SUBMISSION TO THE REVIEW OF THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR HEALTH PROFESSIONS

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Submission prepared by Paramedics Australasia

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INTRODUCTION

Paramedics Australasia (PA) welcomes the opportunity to make a contribution to the Independent Review of the National Registration and Accreditation Scheme for health professions.

Paramedics are not currently registered under the National Scheme. On behalf of our members, PA has engaged closely with state and federal governments to submit our case for inclusion in the National Scheme, which we believe will provide greater protection for the public and an improved professional environment for paramedics. Government is currently considering our proposal.

Although paramedics are not yet part of the National Scheme, PA has observed its operation closely.

In this submission we provide our views on key elements of the National Scheme. Our submission is not exhaustive given our status as a non-registered profession, but we have addressed a number of questions raised in the Consultation Paper and trust that the Review will benefit from the input of one of the community’s most important and valued health professions.

About Paramedics Australasia

Paramedics Australasia is the peak professional organisation representing practitioners who provide paramedic services to the community.

PA provides a national platform for the development and promulgation of policies and service standards that will enhance the quality of patient care. Our activities include continuing professional development, publication of the peer-reviewed electronic Australasian Journal of Paramedicine, conducting scientific conferences and symposia, and sponsoring and fostering evidence-based research.

PA also represents the profession in engaging with government and other stakeholders on matters that affect the future of the profession. Most recently, PA has worked closely with government in advocating the inclusion of paramedics in the National Registration and Accreditation Scheme for health professions.

Other work undertaken by PA includes consideration of competence and fitness to practice, education, accreditation of training jointly with the Council of Ambulance Authorities (CAA), setting of professional practice standards, promotion of ethical practice, and development of processes to deal with poor performance and misconduct.

PA sponsors five Special Interest Groups: the national student network, Student Paramedics Australasia (SPA), for those in training to be paramedics; the Rural and Remote Special Interest Group, which places a focus on paramedic practice to support Australia’s rural and remote communities; EduSIG, for paramedic education; the Network of Australasian Paramedic Academics; and Scientific Agenda, for paramedic research.
The paramedic profession

Paramedics are best known for their involvement in the delivery of out-of-hospital emergency medical care through their work with various emergency Ambulance Service organisations and on humanitarian and relief operations. What is less well known is that paramedics work in many environments including community, industrial, military, hospital and university settings.

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 employers.

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.

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

1. Professional stream:
   - Paramedic – health professional who provides rapid response, emergency medical assessment, treatment and care in the out-of-hospital environment.
   - 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 – 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.
   - Extended Care Paramedic – advanced clinical practitioner who specialises in obtaining 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.

2. Technical stream:
   - First 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 – 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).
3. 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.

In Australia there are approximately 13,000 working paramedics. The majority (82%) of paramedics are employed by state and territory statutory ambulance services, or by a private statutory ambulance service (the West Australian and Northern Territory Governments contract St John Ambulance to deliver their ambulance services). Other paramedics work in the Australian Defence Force, for private ambulance and first aid providers, or for private providers in industries such as mining and construction.

The number of people working as paramedics is growing rapidly, with estimated growth of approximately 50 per cent over the last five years. We estimate that our workforce will be further boosted in the short to medium term, with approximately 5000 students currently undertaking diploma and degree qualifications.

Movement between employers around Australia has become a feature of the paramedic workforce. An industry survey conducted by PA in 2012 showed 23 per cent of respondents had worked as a paramedic in more than one state or territory jurisdiction. Australia is also part of an active international market for paramedics.

Our analysis of paramedic jobs advertised on the PA website shows approximately 15 per cent were for overseas deployment, with recruitment undertaken both by Australian and international companies. Jobs are being offered across the globe, including in the United Kingdom, Africa, South East Asia, Europe, North America and the Middle East.

Current regulatory environment

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.

