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College of Intensive Care
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Australasian College of Sport
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Via email: info@healthworkforce.govt.nz

Dear Justin

Re: Consultation proposing that the Paramedic workforce be regulated under the Health Practitioners Competence Assurance Act 2003.

This response is from the Council of Medical Colleges (CMC).

CMC is The Council of Medical Colleges in New Zealand (CMC) is the collective voice for the Medical Colleges in New Zealand and through its members provides a well-trained and safe medical workforce serving the best interests of the New Zealand community. CMC brings together 15 member Medical Colleges who provide support to over 7000 specialist medical practitioners working in a range of 36 specialties in the New Zealand health system. The Medical Colleges advise on workforce issues and advocate for appropriate quality health services in New Zealand.

Neither CMC nor its College members are deliverers of paramedic services. That said some individual members of some Colleges do work with Ambulance NZ – as medical and clinical advisers and as service deliverers, often as volunteers.

This submission only answers some of the consultation questions – where it is considered CMC can add value.

CMC considers it is in the interest of public safety to regulate paramedics under the HPCAA. It is noted current figures of complaints do not demonstrate paramedic currently result in considerable harm however:

- Regulation would help to protect the public from practitioners who are able to cause harm, due to the invasive procedures used by paramedics. The harm to a patient could be serious and irreversible, and in some emergency

situations the patient is unable to make the decision of whether or not care can be delivered¹.

It is noted that other groups of ambulance officers (that is, First Responders and Emergency Medical Technicians) as well as paramedics can cause similar harm and therefore in time should also be regulated.

CMC considers it is in the public interest for paramedics to be regulated.

- Regulation would ensure the development of the profession on the same basis nationwide with national standards.
- The regulator would be required to set national standards for clinical and ethical conduct². Currently in the sector there is a concern about variances in standards across various providers with different scopes of practice, different protocols and standing orders and ways of maintaining professional development across the workforce. There are also variances geographically across the country. The regulator could accredit and monitor the educational institutions which deliver qualifications linked to the scope of practice the RA approves. This should ensure that the qualification is fit for purpose and meets the needs of those working in the sector. Currently there are several different qualifications in the sector and the current training may not produce a person who is competent to work in the sector without further training.
- The regulator would be required to set cultural competencies that would apply to all registered ambulance officers and medics.
- The regulator would develop a framework to ensure those in the profession are fit and proper persons as it would 'control' those entering the profession.
- Regulation does enable sanctions to be put on practitioners who act incompetently, unprofessionally, bring the profession into disrepute or act in an egregious way.
- The HPCAA gives a process, (independent of providers), to address concerns about practitioners who may not be competent or fit to practise. Therefore, it will separate competence issues from those of employment.
- Regulation will enable the RA to track all complaints and concerns across the sector and push for improvement in standards in areas where there are concerns about practice, as the RA is required to promote education and training in the sector.
- The formation of a RA would give more robust mechanisms³ for assessing practitioners from overseas who wish to enter the profession, as the RA is required to ensure anyone registered is fit for registration, has comparable qualifications that are prescribed for the scope of practice and is competent to practise within that scope of practice.

Other advantages of regulation under the HPCAA (that is, it leads to other benefits)

Common regulation with other health sector groups should increase coordination of care across the ambulance sector and with other health services thus improving patient outcomes and safety. If more clearly seen as health care providers, ambulance services are more likely to be included in discussions about different models of delivery of primary care.

Regulation would increase integration with other primary health care teams.

Ambulance officers and medics may be able to perform tasks that are currently performed by other health practitioners, for example, the Coroner may allow ambulance officers and medics to declare patients deceased at the scene of an accident and thus reduce call outs for General Practitioners.

Regulation will add a new class of health professional into the health sector, a sector where there are workforce shortages.

None of the above would be achieved by employers or other forms of non-statutory regulation.

Therefore CMC supports the regulation of paramedics under the HPCAA.

Yours sincerely



Sue Ineson, Executive Director

¹The Cabinet Office Circular 99(6) page 7 notes that there is a possible case for intervention if harm is irreversible involuntary **even** if it is a low probability of harm occurring.

² HPCAA Section 118 (i) 16

There is now an agreement amongst the providers for the development of national agreed diploma, degree and post graduate qualifications.

³The RA would be required to assess all those entering the profession under Section 12 in relation to qualifications and fitness to register and competence to register under Section 16.