



PARAMEDICS
AUSTRALASIA



**THE FORGOTTEN
HEALTH PROFESSION**

“ . . . It is not just the technical skill that is at issue: it is the decision making around the skill that is critical. We can teach your mother to intubate people, probably intubate them safely, but knowing when to do it is the skill . . . ”

Patient Safety in Emergency Medical Services
Advancing and Aligning the Culture of Patient Safety in EMS
The Canadian Patient Safety Institute - June 2010





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

THE FORGOTTEN HEALTH PROFESSION

A commentary highlighting the omission
of paramedics and paramedic services
from national health care policy considerations

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URGENT NEED TO RECOGNISE THE VITAL ROLE OF PARAMEDICS IN HEALTHCARE

Paramedics Australasia (PA) is the peak professional body representing the paramedic practitioners of Australia and New Zealand. From this unique perspective PA draws attention to a number of key areas of concern regarding the provision of paramedic services and its relative absence from national healthcare policy and reform.

Healthcare begins with the patient, wherever and however the need arises.

Australians in regional and urban communities rely heavily on paramedics to respond to emergency and general health incidents that occur away from established healthcare and hospital emergency facilities.

Regrettably, successive State and Federal governments have ignored both the role of Paramedic Services (PS) as a fundamental part of the healthcare system, as well as the need for a sustainable and nationally registered paramedic workforce.

These oversights must be addressed so that all Australians have equitable access to professional front line healthcare; and to realise the potential opportunities to substantially reduce the overall cost of healthcare by mobilising the capabilities of PS within a national health framework.

1. The omission of Paramedic Services from the healthcare debate

The Productivity Commission's Report on Government Services 2010 noted that 'ambulance services' attended 3.01 million incidents nationally in 2009-10 (excluding the NT). Most of these were emergency incidents (40.9 per cent), followed by non-emergency incidents (34.0 per cent) and urgent incidents (24.8 per cent). The provision of PS and the role of paramedic practitioners therefore should be a prominent factor to be considered in any discussions on national healthcare reform.

Instead, PS are notably absent from the national healthcare debate. This failure to recognise the role of PS and the significant contribution of paramedics to healthcare is a matter of community concern.

Solution: Recognition of Paramedic Services (PS) as a discrete and integral component of healthcare

2. The absence of Paramedic Services from national funding arrangements

Nationally PS are administered and funded in a myriad of ways.

In all Australian States and Territories except WA and NT, public ambulance services are administered by government under the health or emergency services portfolios. In WA and NT the principal community service providers are private organisations operating under contracts to government.

The funding of public PS ranges from government grants and lottery contributions, to subscription and insurance schemes and public donations. Cost recovery also comes from fees for services such as patient transportation. The outcomes are high administrative costs and considerable disparities in funding and standards of care. The urban-rural divide is strongly evident and there are substantial inequities in access to professional (paramedic) levels of care.

Paramedics are acutely aware of the community expectation that PS are a fundamental service that should be readily available to all Australian communities. The availability of expert paramedics is even more critical for rural and regional areas (where there is often no access to other emergency health professionals) than in metropolitan areas. The concern for universal access already has been highlighted by key independent bodies such as the Australian Heart Foundation¹ and the maintenance of a qualified and sustainable health workforce in rural regions is a matter of particular concern to Health Workforce Australia.²

1 <http://www.heartfoundation2011.org/abstract/39.asp>

2 <http://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/rural-and-remote-health-workforce>

As part of government's broad commitment to the community, the Commonwealth, States and Territories must act now to provide a level of national funding that will ensure more equitable access to PS for all Australians. National funding will promote a health system that delivers seamless and high quality patient care starting at the point of need.

Solution: Provision of a national stream of base funding for all public PS.

3. The lack of recognition of paramedic practice as a health profession

PA supports the Australian government's health reform agenda that envisages (inter alia) a greater contribution from allied health professionals to community healthcare. PA recognises the benefits of holistic care delivered by health professionals operating in a multidisciplinary environment. It supports the proposed focus on prevention strategies that takes advantage of a wider range of expertise and makes better use of existing and emerging healthcare professions.

