# Regulation of Paramedics

**Submission from**

**The Council of Ambulance Authorities Inc.**
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## Key Points

The Council of Ambulance Authorities (CAA) comprises the ten public ambulance services of Australia and New Zealand. Together we employ almost all of the paramedics working in Australasia. Our position on the regulation of paramedics in Australia is as follows.

1. The Council of Ambulance Authorities (CAA) supports measures to enhance the professional standing of paramedics and paramedicine alongside other health professionals and healthcare disciplines in Australia.
2. The CAA supports setting minimum qualifications for paramedics, including formal education at Bachelor Degree level plus appropriate Practica and internship. We also regard continuing professional development as vitally important in paramedic practice.
3. The CAA is committed to the crucial importance of effective clinical governance in maintaining the quality and safety of paramedic practice in all settings.
4. The CAA believes it is imperative to avoid overly rigid prescription of the scope of practice of paramedics, in the light of the different configurations of health systems and ambulance services in each jurisdiction.
5. The CAA is concerned to avoid any new regulatory measures that inhibit the recruitment or deployment of volunteers by public ambulance services.
6. The CAA supports additional regulation of third party providers of medical services for public or other mass events. This should include minimum standards of qualifications and experience, and clinical governance, for services that include paramedic practice. Minimum standards should be set for the level of service that should be provided for such events and fees charged for the use of public ambulance services in support of commercial events.
7. The CAA supports additional regulation of third party providers of medical services in other settings, such as industrial or mining operations, including minimum standards of qualifications and experience, and clinical governance, for services that include paramedic practice.
8. The CAA therefore recommends a combination of elements of Options three and four from the Consultation Paper, as explained in this submission.
9. The CAA would be pleased to advise further on the development and implementation of measures to enhance the paramedic profession, paramedic practice, the provision of ambulance services and the use of paramedics in broader roles within the health sector.

## Introduction

The practice of paramedicine and the paramedic profession have made enormous advances in recent decades. The paramedics employed by Australasia's public ambulance services today are true health care professionals specialising in pre-hospital and out-of-hospital urgent care. They are the equal of any in the world. The ambulance organisations they work in are a vital component of our health, and emergency services, systems. There is every reason to expect that our ambulance services and the paramedic profession will continue to develop in the future, not least as our health system grapples with the care needs of an ageing and growing population.

The Council of Ambulance Authorities (CAA) brings together the ten public ambulance services of Australia and New Zealand which have an unequalled stake in the paramedic profession, its ongoing development and the safety and quality of its practice. We are pleased to make this submission on the question of the regulation of paramedics in response to the Consultation Paper issued by the Health Workforce Principal Committee of the Australian Health Ministers Advisory Council.

## Background and Context

No discussion of the regulation of the paramedic profession in Australia can be separated from the fact that virtually all paramedics in the country are employed by one of the eight public ambulance services[1]. A number are also employed by the Australian Defence Force[2] and by air ambulance organisations, many of which are contracted by or otherwise linked to the public ambulance services. As the Consultation Paper notes, there is a small sector of other employment by organisations that provide health services at mass public events or to industrial or mining operations[3]. As the Consultation Paper also notes, it is difficult to obtain data on the size of this sector or of any changes in this over time but the CAA's best estimate is that this last sector is very small, comprising no more than 1 or 2% of total paramedic employment[4,5].

The very small size of this sector does not mean that an assessment should not be made of the risk posed to the public by paramedic practice in this area and appropriate measures adopted to manage that risk. It does mean that in developing an appropriate regulatory regime for paramedicine and paramedics the minority case should not be used as the basis for regulation of the entire sector.

The Consultation Paper does not provide evidence of a significant degree of risk resulting in harm to the public from current paramedic practice. It is possible that the process of consultation may have

[1] 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.
[2] Many of the paramedics employed by Defence are reservists and also work for a public ambulance service. The ADF currently specify a minimum entry qualification at Diploma level rather than Bachelor's Degree level as favoured by the public ambulance services.
[3] Such services are also provided by public ambulance services on a fee-for-service basis.
[4] There is also some evidence to suggest that a proportion of the paramedics employed in the public events and industrial sectors may also be employed in the public sector or work for more than one private organisation.
[5] This estimate is based on comparing CAA data on employment in public ambulance services with Job Outlook data published by the Australian Government.

elicited a larger body of evidence and that some instances of actual harm may have gone unreported but, on the reported evidence, there is certainly no safety and quality crisis in this sector[6].

