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Senator Glenn Lazarus
Chair
Legal and Constitutional Affairs References Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator Lazarus

Thank you for the opportunity to respond to the Legal and Constitutional Affairs References Committee inquiry into the establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety.

I am pleased to attach a submission to the inquiry responding to its terms of reference on behalf of the Victorian Government.

Victoria has led the push for the national registration of paramedics. At the November 2015 meeting of the Council of Australian Governments Health Council, Victoria advocated for and obtained majority support from other states and territories to include paramedics in the National Registration and Accreditation Scheme for health practitioners. This decision was made on the basis that jurisdictions that wish to register paramedics would adopt the necessary amendments to the Health Practitioner Regulation National Law.

On 4 December 2015, the Australian Health Ministers' Advisory Council agreed that Victoria would be responsible for managing the project scoping and policy development processes required to give effect to this decision.

The Australian Health Ministers' Advisory Council has also agreed on an implementation plan that is expected to be presented to health ministers for consideration in April 2016. The implementation plan anticipates that policy parameters will be settled by mid-2016, legislation prepared and passed by mid-2017, and that national registration of paramedics will commence in the second half of 2018.

Yours sincerely

Hon Jill Hennessy MP
Minister for Health
Minister for Ambulance Services

Attachment: Victorian Government submission to the inquiry into the establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety

This Victorian Government submission responds to the terms of reference for the inquiry into the establishment of a national registration system for Australian paramedics.

Term of reference (a): The role and contribution made by those in the paramedic profession, including the circumstances in which they are required to operate

Paramedics make a vital contribution to maintaining the health of Victorians by providing high-quality pre-hospital care and medical transport.

While historically ambulance services were predominately focused on transporting patients to hospitals as quickly as possible, today due to medical advancements paramedics now play a greater role in providing vital pre-hospital treatment and intervention. Paramedics therefore contribute substantially to improving patient outcomes and reducing pressures on hospital emergency departments.

Paramedics' clinical roles currently include: professional care (intensive care, retrieval, general care and telephone triage and referral); technical care (first responder, patient transport and basic life support medicine); emergency management; and ambulance communication (support of dispatch activities).

An emerging private sector is also contributing to the changing practice environment. Persons with paramedic qualifications may be employed in a range of industries, including public events (music, sports and others), public transport, mining and construction and other industrial settings.

Term of reference (b): The comparative frameworks that exist to regulate paramedics, doctors, and registered nurses, including training and qualification requirements and continuing professional development

Paramedics, medical practitioners and nurses are subject to a range of laws that regulate their practice, including those relating to health complaints, public health, consumer protection, employment, drugs and poisons and criminal offences.

Medicine and nursing are two of 14 health professions that are subject to occupational licensing and these practitioners must hold statutory registration under the National Registration and Accreditation Scheme for health practitioners (the National Scheme). In contrast, paramedics are not currently subject to occupational licensing and do not require statutory registration in order to provide health services.

The regulatory framework under the National Scheme

The Health Practitioner Regulation National Law (the National Law), as enacted in each state and territory, provides the legislative framework for the operation of the National Scheme. The objective of the National Scheme is to:

- protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction
- facilitate provision of high-quality education and training of health practitioners
- facilitate rigorous and responsive assessment of overseas-trained health practitioners

- facilitate access to services provided by health practitioners in accordance with the public interest
- enable continuous development of a flexible, responsive and sustainable Australian health workforce and of innovation in the education of, and service delivery by, health practitioners.¹

A practitioner who wishes to work as a registered health practitioner in a regulated health profession must apply for registration to the responsible National Board and meet the standards for registration set by the Board for that profession. This includes completion of an approved program of study and compliance with other registration standards, including continuing professional development, recency of practice, English-language skills, criminal history checks and professional indemnity insurance.²

In Victoria, the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards are also responsible for investigating and responding to complaints (notifications) about the health, performance or conduct of a registered health practitioner. Under the National Law, a range of powers are designed to protect the public in such circumstances. These include:

- immediate action powers – to restrict or suspend the registration of a practitioner who presents a serious risk to public health and safety
- power to monitor practitioners who are impaired, performing poorly or who have acted unethically
- prosecution of misconduct matters before the Victorian Civil and Administrative Tribunal.