However, PA notes that the roles of paramedics as emergency and community health service practitioners continue to be ignored in national health policy considerations. Greater efforts must be made by the States and the Commonwealth to create a sustainable national paramedic workforce. There needs to be more flexible mobilisation of paramedics within an environment of inter-professional practice.

A significant outcome of the lack of recognition of PS as an integral component of healthcare has been the previous omission of paramedic practice from the list of health professions recognised by the Commonwealth Government and other bodies. Other nominated health professions benefit from numerous incentives to foster rural and regional practice – such as scholarships and educational support - that only recently have begun to be considered for paramedics.

Policy changes are needed that recognise the challenges of professional practice in regional and more remote areas. Mechanisms must be put in place that make the job of a rural paramedic attractive and systems must be implemented to support rural paramedics in continuing professional development. Recent access to the Department of Health and Ageing Nursing and Allied Health Rural Locum Scheme is welcomed and is typical of the practitioner support mechanisms previously denied to paramedics.

Much has been said about hospitals and emergency care, but healthcare should start with the patient and not at the hospital or clinic door. In that context, it is notable that the clinical interventions performed by paramedics often keep patients alive until they can receive more definitive care.

Paramedic interventions also have the capacity to keep patients out of the hospital system entirely, reduce morbidity, reduce the length of hospital stay, and reduce hospital-based interventions – all of which may contribute significantly to a reduction in the social and economic burden on the health system.

Solution: Recognition by all governments that paramedics are health professionals and provision of support arrangements to suitably foster rural and remote practice.

4. The absence of a national regulatory framework for PS and the lack of independent national registration of paramedics

Australia has no national regulatory scheme for the independent accreditation of statutory and private providers of PS. Neither is there a national practitioner registration scheme like other health professionals (e.g. nursing, medicine, dentistry, pharmacy, etc.). Paramedic practitioners are registered in the UK, Ireland, South Africa and other jurisdictions, while independent registration has been recommended for introduction in New Zealand.

It would be unthinkable for an emergency department in any hospital to have 300,000 or more patients a year come through its doors to be treated by unregistered clinical staff. Yet this is the situation with providers of PS. In 2009/10 the Ambulance Service of NSW alone handled over 1,133,000 incidents (both emergency and

non-emergency) across a complex 24-hour, seven days a week operation that delivered out-of-hospital emergency clinical care, medical retrieval and interfacility patient transport services.

And there is a continuing increase in demand through population growth and an ageing population with associated increases in the rates of illness. As the role of paramedics evolves into new areas of practice, they stand ready to deliver effective responses to growing demand for both crisis and community care delivery.

Today's paramedics deal with life and death issues and make routine clinical decisions on a daily basis, administer life-saving medications, and perform other clinical interventions such as CPR, defibrillation, intubation, cannulation, thoracentesis, etc. often without the benefit of a patient's medical or social history. Paramedics regularly triage, assess and clinically manage unconscious, incoherent or combative patients, sometimes in multi-casualty situations.

Many of the procedures undertaken by paramedics would fall within the scope of Medicare if they were performed by another practitioner with a Medicare provider number.

Other healthcare workers have independent regulatory bodies - and to practice as a nurse or medical practitioner for example, they must hold registration with the relevant Registration Board of the Australian Health Practitioner Regulation Agency (AHPRA). Similarly, hospital emergency departments across Australia answer to clinical governance processes with independent accreditation under defined performance frameworks.

Emergencies can occur anywhere - and statutory ambulance services do not provide universal community coverage. A uniformly high standard of professional healthcare is a community expectation and facilitating access to suitable care is a national issue combined with State responsibilities to ensure the appropriate jurisdictional framework. In addition to protecting the public, a regulatory regime is needed that will foster mobility and enhance workforce sustainability to better support Australia's rural and more remote regions.

In the public interest, Governments at all levels cannot stand aside, but must take action to correct this inexplicable regulatory oversight.

Solution: The independent national registration of paramedics within the national regulatory framework of the Australian Health Practitioner Regulation Agency.³

Summarising other issues

While various health professions have been recognised as having a role to play in the provision of primary healthcare, many are ill-equipped to perform the invasive clinical interventions that form an integral part of routine PS, and for which paramedics are uniquely qualified. There is a place for all in the healthcare team, and paramedics hold the specialised skills and expertise to contribute further to community healthcare.

