

Regulating our emergency care paramedics

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ABSTRACT

Ambulance paramedics administering emergency care to patients are delivering a health service as defined in the Health Practitioners Competence Assurance Act, 2003. Paramedics practice a wide range of skills without direct supervision and these can potentially put the public at risk if the paramedic is not competent. Paramedic practice is also rapidly expanding beyond the traditional ambulance role. However, this emerging profession falls outside the Act and paramedics remain unregistered. In this paper we state the case for extending regulation to these frontline healthcare professionals.

The principal aim of regulating the health workforce is to protect the public. The Health Practitioners Competence Assurance (HPCA) Act, 2003, recognises and addresses the vulnerability of the person who is accessing healthcare and the power imbalance between the patient and the provider. Regulation is a means to ensure that health practitioners are both clinically competent and conduct themselves in accordance with the set of legal rules established by the Act. The HPCA Act restricts the use of professional titles to registered practitioners, limits specialist skills to registered healthcare practitioners and ensures that healthcare professionals are competent to practice in accordance with qualifications and standards, maintain regular certification of their competency, and act safely within their specified scope.¹

The HPCA Act regulates the practice of 22 health professions within New Zealand (Table 1) through delegation of three primary functions to the relevant responsible authority: qualifications (including scope of practice); competency; and complaints. Responsible authorities are concerned with the education of health professionals, ensuring that the delivery of entry-level education and continuing professional development meet the national standards for the profession through the accreditation of programmes. These authorities establish a register and require individual practitioners to maintain certification of their competency to practice. Performance criteria have to be monitored as registration is renewed annually. Finally, it is also the responsibility of these authorities to identify practitioners that pose a risk

Table 1: Professions regulated under the Health Practitioners Competence Assurance Act 2003.¹

Chiropractic		Medical Radiation	Optometry
Clinical Dental Technology		Medical Sciences	Osteopathy
Anaesthetic Technology		Medicine	Pharmacy
Dental Technology		Midwifery	Physiotherapy
Dental Therapy	Dental Hygiene	Nursing	Podiatry
Dentistry		Occupational Therapy	Psychology
Dietetics		Optical Dispensing	Psychotherapy

of harm and to suspend or revoke registration for behaviour that does not meet clinical or ethical standards of conduct.¹ However, not all health professions are regulated under the Act; paramedics are a case in point.

Since the 1970s, ambulance services have undergone a paradigm shift from primarily providing emergency transport to delivering advanced medical care to the patient in his or her community.² Ambulance paramedics care for more than 450,000 medical and trauma patients in New Zealand every year.^{3,4} They also work in the New Zealand Defence Force (NZDF), in industrial settings and as flight paramedics. In response to increasing demands on the New Zealand healthcare system, the paramedic role continues to expand. The Ministry of Health has clearly signalled that health care must be delivered closer to the patient's home.⁵ The ambulance sector's response to this directive has been the establishment of extended care paramedics who treat patients at home, minimising unnecessary hospital presentations.⁶ Paramedics are already working with general practitioners and in hospital emergency departments.

Healthcare practitioners are regulated under the Act if their activities expose the public to a risk of harm. Paramedics deal with life and death. They triage, assess and manage patients, making clinical decisions on their behalf often without knowing their medical or social history. Patients may be incoherent, combative, unconscious or not competent to make an informed decision. The environments that paramedics work in are uncontrolled, and may be isolated, complex and dangerous. Skills, including invasive procedures and the administration of controlled drugs, which were once the preserve of doctors, now fall within autonomous paramedic practice and are performed without direct supervision. There is clearly a risk of harm to the patient if clinical competence and an ethical approach are not achieved and maintained by individual paramedics, and this is the strongest justification for paramedics to be regulated by the HPCA Act.⁷

As an unregulated profession, paramedics are still responsible for their practice. Paramedics are required to uphold the same common law standards as any individual,

but this has clear limitations. Patients, or their advocates, may also lay a complaint with the Health and Disability Commissioner based on their rights as consumers of healthcare services. However, the sanctions available to the Health and Disability Commissioner are limited and do not include the withdrawal of registration to practice which applies to regulated health practitioners. Behaviour that, while not illegal, takes advantage of the functional relationship between the practitioner and patient, is only addressed within the jurisdiction of the HPCA Act. In a regulated profession, the Professional Conduct Committee may suspend or withdraw registration when care does not meet the standard reasonably expected from a registered health practitioner of equivalent training or experience, or if the practitioner is not considered a fit and proper person to hold registration in the profession. In the absence of professional registration, this type of misconduct is typically treated as an employment issue, enabling the employee to resign, relocate and seek new opportunities to practice without formal restraint. Without mandatory reporting to a disciplinary committee, unprofessional behaviour has the opportunity to continue unchecked. Furthermore, a performance concern identified in another country may not be detected without information sharing between the responsible authority and similar bodies overseas.