AHPRA may also initiate prosecutions through the courts of any person who pretends to be a registered health practitioner or who holds out another person as a registered health practitioner.

The current regulatory framework for paramedics

Under current arrangements, Victoria's paramedics are subject to the same regulatory framework as other unregistered healthcare workers in this state, including in relation to health complaints, public health, consumer protection, employment, drugs and poisons and criminal law.

In addition, paramedics who work for Ambulance Victoria are subject to the regulatory framework of the *Ambulance Services Act 1986* (Vic). Among other things, this legislation makes it an offence for a person to:

- represent that they are associated with an ambulance service unless such an association exists
- impersonate an operational staff member
- use any insignia described or set out in the regulations in any manner contrary to the manner set out in the regulations without the written authority of the Secretary of the Department of Health and Human Services.

The Victorian Department of Health and Human Services is responsible for the development and implementation of regulations and clinical practice protocols relating to non-emergency patient transport (NEPT), and for issuing licenses to private providers under the *Non-Emergency Patient Transport Act 2003* (Vic). The Act mandates the minimum requirements for the quality and safety of NEPT services to patients.

¹ Section 3 of the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

² Further information on the qualification and other requirements for registration as a nurse or medical practitioner is available on the respective websites of the Medical Board of Australia and the Nursing and Midwifery Board of Australia.

NEPT provides services for patients who require clinical monitoring or supervision during transport but do not require a time-critical ambulance response. The private sector has a role in delivering these services in Victoria, and persons with a paramedic qualification may be employed to carry out this work. Persons with a paramedic qualification who work in NEPT are subject to regulation under the Act.

During 2010–15, AHMAC undertook a national review of the adequacy of existing regulation of the unregistered health workforce. National consultations and a regulation impact assessment were undertaken.³ The review included analysis of a range of regulatory and non-regulatory options for strengthening public protection and workforce quality assurance. In April 2015, states and territories committed to strengthening regulation of the unregistered health workforce. The Council of Australian Governments (COAG) Health Council agreed to implement a National Code of Conduct for healthcare workers and state and territory-based 'code regulation regimes'. Each state and territory is responsible for progressing legislative changes to give effect to the National Code of Conduct and this work is well underway in Victoria.

These strengthened regulatory arrangements are designed to protect the public by setting minimum standards of conduct and practice for all unregistered healthcare workers who provide health services. The National Code of Conduct will set national standards against which disciplinary action can be taken and a prohibition order issued, if necessary, in circumstances where a healthcare worker's continuing practice presents a serious risk to public health and safety. Breach of a prohibition order will be a criminal offence.

Training and qualification requirements for paramedics

Training for paramedics in Victoria has evolved from on-the-job training provided by Ambulance Victoria to vocational and tertiary qualifications. Ambulance Victoria requires that a qualified paramedic must hold a recognised degree in paramedic studies and have suitable experience. A prospective applicant must have completed, or be in final year of, a recognised university course.

The Council of Australasian Ambulance Authorities (CAA) – the representative body for the principal statutory providers of ambulance services in Australia, New Zealand and Papua New Guinea – sets a bachelor's degree⁴ as the minimum entry-level qualification for contemporary practice of paramedics.

While there are currently no mandatory standards for paramedic education, training and practice at the national level, Australian universities voluntarily comply with the CAA Paramedic Education Program Accreditation Framework, thus providing assurance to students and prospective students that they will be suitably qualified for employment within the public ambulance sector upon graduation.

Private sector employers of persons with paramedic qualifications are responsible for determining the qualification levels of their employees. As the title 'paramedic' is not currently a protected title in Victoria, there is no restriction on who may call themselves a paramedic.

There are no nationally enforceable requirements with respect to continuing professional development for paramedics.

³ See <www.health.vic.gov.au/pracreg/options-for-regulation-of-unregistered-health-practitioners>.