PA supports the expansion of opportunities for education and multi-skilling across all health disciplines crucial to effective healthcare delivery in an inter-professional practice environment. It supports nationally recognised educational pathways that will allow greater workforce sustainability and mobility, with up-skilling and cross-credit movement between disciplines, employers and clinic/hospital situations.

PA emphasises the importance of strategies that will ensure the continued professional development of practitioners and realise beneficial patient outcomes through the application of advanced technology and electronic patient records. In the vital moments of acute emergency care, the paramedic, perhaps more so than other practitioners, welcomes the availability of secure and confidential medical records that provide immediate access to a range of patient history.

³ <http://www.ahpra.gov.au/Registration.aspx>

To fulfil community expectations of healthcare reform that is focused on the needs of patients PA reiterates its view that there should be:

- a single national regulatory regime for the registration of all paramedics and embracing the private, public, not-for-profit and defence sectors under the same general arrangements as for other health professionals, and as currently administered by the Australian Health Practitioner Regulation Agency (AHPRA);
- an independent, community represented and professionally accountable system of accreditation for paramedic educational programs and associated clinical training;
- replacement of the current multitude of funding arrangements for public funding by a single national system of funded infrastructure providers (both private and public) with a mandated national system of provider licensing and accreditation; and
- recognition of paramedicine as a distinct field of healthcare in which paramedics are the recognised health professionals, with consequent access to educational support and scholarships, specific rural and remote area support, continuing professional development assistance, and Medicare coverage consistent with that applying (after the present reforms) to other health and allied health professions.

Governments and other health professions can play their part in remedying the previous omission of PS from the healthcare policy arena. They can provide support for policies that recognise PS as a fundamental part of healthcare within a national context. They can actively promote the implementation of national paramedic registration that will ensure appropriately qualified and experienced paramedics are available, when needed, to care for our sick and injured.

Your support is sought to help bring about these changes in the interests of better healthcare.

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ATTACHMENT A

Propositions designed to improve the delivery of PS in Australia

Proposition 1

That the State and Federal governments designate PS as a discrete component of healthcare with funding and other performance outcomes considered within the context of the delivery of healthcare.

Proposition 2

That all accredited providers of PS operate under a national licensing system that incorporates regular accreditation to nationally benchmarked service and safety standards and collaborative clinical governance regimes. The system should also enable specific performance auditing for those entities (government or private) that operate as 'public' service providers.

Proposition 3

That the accreditation and licensing of PS providers should be conditional on the demonstrated adoption of the general philosophy of healthcare embodied in the Principles for Australia's Health System articulated by the National Health and Hospitals Reform Commission (NHHRC).

Proposition 4

That where PS are provided as a contracted service by an entity acting as a primary agent of government service delivery, the contracted provider be subject to the same ethical, integrity and accountability provisions as other government agencies/departments.

Proposition 5

That the provision of accredited PS incorporate a broad range of health service deliverables and the implementation of a national scheme of mandatory performance reporting on a regular basis. This reporting may expand on the initial work done by the Australian Productivity Commission. PS providers should be required to report their service outcomes transparently across key healthcare performance indicators, as well as reporting any sentinel events to appropriate quality oversight and healthcare review bodies.

Proposition 6

That the contribution of PS to national healthcare objectives be captured by the collation of specific data linked to PS funding and performance, with public reporting of outcomes within the datasets of the Australian Productivity Commission, the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).

Proposition 7

That the accreditation of PS providers require the implementation of a rigorous patient data collection and information dissemination process that will capture key patient journey outcomes compatible with national e-health medical records and hospital systems.

Proposition 8

That in addition to any jurisdictional requirements, the various State and Territory governments and the Commonwealth government develop and implement a national scheme of independent accreditation and performance auditing for those entities (government or private) seeking to operate as providers of PS.

Proposition 9

That, as part of the framework for PS quality and service accreditation, providers of PS be required to implement transparent complaint management and resolution mechanisms. These processes should ensure regular reporting and adequate sharing of complaint and outcomes data to prevent blame shifting, inform best practice and identify systemic provider problems separately from practitioner competency issues.