These risk factors include:

- Invasive procedures;
- Administering scheduled drugs;
- Working away from supervision;
- Providing complex and critical clinical assessments and care; and
- Working in dangerous and uncontrolled settings.
In addition, several other factors have emerged which increase this risk of harm to the public, and support the need for an appropriate regulatory response. These factors include:

- Increasing numbers of paramedics working outside the government-related ambulance services (and therefore outside their established quality assurance and clinical governance systems, and often without adequate clinical governance);
- 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. Only six out of 15 current undergraduate programs across Australia have full accreditation from the Paramedic Education Accreditation Scheme (PEPAS) representing PA and the Council of Ambulance Authorities.
- Changing roles for paramedics, particularly in rural areas where other health services are in short supply;
- Paramedics from overseas coming to work in Australia;
- Australian companies providing paramedic services offshore who are competing with providers from countries such as the 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 the principle of the National Scheme, its 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.

The importance of national registration of paramedics

PA has argued strongly in favour of the inclusion of paramedics in the National Scheme. We have worked closely with state and federal governments to communicate the importance of national registration of paramedics and the subsequent benefits for members of the public who receive their care.

PA considers that the risks inherent in the services provided by paramedics would be mitigated by inclusion in the National Scheme. Measures that would help to provide an improved level of protection for the public include:

- Public access to an independent complaints mechanism involving an investigation and sanctions regime;
- Ensuring only those who meet approved educational and practitioner standards can use the title of ‘paramedic’;
- Preventing paramedics with significant health, conduct or performance issues moving from job to job, or from practicing in any Australian jurisdiction without oversight or restriction;
- Making qualifications, probity or other checks a condition of both initial and continuing practice (e.g. checks of criminal history, and continuing professional development);
- Compulsory and independent accreditation of training and education programs;
Regulation which covers all paramedics wherever they choose to work; and
Regulation which covers all employers of paramedics, whether they work within or across
state and territory boundaries.

Moreover, we do not believe the continued state-territory employer-determined arrangements with
respect to standards, qualifications and management of conduct, performance or impairment are
appropriate. Individual employers are not in a position to implement a comprehensive regulatory
framework that provides protections to the public beyond their service provider boundaries and
across the whole profession nationally wherever practitioners may work.

RESPONSE TO CONSULTATION PAPER

PA understands that this Review will focus on four areas relevant to the performance of the National
Scheme:

- Accountability and governance;
- Complaints and notifications;
- Future regulation of health practitioners; and
- Public protection and other topical areas.

Because paramedics are not currently registered under the National Scheme, PA is not in a position
to address all questions raised in the Consultation Paper on these key topics. However, as we
strongly support the scheme itself and believe that it is in the public interest for the paramedic
profession to be registered, we wish to provide input where appropriate on its key features.

Complaints and Notifications

Question 9. What changes are required to improve the existing complaints and notifications system
under the National Scheme?

PA understands from observing the operation of the National Scheme that there has been some
dissatisfaction among practitioners with the complaints and notifications process.

We believe a national scheme of regulation must provide clear pathways for consumers and
practitioners to bring matters of concern to the attention of the appropriate authorities. An effective
complaints and notifications process will be simple to navigate, transparent, consistent and facilitate
timely resolutions.

It has been noted in the Consultation Paper that the current provisions have the potential to lead to
confusion for complainants and notifiers.

The provisions appear to presume that those making a complaint about a practitioner are aware of
the difference between a ‘complaint’ and a ‘notification’. Further, it is presumes they understand
the different pathways to resolution for complaints and notifications, the bodies that manage these
cases and the rights available to complainants and notifiers. It is not difficult to understand how an
ordinary recipient of health services, who wishes to bring the behavior or performance of a
practitioner to the attention of the appropriate authority, may fail to appreciate this process.
The lack of consistency across jurisdictions with regard to complaints management will inevitably impact the performance of the National Scheme. Co-regulatory bodies operating in some states (New South Wales, Queensland), and exemptions offered in other states in certain circumstances (Western Australia and Queensland provide exemptions to the requirement for mandatory notifications if the subject of the potential complaint is receiving treatment) detract from the consistency the National Scheme should strive to achieve.