⁴ Australian Qualifications Framework 7.

The proposed regulatory framework for paramedics under the National Scheme

The inclusion of the paramedic profession in the National Scheme through the application/adoption of the National Law model would apply the national regulatory framework to Victorian paramedics.

AHMAC will undertake policy work to determine what amendments need to be made to the National Law to include paramedics in the National Scheme in participating jurisdictions. Once legislative changes are enacted, it is anticipated that the responsible National Board will prepare the registration standards for paramedics for approval by the Australian Health Workforce Ministerial Council. Among other things, these registration standards will set out the educational and continuing professional development requirements for registration as a paramedic.

The inclusion of paramedics in the National Scheme will result in the title 'paramedic' being legally protected in Victoria. This will make it an offence for any person who is not a registered paramedic to use the title 'paramedic' or any other title that might mislead the public that the person is qualified or registered as a paramedic. It is expected that offences set out in the Ambulance Services Act would continue to apply in addition to protection of title under the National Law.

NEPT providers would also continue to be subject to regulation under the Non-Emergency Patient Transport Act. However, persons employed by a NEPT provider who meet the requirements for registration as a paramedic under the National Scheme would also be eligible for registration, noting that their scope of practice would be limited by the Non-Emergency Patient Transport Act and the Non-Emergency Patient Transport Regulations 2005. Persons employed by a NEPT provider who are not eligible for registration as a paramedic under the National Scheme are expected to be subject to a code regulation regime for unregistered healthcare workers once this is enacted in Victoria.

Term of reference (c): The comparative duties of paramedics, doctors and registered nurses

Professional scopes of practice are not fixed. They evolve in response to changes in the environment and the specific setting, for example, changes in education, technology, policy, standards, regulation or population health needs.

No regulated profession has exclusive ownership of a scope of practice. There is overlap between one regulated profession and another, and between regulated professions and other occupational groups.

While the scope of practice for a regulated profession may be quite broad, an individual practitioner's actual scope of practice will be narrower and will be determined by a range of factors including:

- the practitioner's initial educational preparation and any subsequent postgraduate or on-the-job training
- regulatory frameworks that authorise or restrict practice, including facilities licensing conditions
- the health needs of the population served
- professional practice standards issued by regulatory or professional bodies
- employer policies and local credentialing processes.

Victoria notes that there is a range of comparative duties that are shared across the nursing and paramedic professions. Examples include primary and secondary patient assessment, administration of medication, health promotion and education and other skills. However, there are differences between these two professions with respect to their level of autonomy and critical thinking and arrangements for clinical governance.

The settings in which the two professions work also differ. Registered nurses provide evidence-based nursing care to people of all ages and cultural groups, including individuals, families and

communities, in a range of settings that may include: acute; community; residential and extended care settings; homes; educational institutions or other work settings. Paramedics provide evidence-based emergency clinical care to a similarly broad cohort, but outside a hospital setting.

The overlap between paramedic and nursing scopes of practice is evidenced by the fact that a number of education providers offer a double degree in nursing and paramedics. Such programs are designed to enable graduates to practise in both disciplines.

The Victorian Department of Health and Human Services has examined the benefits and challenges associated with the employment of dual-qualified nurses and paramedics. The first cohort of nursing-paramedic double-degree graduates in Victoria entered the workforce in 2011. With the number of such graduates in Victoria steadily increasing, work has commenced to consider:

- the benefits of the double degree
- the impact of requiring nursing-paramedic graduates to choose one profession over the other
- the lost opportunity of not fully utilising the knowledge, skills and scope of practice of double-degree graduates.

Term of reference (d): Whether a system of accreditation should exist nationally and, if so, whether the Australian Health Practitioner Regulation Agency is an appropriate body to do so

The Victorian Government strongly supports the national registration of paramedics as part of the National Scheme. Victoria considers that the registration of paramedics through the National Scheme will provide the necessary conditions for health system reform, underpin the development of more flexible models of out-of-hospital primary care, and enable better quality control of the emerging private sector, thereby reducing pressure on the public hospital system.