In 2014, the Accident Compensation Corporation (ACC) approached ambulance services with a request that the medical directors identify, and formally report to ACC, instances where treatment injury occurred during the provision of care by paramedics. Although the intention for ACC is to assist the patient by addressing the impact of iatrogenesis, this arrangement would also enable ambulance services to identify adverse events through audit, which is an integral component of clinical monitoring for registered health practitioners. ACC's proposal was accepted. If registration is established, paramedics would be able to treat and refer patients to ACC.

The absence of registration of paramedics creates a number of specific administrative difficulties. At present, anyone can claim to be a paramedic or establish an

Table 2: Health and Care Professions Council UK: Standards of Proficiency for Registered Paramedics 2014.⁹

be able to practise safely and effectively within their scope of practice
be able to practise within the legal and ethical boundaries of their profession
be able to maintain fitness to practise
be able to practise as autonomous professionals, exercising their own professional judgement
be aware of the impact of culture, equality and diversity on practice
be able to practise in a non-discriminatory manner
understand the importance of and be able to maintain confidentiality
be able to communicate effectively
be able to work appropriately with others
be able to maintain records appropriately
be able to reflect on and review practice
be able to assure the quality of their practice
understand the key concepts of the knowledge base relevant to their profession
be able to draw on appropriate knowledge and skills to inform practice
understand the need to establish and maintain a safe practice environment

ambulance service without appropriate qualifications or standards, and there is no mechanism for referral to the Health Practitioners' Disciplinary Tribunal. The title protection included by regulation would prevent unregistered practitioners from representing themselves as paramedics. For the NZDF, medics sent on relief and aid missions are unacceptable to many nations without additional 'credentialing', whereas registered healthcare practitioners may become immediately operational. During the Christchurch earthquake disaster, it was necessary for the NZDF medics to have a specific order issued to allow them to treat civilians.⁸

The regulation of paramedics is not novel; paramedics are registered in the UK, South Africa and some provinces of Canada. In Australia, several states have legislated to protect the title of 'paramedic', and the Victorian Government has recently drafted a Paramedics Registration Bill. Under regulation in the UK, comprehensive standards of proficiency for paramedics have been established.⁹ The list of proficiency criteria expected from registered UK paramedics is contained in Table 2. While many of these criteria are assumed by ambulance services in New Zealand, registration would allow them to be formalised and monitored through the accreditation of paramedic education providers.

In 2011, Ambulance New Zealand, as the representative body of ambulance and aeromedical services, applied on behalf of the paramedic workforce for the services delivered by paramedics in New Zealand to be designated as a health service under the HPCA 2003, and for paramedics to be regulated under that Act. The application has been received by the Ministry of Health. However, all new applications for coverage under the HPCA Act were suspended until the reorganisation of the secretariat structure for regulatory groups, and the review of the HPCA Act were completed at the end of 2014. It is anticipated that the application will be considered during 2015. In February 2015, Peter Dunne (Associate Health Minister responsible for Ambulance) expressed his support for registration of paramedics, identifying it as a priority area for this term of government.

In summary, paramedics deliver a health service as defined in the HPCA Act and have significant potential to cause patient harm if the paramedic is not fully competent. Regulation would provide consistent standards of entry to the profession and set standards for conduct and competence of paramedics. Paramedic educators would become accountable for the quality of education delivered, which would support improved health outcomes of patients.

The primary purpose of regulating healthcare practitioners is the protection of the public. There is no other governing mechanism in New Zealand that would give similar protection to the public as the HPCA Act. Regulation of paramedics by the Act is both possible and practical to implement, as the practitioners are identifiable, there

is an accepted body of knowledge and qualifications, and paramedics take part in continuous professional development. For the public, the benefits of regulation outweigh the potential financial costs. We call upon all health practitioners to support the regulation of paramedics.

Competing interests:

Bronwyn Tunnage reports she is a registered nurse, former advanced paramedic and a senior lecturer at Auckland University of Technology, currently undertaking a PhD with the support of a Health Research Council of New Zealand Clinical Research Training Fellowship.

She is on the Board of Paramedics Australia Ltd, a professional organisation representing the interests of paramedics. She receives no compensation as a Board member, but my travel expenses as a Board member are reimbursed.

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