



To: Legal and Constitutional Affairs Reference Committee

Regarding: Inquiry into the establishment of a national registration system for Australian paramedics

Submission on behalf of Australian Paramedics Association Queensland Inc.

Having followed the updates in relation to the registration of Paramedics in Australia, *Australian Paramedics Association Queensland Incorporated* (APA Qld) is relieved that the notion has been accepted by the combined state governments and that registration is anticipated in 2017.

The submission on behalf of Australian Paramedics Association Qld Inc. will be limited to suggestions and ideas in regards to the format and method of registration and its impact on the profession.

1. **History**

Without going into the well documented history of events leading up to the recent decision to register the profession, it is worthy to note that significant advances in pre-hospital emergency care over the past 20 or so years. This is without a doubt due to the changing attitudes away from a vocational style of training and qualification, to a tertiary based degree and more involvement in the research of the skills, interventions and medication available in the pre-hospital setting, all of which has been endorsed and utilised to not only save more lives, but to reduce "in hospital" stays therefor relieving the costs to the public health systems.

2. **Model**

AHPRA would be the most logical and appropriate body to oversee the registration as Paramedics are health based professionals, and understandably, there will be other models with which to compare and instigate the same. Having done some research into the matter, the UK system cannot be overlooked as Paramedics have been registered there for a considerable period of time. The UK has a similar governing body of medical registration, the "*Health Care and Professions Council*".

The USA has also had extensive registration of paramedics through the "National Registry of Emergency Medical Technicians" and has expanded to the point that there are separate accreditation bodies under the penumbra of this banner.

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Whichever model is chosen, there are many similarities which will Australian Paramedics will take time to adapt to, and it is prudent that that transition not be rapid.

The notion that Paramedics will be responsible for their own ongoing personal and professional development, and maintaining currency, will come as a bit of a shock to some. I know that Queensland Ambulance Service have moved to a more individual responsibility, or ownership, of the officers' qualification or mandatories. It has been working well, but there is still some confusion about the current model with QAS and the great unknown of what will be expected with registration.

3. Cost

Still unknown is the cost of registration to the individual paramedic to register and then maintain that registration. Across Australia, there is a great disparity in the pay levels for paramedics, and although some may find that the cost of maintaining registration as reasonable, some states remuneration is such that the costs for registration could seem exorbitant. Paramedics also are generally paid significantly less than other similar professions, such as nursing.

This is also the case for the costs of ongoing training and personal development. Caution as to the amount required to be paid by individual officers and the ongoing costs, must be at the forefront of the registration process.

4. Liability

The single biggest question being asked of Australian Paramedics Association Qld in regards to registration is whether each officer will require personal indemnity insurance. Currently, each service (or at least Queensland do) have protections under legislation for any act or omission performed in 'good faith' and without negligence, thereby preventing the need for paramedics to be forced to pay for additional protection.

This would need to be addressed within the registration framework, for both government and privately employed paramedics.

5. Investigations

There will never be perfection within the medical fields and obviously errors will be made. The requirement for the registering body to investigate any clinical complaints is mandatory (disciplinary would still be the responsibility of the employer).

There must be a well-documented and transparent process for investigating clinical issues, and there must be a timely and equally transparent process for the resolution of matters. Please understand that paramedics train and perform their duties out of desire to assist fellow man, and very rarely would it be that intentional harm would result. Individual officers already feel massive amounts of guilt and anguish over errors (real or perceived) and having accreditation suspended or cancelled will be taken most seriously by the officer involved.

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There must be a tiered approach to handling matters, up to a tribunal, and then there are always external courts for final rulings.

With an external body taking over the responsibility of investigating and taking action, when an officer is suspended, the employee will not be under any obligation to maintain paying wages/salary to the officer for not being able to work. This can have a great and detrimental effect on family and other financial matters.

Should registration include income protection? This in itself would increase the cost of registration.

6. Qualifications and Skills

Registration does offer the 'portability' of qualification and skills throughout Australia, however there is a disparity in the different skills sets across the different qualification levels throughout the different states.

The question arises that should this also be addressed so that each level of paramedic in each state has the same skillset?

This would bring about a real and tangible portability of between states. Without addressing this, each state would have to perform different testing of officers and there for each state would require its own registration body. This would require the cooperation of each state's Ambulance Service and legislators to adopt uniform rules and expectations.

Paramedics are unique in that the autonomy given to administer medications and utilise skills falls in an area between the authority possessed by nurses and that of doctors. No referral or consultation is required (in most cases) in order to independently administer life-saving (or potentially life endangering) medications, which nurses are not able to administer, except in some cases.

Paramedics also are routinely conducting and diagnosing certain medical conditions, and activating hospital laboratories (such as the catheter lab), which is an authority only senior doctors are permitted to do, for conditions such as heart attacks or stroke.

Registration of paramedics would lead to greater research capabilities for expansion of these and other services.

7. Absences and Non Full-time

Maintaining the registration is largely based on performing the skills that one is qualified to do. Written into any registration process, there must be allowances for persons who take extended leave of absences. This may be due to family obligations (ie: maternal leave), illness or other extended periods of leave away from utilising the skillset. There must be a set 'return to qualification' agenda for such paramedics.

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For those not working full-time, such as casuals or part time workers, there must be sufficient acknowledgement and notice that these paramedics can maintain their qualifications and on-going personal development.

8. Personal and Professional Development

Although the onus is on each individual paramedic to maintain their own registration, paid time must be allowed by each employer to attend with training and development courses. Paramedics work shift work and it is not reasonable to expect them to perform rotational shift work, become extremely fatigued, only to perform all training in their own time so as the employer can meet their key performance indicators.

Other registered professionals, such as nurses, have such paid time to perform training and development, and paramedics also deserve the same so as to benefit the employer.

9. Which level should be registered

Without being completely familiar with the levels of all states of Australia, it would be our suggestion that only paramedics require registration. Officers conducting duties as patient transport officers should not require to be registered (unless they also work as a paramedic), and that the employer should maintain some formal vocation level of training to adequately suit their occupation.

10. Students/Graduates

University students perform 'observational shifts' as part of their practical exposure during training, and as such should not require a full registration. It may be prudent to have an associate registration at a greatly reduced cost, so as to afford the student some recognition and protection to the employer providing the training shifts.

Graduates are fast making up a great deal of the front line pre-hospital emergency personnel as part of the initial service to patients. These officers are still in training and would technically come under the banner of the qualified officer's registration. There are many documented cases of these Graduates performing tasks and administering medication without the knowledge and therefore authority of the qualified officer. This could leave the qualified paramedic liable to punishment and other sanctions, and it is our strongest recommendation that Graduates also have some form of registration so as to offer both the qualified paramedic and employer some protection.

11. Conclusion

APA Qld is delighted to have been offered this opportunity to make a submission.

We sincerely believe that registration will make our profession stronger and ultimately we shall save more lives through being better equipped to handle emergencies. Registration will protect our industry and provide safer options for ambulance service providers and the public at large.

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Thank you for taking the time to consider our input.

Darren Reus
President
Australian Paramedics Association Qld

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