PS providers should establish open communication channels including website information that delivers effective information to assist the public in understanding the expectations that they may hold of individual care givers and service delivery, and the available mechanisms and procedures for lodging practitioner and service provider complaints.

Proposition 10

That, in addition to any local jurisdictional requirements, a national scheme of independent registration for paramedics be implemented at an early date.

Proposition 11

That in conjunction with the introduction of national paramedic registration and competency frameworks, workforce sustainability and occupational models should be developed that recognise the diverse educational pathways for paramedics. Workforce cohorts should encompass public, private and defence personnel with the harmonisation of titles and scopes of practice between various civilian and military occupational groups to reduce the potential loss of valuable personnel on transitioning to different workforce roles.

Proposition 12

That in concert with national paramedic registration, there should be independent accreditation of paramedic educational programs that reflects the scope of stakeholder interest in the program objectives. These processes should have practitioner and community engagement. Program accreditation should be performed under principles no less transparent and representative than those developed under the AHPRA regulatory regime.

Proposition 13

That clinical training associated with paramedic education incorporate structured training mechanisms that include educationally sound workforce integrated learning linked to paramedic courses and at a sufficient level commensurate with the clinical demands of professional practice. Accredited paramedic service providers should be designated as clinical placement facilities and their obligations to contribute to clinical training brought within the same operational parameters as for other recognised health facilities.

Proposition 14

That all accredited providers of PS adopt a program of structured response and resource allocation based on best practice risk management methodologies (depending on the available resources) together with appropriate communication technologies based on cost effectiveness and local or regional needs that will ensure optimal response outcomes.

Proposition 15

That the regulatory (registration) regime for paramedic practitioners embody an independent review and assessment process with community and practitioner membership, that is capable of dealing with matters of professional competence and fitness to practice. Investigations must comply with accepted principles of fair and open enquiry, natural justice and transparency, with the outcomes of any enquiries subject to mandated reporting and sharing of data in a manner sufficient to adequately inform the profession and other key stakeholders.

Proposition 16

That the regulatory and accreditation regime for PS providers incorporate an independent service complaint mechanism with community and practitioner membership to deal with matters of service delivery. This scheme must comply with accepted principles of fair and open enquiry, natural justice, transparency and reporting of outcomes in a similar manner as for practitioner investigations.

The level of investigative and reporting transparency should be such as to prevent blame shifting and to identify systemic provider issues as distinct from professional practitioner competence issues. These provider and practitioner review mechanisms should be interrelated so as to properly inform best practice. To assist consumers (patients) they may benefit from a one-stop-shop or single point of contact approach.

Proposition 17

That all providers of PS be required to establish communication channels including website information that provides effective information to assist the public in understanding the expectations of individual care givers and service delivery and the available complaint mechanisms and procedures for lodging practitioner and infrastructure provider complaints.

Proposition 18

Noting that the patient interventions within PS are performed by individual practitioners, government should review its use of terminology generally, with the use of "Paramedic Services" in preference to "Ambulance services" to better describe the scope and nature of care delivered by paramedics. Similarly, to protect the public, the use of the term "paramedic" should be restricted. It should be used to describe a health professional who complies with a formal code of professional conduct and whose education, training and skills enable them to deliver a range of healthcare services, procedures and interventions within their scope of practice.

Proposition 19

Noting that practitioner and patient safety go hand in hand, as a significant workforce related issue, there should be an immediate move to align current Health Workforce Australia workforce studies with a comprehensive review and development of complementary quality and safety frameworks for PS delivery. These should be consistent with and complement those standards and reporting criteria being developed for healthcare by the Australian Commission on Safety and Quality in Health Care (ACSQHC)⁴ and replicate the underlying principles of (say) the 2010 Canadian Report on Patient Safety in Emergency Medical Services.⁵

Proposition 20

That the funding of community-oriented PS be based on a stream of national base funding financed through general revenue or by a national levy in the form of an increased Medicare contribution.

4 Australian Commission on Safety and Quality in Health Care, **Developing a Safety and Quality framework for Australia**, Australian Government, Canberra 2009

5 The Canadian Patient Safety Institute, **Patient Safety in Emergency Medical Services: Advancing and Aligning the Culture of Patient Safety in EMS**, June 2010, ISBN 978-1-926541-23-5





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