National registration of the paramedic profession is justified because of:

- the need to address avoidable risks of harm to the public
- changing models of paramedic care and expanding scope of practice, which may result in some higher risks to the public
- the potential for statutory registration to underpin more efficient quality assurance mechanisms and drive health system reform
- evidence from international jurisdictions, particularly the United Kingdom where a registration regime for paramedics has been in place for some years
- the expansion in first aid services provided by the private sector
- community expectations that paramedics should be subject to the same rigorous regulatory standards as similar professions
- the continued need to address risks to paramedics (such as high suicide and Workcover claim rates and reportedly higher rates of bullying compared with other health professions).

Advice from the Victorian Coroners Prevention Unit shows that between 2008 and 2014 the suicide rate among Victorian paramedics was four times greater than the average rate for employed Victorians, and almost three times that of other health and emergency service workers.

Ambulance Victoria WorkCover claims occur annually at a rate of around nine standard claims per 100 FTE. This compares with 1.3 standard claims per 100 FTE in comparable health services.

In Ambulance Victoria's most recent organisational climate survey (September 2014), more than half of respondents identified having witnessed bullying in the previous 12 months, with 28 per cent having experienced it and 9 per cent currently experiencing it. This compares with Victorian public

sector results of 35 per cent having witnessed bullying, 14 per cent having experienced it and 5 per cent currently experiencing it.

Inclusion of paramedics in the National Scheme will bring a range of benefits for governments, paramedics and the wider community. For example, it will:

- protect the title 'paramedic'
- recognise the professionalism, level of skill and qualifications of paramedics
- safeguard the public from impaired or poorly performing paramedics
- facilitate interstate movement and flexibility for paramedics
- increase commitment to continuing professional development
- maintain professional competence.

Provision of a transparent, independent approach to investigation of complaints about impairment, performance assessment and conduct through such a scheme would also be a significant benefit.

Victoria supports an expanded role for AHPRA in providing support to National Boards and carrying out its functions under the National Law. AHPRA has five years' experience in managing the operation of the National Scheme and has successfully managed the transition of 14 professions into the National Scheme during this time.

Term of reference (e): The viability and appropriateness of a national register to enable national registration for the paramedic profession to support and enable the seamless and unrestricted movement of paramedic officers across the country for employment purposes

The current lack of nationally consistent, legally enforceable qualifications and standards for the paramedic profession leaves individual employers to bear the costs of determining the suitability of persons to be employed as paramedics. This constrains workforce mobility and creates inefficiencies.

The inclusion of paramedics in the National Scheme and on the national register will provide employers with a mechanism to ensure that the individual they are employing meets the necessary standards for registration in the profession.

Sections 222 and 223 of the National Law provide that the National Boards, in conjunction with AHPRA, keep a national public register that includes the names of all health practitioners currently registered by the Boards. The National Law also sets out the information that must be recorded on the national register.

The national register provides a mechanism for both employers and the general public to verify that a health practitioner is currently registered and to determine whether they have any form of restriction on their registration. The national register, administered by AHPRA, is free, reliable and generally accessible online 24 hours a day. It is the only trusted and verifiable source for checking a person's registration status.

A national registration regime should also facilitate the establishment of 'a competent authority pathway' under which the qualifications of overseas-trained paramedics can be assessed for work in Australia. This should assist in streamlining processes for recruitment of overseas paramedics and facilitate the mutual recognition of Australian-trained paramedics.

Term of reference (f): Any other related matters

Stakeholder views

Victorian stakeholders strongly support national registration of paramedics. In January 2015, the Victorian Government established the Ambulance Performance and Policy Consultative Committee

(the Committee) to improve Ambulance Victoria's service performance and culture. The Committee brought together paramedics, Ambulance Victoria, Ambulance Employees of Australia – Victoria and the Victorian Government. In its final report, published in December 2015, the Committee strongly endorsed the inclusion of paramedics in the National Scheme.

