



## PARAMEDICS A U S T R A L A S I A

### SUBMISSION FROM PARAMEDICS AUSTRALASIA

#### - INQUIRY INTO THE ESTABLISHMENT OF A NATIONAL REGISTRATION SYSTEM FOR AUSTRALIAN PARAMEDICS TO IMPROVE AND ENSURE PATIENT AND COMMUNITY SAFETY.

#### INTRODUCTION

Paramedics Australasia (PA) is the peak professional organisation representing practitioners who provide multi-level paramedic services to the community. PA welcomes the opportunity to make a contribution to the 'inquiry into the establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety'.

PA represents the profession in engaging with government and other stakeholders on matters that affect the future of the profession. Over the last ten years, PA has lead paramedicine advocacy to government and other stakeholders for the inclusion of paramedics in the National Registration and Accreditation Scheme (NRAS) for health professions. It is our view that only inclusion in the National Scheme will provide appropriate protection for the Australian public and an improved professional environment for paramedics.

PA provides a national platform for the development and promulgation of policies and service standards to enhance the quality of patient care. Additionally PA activities include continuing professional development, publication of a peer-reviewed e/Journal, conducting scientific conferences and symposia, and sponsoring and fostering evidence-based research.

***The establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety, with particular reference to:***

**a) The role and contribution made by those in the paramedic profession, including the circumstances in which they are required to operate;**

Australia's paramedics are on the front-line daily delivering an increasingly sophisticated range of pre-hospital care to patients in a variety of settings. Paramedics have become an integral component of the Australian health workforce and the clinical scope of practice for paramedics today includes critical interventions and invasive procedures such as the administration of thrombolytic medications for patients experiencing heart attacks and schedule 8 medications for analgesia.

Additionally, Extended Care Paramedics are performing a wide range of specialist primary care procedures as a sole point of intervention that treat patients at home instead of transporting them to hospital and air ambulances across the nation. PA believes modern paramedics help to make healthcare more effective and more efficient, however, at the same time, such enhanced skill-sets comes with greater risks to the public as they undertake significantly complex clinical interventions in a very diverse range of emergency and primary care settings removed from direct supervision.

It is PA's strong view that our profession's current regulatory environment provides inadequate protection for the public given the risk factors associated with the activities conducted by paramedics and the circumstances in which they are required to operate.

These risk factors include:

- Invasive procedures;
- Administering scheduled drugs;
- Operating independently in a clinical decision making environment;
- Providing complex and critical clinical assessments and care; and
- Working frequently in dangerous and uncontrolled settings.

In addition, several other factors have emerged which help to increase this risk of harm to the public, and which support the need for an appropriate regulatory framework. These factors include:

- Increasing numbers of paramedics working outside the government-related ambulance services (and therefore outside their established quality assurance systems);
- High demand for paramedics and competition in an increasingly diverse national and international labour market putting pressure on employers to hire those without appropriate qualifications or to make inflated claims about qualification levels;
- Increasing mobility of paramedics across state and international borders;
- A rapidly-growing group of private sector employers, many of whom operate across jurisdictional boundaries;
- Many employers engaging paramedics on a casual or intermittent basis;
- Increasing variability in training and education standards (including arrangements for clinical placements) as new educational providers in the university sector move into the field
- Changing roles for paramedics including in rural areas where other health services are in short supply;
- Internationally trained Paramedics coming to work in Australia;
- Australian companies providing paramedic services offshore who are competing with providers from countries such as Canada, United Kingdom, South Africa and Ireland where paramedics are a registered profession; and
- The risk of variable standards within the profession when individual employers are the primary credentialing bodies.

PA therefore supports inclusion of paramedics in the National Scheme, noting the scheme's vital role in enhancing the safety and wellbeing of those who engage the services of health professionals, and its importance in helping to maintain strong health professions in Australia.

**b) The comparative frameworks that exist to regulate the following professions, including training and qualification requirements and continuing professional development:**

**i) Paramedics ii) Doctors iii) Registered Nurses**

As provided by the Australian Health Practitioner Regulation Authority (AHPRA), the health and safety of the public is protected by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered to do so.

Paramedics are not currently registered under the National Scheme, although Paramedicine meets a greater number of the thirteen risk factors than ten of the fourteen health professions registered under the NRAS, including medicine, nursing & midwifery, physiotherapy, pharmacy, podiatry and Chinese medicine.

Due to the current absence of national regulation in Australia, the scope of practice for individuals engaged within Paramedicine varies between jurisdictions, practice settings and engaging organisations.

Current regulation of the profession is inconsistent between jurisdictions. The result is that practitioners involved in adverse fitness to practice incidents are able to move from one jurisdiction to another with few restrictions and no overarching regulatory controls.

Over recent decades, the professionalisation of the paramedic role has been positively influenced by a move from post-employment Vocational education training (VET) training conducted by State/Territory Ambulance Services, to the university sector, with undergraduate and postgraduate degrees as the general qualification requirement for 'entry to practice'. This is a key step in becoming a professional health workforce and warrants appropriate program accreditation processes.

Further, in most Australian jurisdictions the title of 'Paramedic' is not protected, meaning individuals do not currently need to have a recognised qualification to use the title. The national registration of paramedics within the regulated structure of other health professions would create a professional safety net for both paramedics and the public. Under a national registration scheme, paramedics would be required to maintain professional registration through mandated continuing professional development and adhering to a National professional code of conduct.

