service provision in rural areas.

These highly-skilled health professionals now use sophisticated medical techniques in providing pre-hospital care. Ambulance paramedics can, for example, administer Schedule 8 medications, intubate patients and they are supported by a modern voice and data communications infrastructure. Treatment as well as transport is central to the modern ambulance role and around 12% of ambulance patients in 2011-12 were treated but *not* transported. This increasing sophistication in care provision necessitates a complementary level of clinical governance, in all settings.

As noted in the Consultation Paper, other modes of transport are also now in scope.

In addition to their core role in providing emergency medical responses, ambulance services throughout the world, including Australasia, are exploring other models. Using the mobility, broad scope of practice, 24/7 availability and skills of paramedics to provide urgent care to people in their own homes or in community settings is being explored in many places, including Tasmania. 'Community Paramedicine' or 'Extended Care Paramedicine' takes many forms but all extend the ambulance role beyond the models of thirty years ago. Ambulance services are also exploring the

diversion of non-emergency cases to other agencies where this will result in a speedier or more appropriate response to patients' needs¹.

Defining ambulance services in legislation should reflect their modern role.

Ambulance Role in Emergency Management

In addition to the role of ambulance services as the urgent 'front end' to our health system, dealing with individual patients experiencing urgent and critical health events, ambulance services play a crucial role in our responses to natural and other disasters. This can include the management and provision of care 'in the field'; supporting other emergency response agencies' personnel and moving especially vulnerable people to safer environments. Ambulance services may also be required to respond to other hazards such as heat waves and widespread infectious disease outbreaks. Around the world they have also been involved in human factor disasters, in treating victims of terrorist attacks for example².

No part of Australia, or the world, is immune from exposure to disasters, as this summer's bushfires in Tasmania illustrate.

Clarifying the powers of ambulance staff in emergency events, as mooted, would be helpful. Giving ambulance officers the power to enter property could make the difference between life and death.

The ambulance service role in emergency management should be reflected in ambulance legislation.

The powers of ambulance personnel should be reflected in the legislation

Regulation of paramedics, paramedicine and clinical governance

The safety and quality of paramedic practice in public ambulance services is underpinned in a number of ways. These include the increasing education levels of paramedics gained in university courses. All of the entry-level paramedic courses offered by universities in Australia and New Zealand are participating in the CAA managed accreditation program to ensure that they meet the needs of our public ambulance services at the requisite level of quality.

Crucially, paramedic practice in the field by public ambulance services is regulated by systems of clinical governance within each service. The models are jurisdiction specific but share the concepts of medical direction; the use of clinical practice guidelines; monitoring of critical or sentinel events and the in-service development of clinical skills.

It is also relevant to note that this standard of clinical governance does not currently extend to the employment of paramedics outside the public ambulance services, leaving the military aside. It is the CAA's view that strong clinical governance is essential to ensuring the safe practice of modern paramedicine. To the extent that organisations other than public ambulance services provide

¹ CAA has prepared a discussion paper: *When Something Goes Seriously Wrong* which provides more detail on the role of modern ambulance services. This is available from caa.net.au or in hard copy directly from CAA.

² The London Ambulance Service played a significant role with victims of the 1997 bombings on public transport for example.

paramedic services, it is our view that they should be required to have adequate clinical governance arrangements in place and to be able to demonstrate this.

The importance of clinical governance should be included in State legislation.

CAA supported the concept of national registration of paramedics under the Australian Health Practitioner Registration Authority (AHPRA) arrangements in the recent consultations on this subject. Reservation of the title 'paramedic' to those who possess the relevant qualifications and experience is one reason for this and the concept of State legislation as mooted in the Consultation Paper is another way of achieving this, particularly if Health Ministers determine not to proceed with including paramedics in the AHPRA arrangements. If AHPRA regulation does proceed it would subsume State provisions as it has, for example, in the case of nursing³. Australia is not yet at the point where the nomenclature for different levels on ambulance personnel is consistent across all jurisdictions. However restricting the use of the title 'paramedic' and eliminating confusion with non-emergency transport services, as discussed below, would provide most of the clarity needed for clients and consumers.

Reservation of the title 'paramedic' should be provided for under State legislation.

Standards of health services at mass public events

In addition to requiring minimum standards of clinical governance and education for the provision of services claiming to include paramedicine, a power to regulate the level of medical services provided at mass public events is also advisable. This has two benefits: protecting the public from harm at such events and preventing the transfer of costs onto publicly-funded health services, including ambulance, by stealth⁴. Allowing public ambulance services to provide health care services to mass public events on a fee-for-service basis should be provided for in State legislation⁵.