Notwithstanding this, the current high standard of safety and quality has not been achieved through complacency and the CAA believes that it is appropriate to look at how these vital dimensions of healthcare can be further improved, including through regulation.

For us the real question is "How can the existing strong regulation and clinical governance of paramedic practice be enhanced, including in areas or settings not currently covered?"

## Education

The CAA believes that it is appropriate, and feasible, to set minimum education standards for paramedics, with realistic transition provisions. A Bachelor's Degree in Paramedicine (or equivalent) should become the minimum qualification for new entrants to the profession. Australia's public ambulance services are on track to achieve this by 2015 and this should remain as the target date.

As noted in the Consultation Paper, the CAA, in conjunction with Paramedics Australasia and the university sector, is progressively accrediting the relevant courses in Australia and New Zealand[7]. All of the universities that offer a degree in paramedicine[8] are participating in this program which ensures that new graduates have received an education which equips them to work in a modern ambulance service. This initiative has been funded by CAA's members, supplemented by fees and expenses paid by the universities. The CAA will continue to refine the Paramedic Education Accreditation Program, in conjunction with our partners[9].

There is a continuing role for lower level qualifications such as the current AQF level 4 certificates, and accredited qualifications in patient transport and ambulance communications, but such qualifications should not be taken to make their holders 'paramedics', though they may contribute to the requisite qualifications with further study[10].

Existing staff in public ambulance services who have already met their employers' organisational requirements for appropriate skills and experience to be a paramedic should have their status grandparented.

The CAA does not believe that new graduates are necessarily ready instantly to undertake the full duties of a paramedic and that a period of internship is appropriate. The CAA also believes that continuing professional development is an important requirement for all paramedics not least because of the ongoing development of paramedicine and the ambulance role.

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[6] The guide for responding to the Consultation Paper invites input on instances of harm to the public. The CAA urges caution on material gathered in this way. Consistent with the inter-governmental agreement our comments on risk do not refer to the *potential* for risk but its realization.

[7] This will also establish which courses are equivalent to a Bachelor of Paramedicine

[8] Or equivalent qualification.

[9] As the Consultation Paper observes, participation in this process is voluntary. However it currently enjoys 100% participation by relevant tertiary institutions and a high level of commitment by all stakeholders. Making it a mandatory requirement may not enhance it as things stand.

[10] There could also be a continuing role, at least on a transitional basis, for AQF 5 Diploma/Advanced Diploma qualifications as a basis for conversion/transition to degree status.

It follows from setting minimum qualifications that there should be some mechanism for reservation of the title 'paramedic' to those who have the requisite qualifications. The public ambulance services are doing this anyway, the regulatory question is how best to extend this to other employers? A number of options exist in this regard including some of those canvassed in the Consultation Paper such as jurisdictional regulation[11] or national registration.

## Clinical Governance

*The* most important factor in ensuring the safe and high quality practice of paramedicine in Australasia's public ambulance services is the system of clinical governance in place in each service. Without this it would not be possible to deliver the advanced clinical practice of today's paramedics in the field or to continue the advancement of the practice of paramedicine as it has been developing in recent years. The CAA believes that high standards of clinical governance for paramedic practice in other settings are also essential.

The regulation of individual paramedics may be a useful adjunct to robust and effective clinical governance but in the CAA's view cannot be regarded as a substitute for it. The practice of paramedicine should not be carried out in the absence of an appropriate clinical governance regime.

This raises the question of what 'appropriate' constitutes in this context. In the case of the public ambulance services, care should be taken not to over-specify this. While different systems of clinical governance may have similar features, it is not clear that the costs of achieving greater standardisation in this area would exceed the benefits or even that there would be a net benefit from doing so. Ambulance services do not exist in isolation from other health services or from the health quality systems such as complaints or critical incident reporting mechanisms[12] that operate in their jurisdictions. Horizontal linkages within a particular health system may well offer more benefits than national integration within a service silo in a particular stream of care. Moreover, 'ownership' of a clinical governance system by its participants is one of its critical success factors.

This is not to say that comparing, contrasting and sharing ideas around the clinical governance of ambulance services is not a good idea, it is, and one which may well be made richer by having a variety of approaches. Such sharing of knowledge and experience is part of the *raison d'etre* of the CAA.

The case of other, private, health services that include paramedicine is discussed below.

## Flexibility and Context

It is vital to acknowledge that the systems and structures that actually deliver care to patients in Australia are local and specific and operate in a particular state or territory context. Services are delivered in actual systems not a 'system in general'. This is particularly true for ambulance services which are the largest component of Australia's health system with no significant federal involvement. The 'division of labour' between ambulance services and other components of local health systems is variable, reflecting the specific history of each jurisdiction and locale.