To clarify and demonstrate the breadth of the paramedic profession, and the care delivered by its practitioners, PA has developed the following paramedical role descriptors:

**Professional stream:**

- Paramedic (e.g. Ambulance Paramedic) – health professional who provides rapid response, emergency medical assessment, treatment and care in the out-of-hospital environment.
- Intensive Care Paramedic (e.g. Mobile Intensive Care Paramedic) – advanced clinical practitioner who provides medical assessment, treatment and care in the out-of-hospital environment for acutely unwell patients with significant illness or injury.
- Retrieval Paramedic (e.g. Flight Paramedic) – advanced clinical practitioner who provides medical assessment, treatment and care in the out-of-hospital environment to facilitate the safe and effective transfer of critically unwell patients to a specialist receiving facility.
- General Care Paramedic – advanced clinical practitioner who specialises in facilitating a comprehensive medical history/assessment, initiation of relevant treatment and appropriate referral for low and medium acuity patients in a variety of community and clinical settings with an emphasis on managing a patient in their own environment/context.

**Technical stream:**

- First Responder (e.g. Ambulance Responder) – individual who has completed accredited training in advanced first aid and emergency scene management and responds to emergency situations to provide initial clinical management in the out-of-hospital environment.
- Patient Transport Attendant Level 1 (e.g. Patient Transport Officer) – individual who has completed accredited training in advanced first aid and patient transport and who provides quality care and transport for low acuity and non-ambulant stable patients between health facilities and/or home.
- Patient Transport Attendant Level 2 – individual who has completed accredited training in patient transport and management and who provides quality care and transport for medium acuity, stabilised patients between health facilities and/or home.
- Basic Life Support Medic – individual who has completed accredited training in emergency patient care to provide rapid access to clinical assessment, treatment and care in the out-of-hospital environment (particularly in rural and remote areas).

**Ambulance Communications stream:**

- Emergency Medical Dispatch Support Officer – individual who has completed accredited training to receive and process requests for both emergency (via 000) and non-emergency ambulance attendance.
- Emergency Medical Dispatcher – individual who has completed accredited training to triage and coordinate the timely deployment of requests for both emergency and non-emergency ambulance attendance.

**c.) The comparative duties of paramedics, doctors and registered nurses;**

Paramedics are often required to undertake duties and procedures similar to or the same as those performed by nurses and doctors, including significantly complex clinical interventions as independent decision makers (albeit in a very diverse range of emergency and primary care settings), however are currently not registered as healthcare professionals in any State or Territory in Australia. Notably, this is a different approach to many overseas locations including the United Kingdom, Ireland, Canada and South Africa.

In addition, paramedics are one of the primary distributors of patients into the healthcare system, and are often the first point of contact for patients with this system. In this respect, it is submitted that the adoption of broad range of legally enforceable instruments proposed by a scheme such as the NRAS (to impose mandatory requirements upon the paramedic profession such as a National Register, National Minimum Competency standards and accreditation requirements and assurance processes), will further serve to positively improve patient safety, and increase community confidence in the paramedic profession and the roader provision of emergency health care in Australia.

**d. Whether a system of accreditation should exist nationally and, if so, whether the Australian Health Practitioners Regulation Agency is an appropriate body to do so;**

As previously noted, it is the view of PA that a system of accreditation should exist nationally via the NRAS. In this regard we support the view that the Australian Health Practitioners Regulation Agency (AHPRA) is the most appropriate body to administer the National Scheme for paramedics.

Essentially, it is the view of PA that a key benefit delivered through a scheme such as the NRAS lies in the wide-spread application across a profession and having consistent minimum compliance standards for practice. The availability of legally enforceable instruments which impose mandatory practice requirements onto the profession is considered essential clinical quality and patient safety elements to ensure community confidence in paramedics as health care professional practitioners. A nationally standardised model of professional registration such as the NRAS, fundamentally provides an efficient and effective means of assuring the quality of service delivery, which cannot be delivered as successfully through other less unified systems of regulation.

Further it is submitted that the administration of such a scheme through the AHPRA, in addition to providing the pre-established infrastructure required to administer such a system, also has the potential to deliver further benefits across the broader systems of health care through a reduction in regulatory duplication, the application of uniform standards, accompanied by a corresponding potential enhancement to patient care outcomes nationally.

**e. The viability and appropriateness of a national register to enable the seamless and unrestricted movement of paramedic officers across the country for employment purposes;**

The requirement of a national register of practitioners is a feature of current NRAS regulated health practitioner boards' administered by AHPRA. It is our understanding that the register is an essential, effective and viable aspect of regulation. The Commonwealth, State and Territory governments will be required to meet the costs of the establishment of a new national paramedic board before registration commences. However, it is anticipated that paramedics will meet the ongoing costs of the registration system and related compliance functions through registration fees.

PA believes that the critical function of the national register is to ensure increased safety for the Australian public. Through a national register:

- Only people who meet approved and nationally consistent educational and practitioner standards would be able to call themselves a paramedic;
- Paramedics with fitness-to-practice issues would not be able to move freely across jurisdictions/employing bodies without disclosure;
- Checks on qualifications, clinical currency, probity and criminal history would be a condition of practice.

In addition, a national register for the paramedic profession, and the corresponding protection offered to the title of 'paramedic' will support and enable the seamless and unrestricted movement of paramedics within Australia for employment purposes. Uniformed adoption and utilisation of the NRAS towards the paramedic profession will in fact, reduce regulatory burden thereby allowing greater scope for paramedics to move more easily across the country for employment purposes as now exists for the fourteen other registered health professions. From a health system perspective, it is proposed that this aspect of the NRAS will also contribute positively towards building a more flexible, responsive, and sustainable paramedic workforce nationally.

**f. Any other related matters**

**There is overwhelming support for national registration from the Paramedicine profession across Australia.**

In a survey conducted by PA in 2012, 87 per cent of the 3841 paramedic and student respondents supported the inclusion of Paramedics in the NRAS.

PA would welcome the opportunity to fully engage with any ongoing processes/discussions that evolve in relation to the national registration of paramedics or any other matters impacting on our membership.