Implementation issues

The COAG Health Council communiqué issued on 6 November 2015 noted that New South Wales will reserve its right to participate in the National Scheme with respect to paramedics. The Commonwealth dissented from the decisions with respect to paramedics based on consistency with the principles of the National Scheme as a national regulatory reform.

At the COAG Health Council meeting of 6 November 2015, health ministers identified a number of policy issues that require further work before national registration of paramedics can be implemented. These include:

- consideration of implementation of the recommendations of the independent review of the National Scheme (the National Registration and Accreditation Scheme (NRAS) Review)
- resolution of the scope of the paramedic workforce
- development of vocational, as well as tertiary, pathways for the paramedic workforce.

The NRAS Review was undertaken by an independent reviewer in 2014 and the final report⁵ made a number of recommendations which, if accepted by health ministers, have the potential to impact on the governance arrangements for regulating the paramedic profession. To give effect to national registration of paramedics, the implementation plan for the NRAS Review recommendations provides for these matters to be settled in advance of the enactment of legislation.

With respect to defining the profession for registration purposes, Victoria's view is that the scope of paramedic workforce, that is, who is qualified as a paramedic and who is not, is sufficiently well defined for the purpose of implementing national registration. Work done by the CAA for the *Paramedics Professional Competency Standards and Evidence Guidelines* and the *Paramedic Role Descriptions*, published by Paramedics Australasia, has provided guidance on who is qualified as a paramedic.

It is expected that decisions on applications for registration will be made by the regulator on a case-by-case basis in accordance with the transition provisions in the amended National Law.

Approximately 90 per cent of the paramedic workforce is employed by the eight state and territory ambulance services. Of the remaining 10 per cent who work in the private sector, many are previous employees of public ambulance services. Therefore, the grand-parenting process to transition paramedics to the National Scheme should be relatively straightforward compared with previous grand-parenting exercises for the four professions that entered the National Scheme in 2012.⁶

The proportion of tertiary to vocational education and training (VET) sector-trained paramedics within the workforce is shifting over time. As outlined in our response to term of reference (b), employment as a paramedic with Ambulance Victoria requires a tertiary paramedic qualification that

⁵ The report is available on the COAG Health Council website.

⁶ Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice and Occupational Therapy.

has been accredited by the CAA. All other states and territories, except New South Wales, also require degree-level training for their paramedic workforce.⁷

In the event that the responsible National Board decides to set degree level as the minimum standard for registration, Victoria supports inclusion of transition provisions in the National Law that enable the existing workforce of paramedics who hold VET qualifications to be registered during the first three years of operation of the National Scheme. To provide a smooth transition for the workforce from vocational to degree-level qualifications, Victoria would also consider supporting the inclusion of legislative provisions that preserve a vocational pathway to registration for a reasonable period of time.

Agreement on these issues will clear the way for a consensus decision by health ministers in favour of national registration of paramedics in all states and territories, prior to progressing an amendment bill to the Queensland and Western Australian parliaments.

It is expected that an implementation plan will be presented to health ministers in April 2016 and is expected to include a budget for implementation of national registration for paramedics. This will cover the one-off establishment costs associated with the transition. By way of example, establishment costs of approximately \$5.5 million (excluding initial registration application fees) were incurred when more than 33,000 practitioners from four professions⁸ joined the National Scheme in 2012.

However, Victoria notes that inclusion of paramedics in the National Scheme is likely to be a less complex exercise: 90 per cent of the workforce is employed by the eight state and territory ambulance services; national accreditation standards are already in place; an established accreditation scheme is operated by the CAA; and there are no existing boards that must be de-commissioned.

With respect to ongoing costs, the National Scheme is self-funding and there is no cross-subsidisation between the professions. Accordingly, once established, the responsible National Board will set the registration fee at a level that covers the costs of regulating the paramedic profession. The number of paramedics eligible for registration is comparable to the medical radiation profession regulated under the National Scheme for which the current application fee is \$180.

⁷ New South Wales retains a vocational education and training pathway for employment as a paramedic in the Ambulance Service of NSW.

⁸ See footnote 6.