[11] Under existing or amended health legislation for example.
[12] Diverse complaints and critical incident reporting regimes are cited as a problem in the Consultation Paper

In this context a quest for uniformity or standardisation for its own sake is both inappropriate and futile. While it is possible and desirable to standardise inputs such as educational qualifications it is not at all clear that standardisation of job roles or scope of practice throughout Australia is desirable and it is certain that it would not be easily achievable in the short term. It is also the CAA's view that regulation is an inappropriate tool to use in this area in the absence of a policy rationale or agreed best practice regime. The fact that the scope of practice of paramedics is currently determined at the State and Territory level is appropriate.[13]

## Volunteers

All State and Territory ambulance services in Australia rely significantly on volunteers in addition to their salaried workforce. In Western Australia (and New Zealand) a majority of ambulance services' human resources are volunteers[14]. Working arrangements vary and include various types of mixed response models – salaried and volunteer crews for example – and volunteer only responses.

The impact of the various options for regulation discussed in the Consultation Paper for our volunteer workforce is not discussed in the paper and volunteers or volunteer issues have not been explicitly included in the consultation process.[15]

Depending on the model of regulation adopted, there may be a need for a further process, including consultation, to consider impacts on the recruitment, retention and work satisfaction of volunteers.

## Private Providers

There is a case for introducing regulation, where it does not already exist, of the private providers of health services that include paramedics/paramedicine. In most jurisdictions the organisers of major public events, such as sporting or cultural festivals are required to ensure the provision of adequate health care for their patrons. In many instances they contract with the relevant public ambulance service to provide (some or all) such care for an appropriate fee. In others they organise health services themselves which in some instances gives rise to one of the types of paramedic employment found outside the public ambulance services.[16] It is the CAA's view that setting minimum standards of health care for mass public events should be a universal requirement and that, where such care involves the practice of paramedicine, it should be subject to minimum standards of clinical governance[17] and minimum levels of qualification.

The ability of today's paramedics to deliver a high level of care 'in the field' is also valued by companies operating mines, construction sites or industrial plants in remote parts of Australia. Again, there are instances where such services are provided on contract from a public ambulance service as well as others where the relevant services are provided by private firms or directly employed staff. This is a slightly different case from that of health services for mass public events if

[13] The Consultation Paper refers to the scope of practice being determined by individual employers. Technically this is only partially correct since the majority of jurisdictions also have relevant legislation but it is also misleading giving the overwhelming dominance of paramedic employment by public ambulance services.
[14] Generally the use of volunteers is concentrated in rural and less populous areas.
[15] Unlike the consultation process around regulation in New Zealand where volunteer issues were prominent.
[16] Often the relevant paramedics are also employed in a public ambulance service.
[17] Including eg medical direction, formal care protocols and procedures, robust medication administration, complaints and critical incident procedures and so on.

only in that the patients concerned are employees rather than members of the general public[18]. However similar limitations should be placed on the practice of paramedicine and the use of the title 'paramedic'[19].

## Regulatory Options

The options set out in the Consultation Paper are not mutually exclusive and should not, in the CAA's view, be seen as discrete alternatives for the effective and efficient regulation of paramedicine or paramedics. No single option from the range suggested best meets the need to enhance the safety and quality of services provided to patients and the need to recognise that the overwhelming majority of paramedic practice in Australia occurs in a finite set of eight organisations in the context of specific health systems.

Our submission recommends four areas for regulatory action for paramedics:

- Setting minimum qualifications, at bachelor's degree level, for workers to be classed as 'paramedics'.
- Setting minimum requirements for maintaining the currency of paramedics' skills and knowledge through continuing professional development (CPD).
- Requiring adequate systems of clinical governance to be in place for all instances of the practice of paramedicine.
- Requiring minimum levels of health services to be provided by the promoters or operators of mass public events.

The first two of these could be achieved by the establishment and maintenance of a register of paramedics, their qualifications and CPD achievements. In principle this could be done at either the State and Territory level or nationally with the latter potentially being the more economical and useful approach since it avoids replication and supports mobility. The second two lend themselves more to regulation under health services legislation at a specific jurisdiction level, where this does not already exist, so as not to impose uniformity where it would add little value or even have a negative effect. In terms of the options set out in the Consultation Paper, this is a mix of Options 3 and 4.