PA believes it is in the best interests of the public, and would be beneficial for the continued strength of the National Scheme, for each jurisdiction to agree on consistent provisions with regard to the complaints and notifications process.

*Question 10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent ombudsman, be adopted across all States and Territories?*

The ideal approach to the management of complaints would be to ensure National Boards are properly equipped to meet their obligations regarding the resolution of complaints and notifications.

Having complaints addressed by a profession’s national expert body is a logical feature of a national registration scheme; it should guarantee a consistent approach to the behavior and performance of practitioners and, most importantly, lead to consistent outcomes across the profession.

PA believes a co-regulatory approach could create the potential for independent state-based authorities to erode the strength of the National Scheme. It could also set a difficult precedent for other elements of the scheme.

We submit that measures should be considered which would improve the performance of the National Boards in addressing complaints. If this were to occur, PA would have greater confidence that paramedics are being held accountable to the same standards across Australia.

*Question 11. Should there be a single entry point for complaints and notifications in each State and Territory?*

Providing a single entry point for complaints and notifications would eliminate the onus currently placed on consumers to know which body should receive a complaint.

This single entry point would increase convenience for consumers (who may already be under strain as a result of the alleged behavior of the practitioner) and help to streamline the complaints and notifications process.

There is no reason why a single entry point body could not adequately determine the correct pathway for a complaint or notification once submitted by the consumer. This single entry point should be equipped with the administrative authority and resources necessary to undertake this process.
Question 12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Timeliness is a vital feature of any well-functioning complaints system. In the case of the National Scheme, resolving matters in a timely fashion would likely help address concerns that have been expressed about the performance of the complaints and notifications process.

PA notes that, as outlined in the Consultation Paper, National Boards have failed to meet key performance indicators in the resolution of complaints and notifications. We also note that AHPRA is investigating the underlying reasons for this failure to meet KPIs, and it will identify the action necessary to improve performance.

We support the principle of prescribed timeframes being adopted in the future if AHPRA’s investigation finds that it would lead to the improved performance of the complaints and notifications system.

National Boards should also be closely consulted on the setting of appropriate and achievable KPIs and timeframes. It is possible that to be effective these benchmarks will need to be tailored for each profession, giving consideration to factors such as risk and scale.

Question 13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

While PA is not in a position to comment on the transparency of the process and outcomes of disciplinary processes, we are aware of the concerns expressed by consumers.

We believe that transparency is essential to achieving positive outcomes for the public and for the profession itself.

We would support measures that ensure complainants and notifiers are provided sufficient information to understand the steps in the process that they have initiated, and their role in the process going forward.

It is PA’s view that, on the face of it, wholesale changes would not be required to improve communication between the complaint bodies and the complainant/notifier. Rather, a review of internal and external communications systems currently in place would be a reasonable starting point to identify areas of improvement.

Question 14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

The adoption of alternative dispute resolution (ADR) to settle matters can provide benefits. For example, it may lead to a more timely resolution, and may ensure the notifier feels adequately involved in the process. Sometimes a matter can be resolved without punitive measures – it may be sufficient in some cases to merely issue a formal apology to a consumer who feels aggrieved by their treatment.
However, if this flexibility were to be provided, the National Boards must ensure that ADR is only used in appropriate circumstances. It should not, for instance, be used to expedite a matter at the expense of achieving an appropriate or just outcome.

PA submits that National Boards must exercise strong judgment and give a firm commitment to ensuring serious matters are dealt with appropriately, particularly given the sensitive nature of matters that are typically the subject of notifications.

*Question 15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?*

For reasons of public safety, and in the interests of transparency, PA believes it is appropriate for an adverse finding and the associated intervention recorded against a practitioner to remain on record. We do not believe that the presence of an adverse finding and intervention on the record will impede a practitioner from enjoying a productive career, so long as the practitioner can be seen to have addressed the behavior or issue in question. It is reasonable for an employer to be aware of past adverse findings and to have the capacity to make a judgment on a practitioner’s suitability for a position on this basis.