The power to regulate the provision of health services at mass public events should be provided for under State legislation.

A public ambulance service such as AT should be able to provide such services on a fee-for-service basis.

Standards for non-emergency patient transport services

Similarly standards for the provision of non-emergency patient transport should be codified including clinical governance; minimum education levels for staff; minimum standards for vehicles used for this function; patient's rights, complaints channels and minimum standards for supervision of service provision. Where such services are provided by bodies other than a public ambulance

³ CAA's submission on the regulation of paramedics to the Workforce Principal Committee of the Australian Health Ministers Advisory Council is available at caa.net.au or directly from CAA.

⁴ That is ringing for an ambulance when inadequately-specified on site health services find their capacity exhausted.

⁵ This is envisaged as an option *for event organisers* as an alternative or supplement to making their own health care provisions. Competition between a public ambulance service and other providers of event health care is thereby avoided.

service efforts need to be made to avoid creating confusion in the public's mind. The use of 'lights and sirens' should not be required and vehicles used for non-emergency patient transport services should not be so equipped. Requiring them to be a different colour to public ambulance vehicles or some of the other suggestions in the Consultation Paper on this subject may also be advisable in guidelines under the Act.

The power to set and administer standards for non-emergency patient transport should be included in State legislation.

Interstate services in Tasmania

In the event of a major disaster in Tasmania it may be necessary or desirable to seek assistance from other Australasian ambulance services. Such interstate assistance has been provided elsewhere in Australia⁶ and in the case of the recent earthquakes in Christchurch, New Zealand. The legislative framework needs to allow for ambulance vehicles from elsewhere to operate in Tasmania (notwithstanding Tasmania's island nature); for them to operate with emergency warning devices and enjoy associated exemption from road rules; for non-Ambulance Tasmania personnel to administer controlled substances - drugs and poisons – in Tasmania and to be able to transport mentally ill patients to an appropriate facility. Time is commonly a critical element in arranging and providing such assistance and arrangements need to be expeditious.

Tasmanian ambulance legislation should allow other ambulance services and their personnel to operate in Tasmania, at the request of Ambulance Tasmania and under the overall direction of Ambulance Tasmania. It is suggested that this authority be vested in the Director (or Commissioner) of Ambulance Tasmania or delegate thereof. Given the diversity of drug regulations around Australia a specific legislative reference permitting other ambulance services operating in Tasmania to carry and administer controlled substances is warranted.

State legislation should allow the operation of other eg interstate ambulance services in times of emergency.

Governance Model

The Consultation Paper notes that the public ambulance service in Tasmania has not always been part of a Government administrative department. Neither is this the only current model followed elsewhere in Australasia, with five of the CAA's ten members having other governance structures⁷.

The more common model in the health sector generally is to have a degree of separation between the service delivery body and the funding and administering Department. Hospitals, Health Care Networks (HCNs), Medicare Locals (MLs) and many other bodies are usually separate from departmental administrative structures under a number of different models. This allows for the adoption of staffing and other administrative procedures that are more suited to service delivery than to office work. Such a model for Ambulance Tasmania would also put it on an equivalent footing with its health sector peers such as HCNs and MLs.

⁶ The Queensland floods being just one of many recent examples.

⁷ There are four NGOs (WA, NT, NZ and Wellington NZ) and one public authority with its own board (Victoria)

Such models can provide for community representation and the input of a broader range of skills in governance structures if this is desired, as well as for greater role clarity between the administrative and service delivery responsibilities of Government. They also provide a reduction in the size of Government *per se*.

An independent governance model could improve the focus on service delivery while maintaining direct links to Government. Shorter 'lines of command' between the Minister and ambulance as an operational agency in times of disaster could also be useful and would contain the proliferation of layers of bureaucracy which have often been the focus of criticism in reviews of disaster events.

A range of models is available for consideration including statutory incorporation under legislation, as in Victoria, or a full NGO model, with accountability to Government captured in contractual arrangements, as used successfully in WA, NT, and in New Zealand.

Given that the opportunity to make such a change is raised by the current review and that such opportunities do not arise frequently, it is our view that consideration should be given to a different organisational governance model for Ambulance Tasmania.

An independent governance model for Ambulance Tasmania could be considered

Other Matters

CAA notes that a change of title from 'Director' to 'Commissioner' is proposed.

For information, the following titles are currently in use by Australasian Ambulance services.

- Chief Executive Officer/Chief Executive (SA, WA, VIC, Wellington, St John NZ, NT, NSW)
- Chief Officer (ACT)
- Commissioner (QLD)
- Director (TAS)

Offer of further assistance

The CAA would be pleased to assist the Department further with this work if so desired.