## Implementation Options

The concentration of the employment of paramedics in just eight organisations that already exercise a high degree of effective regulation of paramedic practice makes this profession quite unlike the case of the other health professions regulated by AHPRA. The AHPRA model would certainly deal with the first of the two areas set out above and has the potential virtue of being self-funded, once operational. It may be possible to restrict the use of the title 'paramedic' in other ways but there may be little point in developing new technology when the AHPRA model already exists.

[18] This of course does not absolve employers operating in remote and/or austere environments of a duty of care to their employees.
[19] That is adequate clinical governance and minimum qualifications

The CAA has not conducted a review of the current regulation of paramedicine outside the public ambulance services in each jurisdiction. Such an exercise may serve to identify best practice in this area and to inform the choices made by each jurisdiction in this regard.

## Conclusion

In terms of the options presented in the Consultation Paper, the CAA recommends a combination of State and Territory regulation of private services that include paramedicine and national registration of paramedics.

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**ATTACHMENT 1**

**National Consultation on Regulation of Paramedics - Ambulance Victoria Comments**

In July 2012, the Health Workforce Principal Committee (HWPC) of the Australian Health Minister's Advisory Council (AHMAC) produced a consultation paper, "Options for regulation of paramedics". The preparation of this paper was a result of the Australian Health Workforce Ministerial Council (AHWMC) requesting advice on whether to include paramedics in the National Registration and Accreditation Scheme (the National Scheme) following on from a proposal raised in Western Australia.

The original purpose of the review was to ascertain those professions/industries which may cause harm to the community and how that risk could be addressed by regulation. Since that time a very strong response to this process has emerged across ambulance services and relates to the feeling that registration should be introduced for paramedics in order they will be regarded as more professional within the health industry. This has created a challenge in respect of the original purpose of the review being to identify those groups who are not well controlled and hence create risk to the community, versus the strong desire by paramedics for registration to achieve professional recognition.

Submissions have been invited as to whether existing protections for consumers are adequate or if further public protection measures are required. Although individuals and organisations may provide their own feedback, AV submits its view on the matter via this submission to the CAA.

AV has been requested (along with all other member services) to provide its feedback to the CAA by 3rd September. To support the consultation paper, a forum has been held in each state to discuss 4 options for regulating paramedics. The Victorian forum was held on Tuesday 31 July at DH premises, and was attended by Tony Walker and Bernard Agius from AV.

The 4 options presented in the AHMAC paper are as follows:

a. Option 1 – No Change – rely on existing regulatory and non-regulatory frameworks

b. Option 2 – Strengthen statutory health complaint mechanisms – statutory code of conduct and powers to prohibit those who breach the code from continuing to provide health services

c. Option 3 – Strengthen State and Territory regulation on paramedics

d. Option 4 – Registration of paramedics through the National Scheme

At a national level, it is clear that, whilst the services provided by the public ambulance services are very adequate and do provide the appropriate clinical and operational oversight to maximise safety, there are possible issues with paramedics being employed privately in mining and other operations. In Victoria, protection to consumers is provided via AV and its governance and accompanying legislation. Additionally, private providers of non-emergency

ambulance transport are required to be licensed by the Department for Health, and, hence, strong regulation and community protection exists across the state at all levels of ambulance provision.

Given the robust operational and clinical governance processes in existence in AV, national registration will not change public safety in this state. There is, however, an argument that it will contribute to the professionalization and accountability of the profession, provide protection for the term “paramedic” and how this title may be used. It also shifts the onus of meeting ongoing professional education standards on to individual paramedics rather than organisations, and enables paramedics to improve their status by having their own professional body equal to other medical profession bodies.

AV considers the current regulatory mechanisms in Victoria for emergency and non-emergency ambulance provision as robust in protecting the public and on this basis an argument could be made for maintaining the status quo (Option 1). Option 2 (Strengthening statutory complaint mechanisms) is reactive in that it relies on a complaint trigger rather than proactively vesting responsibility for professional practice in the individual, whilst Option 3 (Strengthening State and Territory regulation on paramedics) runs the risk of a fragmented system in which paramedics deregistered in one state may cross borders and possibly operate in another.

There is an acknowledged support for national registration (Option 4) from the professional body (Paramedics Australasia), the AV paramedic workforce and unions. It is questionable whether a number of paramedics fully understand the onus to be placed on them should they become registered. This misunderstanding became evident the UK when paramedic registration was introduced there. Whilst AV does not believe this will improve public safety in Victoria, we acknowledge the potential benefits beyond the public ambulance services identified above which warrant AV, through the CAA, supporting Option 4 to ensure the national base for registration.