*Question 19. Should the mandatory notification provisions be revised to reflect the exemptions included in the West Australian and Queensland legislation covering health practitioners under active treatment?*

PA believes the National Scheme should provide as much consistency across jurisdictions as possible. It is in the public interest for paramedics across Australia to be subject to the same professional standards.

Therefore, in principle we do not agree with treating practitioners in Western Australia and Queensland being provided exemptions that are not provided in other jurisdictions.

Given the risk factors present in the services provided by paramedics, we also believe that these standards should be set high – impairment or misconduct should be dealt with appropriately to limit risk to the public.

We recognise that the intention of the Western Australia and Queensland exemptions is to ensure those with an impairment do not avoid seeking treatment for fear of being reported by a treating practitioner, with the view that this could lead to further adverse outcomes for the public.

On balance we would favour exemptions being provided nationwide only if protections are put in place to ensure there is sufficient information to suggest the practitioner is receiving the necessary treatment and that this treatment is resulting in positive outcomes.
Future Regulation of Health Practitioners

Question 3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum.

Question 4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m per annum.

PA is supportive of measures that would ensure the National Scheme is more efficient for those professions with low regulatory workload.

We are aware, from the figures provided in the Consultation Paper, of the disparity in the amount of notifications between professions such as medical and nursing on the one hand, and osteopathy on the other. It is reasonable to assume that it could be detrimental to the overall performance of those National Boards with low workload to be encumbered with excessive regulatory costs on an ongoing basis.

If either of the measures proposed in the Consultation Paper are to be introduced, we recommend that close attention be given to protecting the integrity of each profession and preserving professions’ ability to provide input into the National Scheme.

Question 5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?

PA has observed the discussion around the cost of registering with the National Scheme, which for many professions led to an increase in annual fees in order to facilitate the implementation of the scheme.

Should PA achieve inclusion in the National Scheme, we will remain conscious of the cost pressures faced by our members and our intention is to always ensure that professional fees are maintained at a reasonable level.

As it stands, the lack of national registration has meant paramedics bear a number of compliance costs. Paramedics who wish to change jobs must assemble documentation and seek employer endorsement for a statement of standing.

If the intention of both options 1 and 2 is to achieve greater cost efficiency, and given these options are a response to the low regulatory workload associated with the relevant professions, we agree that these savings should be passed on to registrants through lower fees.

Question 6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?

Although the paramedic profession is not currently part of the National Scheme, PA agrees with the principle of a threshold based on risk to the public.
Indeed we believe that there are sufficient risk factors to demand the inclusion of paramedics in the National Scheme, and we have argued that paramedics meet the criteria outlined in the Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions.

*Question 7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?*

PA believes the current position of the National Law with regard to non-registered professions is satisfactory. We submit that the focus of the National Law is best placed on identifying and regulating professions where there is increased risk to public safety.

**Public Protection and other topical areas**

*Question 16. Are the legislative provisions on advertising working effectively or do they require change?*

PA supports the regulation of advertising by health professionals as an important way of protecting the public from false and misleading information.

Due to paramedics’ current status as an unregulated profession, PA is acutely aware of the dangers of providing false impressions to the public. In most states, organisations are virtually unrestricted from giving consumers the impression that they provide paramedic services, whether or not their employees have the relevant qualifications. In some cases, an individual perceived to be a paramedic may in fact hold a qualification no higher than a first aid certificate.

PA has done much work recently to clearly define what constitutes a paramedic. The importance of clarifying the role and qualifications of a paramedic is particularly important given the esteem in which the profession is held by the public – paramedics are consistently judged one of the most trusted professions in Australia.

On the specific challenges posed by social media, we agree that social media does now make the ban on testimonials much less practical for regulated professions.

It is difficult to see how, going forward, health professionals can be reasonably expected to take action on every comment posted by a member of the public on social media platforms such as Facebook and Twitter. This task will inevitably become even more difficult as the use of social media continues to increase.

One solution is to prevent members of the public from posting comments supportive or otherwise from these sites. PA believes this would be a poor outcome and would eliminate the benefits of using social media to engage with the public.

We also believe option 2 (i.e. clarifying when comment is permissible) will not make a significant difference to the workload or cost experienced by health professionals, as they would still need to closely monitor posted comments.
While we do not believe the status quo is feasible, and do not believe that clarifying the rules around comment is an ideal solution, we acknowledge the potential weaknesses in a system where the ban on testimonials is lifted entirely.

PA suggests that AHPRA investigate other options that would strike a balance between regulating testimonials and permitting public comment on social media.

Question 17. How should the National Scheme respond to differences in States and Territories in protected practices?

PA believes consistency across all States and Territories is a key feature of an effective National Scheme. We believe it is vital to protecting the public and improving the professional environment for paramedics.

We are broadly supportive of any measure aimed at eliminating inconsistencies currently in place across the country, including with regard to differences in protected practices.

Question 18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

Until paramedics are recognised under the National Scheme they will be covered by the National Code of Conduct. PA largely supports the introduction of the Code and its terms, and made recommendations for further improvement of the draft Code in our response to the 2014 Australian Health Ministers’ Advisory Council Consultation Paper.

PA is confident the Code will be beneficial in specifying minimum professional standards and enforcement measures. Our approach to the Code is similar to our approach to the National Scheme. We believe national consistency should be a high priority, particularly in relation to elements of the Code which are critical to the protection of the public and fairness across jurisdictions to health care workers.

For the protection of the public, PA considers national consistency should be a high priority in a fit and proper person test, publication of statements on prohibition orders and the application of orders issued in other states and territories.

For fair treatment of health care workers, PA places a high priority on national consistency in interim prohibition orders, the grounds for issuing prohibition orders and penalties for breach of a prohibition order. We support a single national register of prohibition orders rather than multiple separate registers.

Other recommendations made by PA for the introduction of the Code, and which may be relevant to the interface between the Code and National Scheme, include:

- Volunteer health care workers should be included in the coverage of the Code;
- The Code should not apply to members of the public providing first aid or life saving interventions in emergencies, rather it should only apply to people who are engaged as volunteers, employees or contractors to provide first aid services in defined roles;
The Code should apply to health care students and health care teachers/trainers when these people provide health services to members of the public.

**Question 23. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?**

PA has long advocated the principle of independent accreditation and believes this would be an important feature of our profession’s potential inclusion in the National Scheme.

Work undertaken already by the Council of Ambulance Authorities (CAA) and PA has led to the issuing of Paramedic Professional Competency Standards in 2010. PA and CAA accredits training programs against these standards on a voluntary basis.

PA believes a strong relationship between regulators and educational institutions would help to solve a growing issue in our profession, namely the increasing variability in training and education standards (including arrangements for clinical placements) as new educational providers in the university sector move into the field.

The independence of the accrediting body from both employer and professional groupings would be a key requirement for the paramedic profession, ensuring consistency across all Australian jurisdictions.

**Question 24. Should the appointment of Chairperson of a National Board be on the basis of merit?**

The National Law currently prevents community members (i.e. not a registered health practitioner) from being appointed the Chair of a National Board.

PA agrees that a registered practitioner in the relevant profession does bring a high level of experience and expertise to the role and is well-equipped to preside over the decision-making of a National Board.

This does not mean, however, that a non-practicing health professional would not be similarly well-credentialed to lead a National Board. As it stands, the National Law effectively reduces the pool of people available to be appointed to the Chair position.

The National Law already ensures professions are adequately represented by practitioners on National Boards, ensuring their interests are considered – there are requirements for practitioners to constitute at least half of the board. Other requirements guarantee a diversity of views.

PA believes provision prescribing the election of a practitioner to the Chair position is unnecessarily restrictive, and submits that National Boards should be capable of electing their Chair on the basis of merit.