



UNITED VOICE 
AMBULANCE UNION WA

United Voice WA Submission

Paramedicine Board of Australia

Paramedic Registration
Consultation

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Who we are:

United Voice welcomes the opportunity to make a submission on behalf of our members to the Paramedicine Board of Australia draft registration standards.

United Voice is a union of 120,000 workers across Australia organising to win better jobs, stronger communities, a fairer society and a sustainable future. Members work in a diverse range of industries including ambulance services, disability support, aged care, early childhood education and care, education, cleaning, hospitality, healthcare, security and manufacturing.

United Voice WA has approximately 900 members who are employed as paramedics, communications, transport and first aid officers across Western Australia. As the people working on the frontline, our members value the opportunity to have their opinions, concerns and experiences considered as part of this review.

For more information on this submission, please contact [REDACTED] via

Pat O'Donnell



United Voice WA, Assistant Secretary

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Executive Summary

In Australia, health professions are regulated under the Health Practitioner National Law Act 2009 (**the National Law**) if the government believes they have potential to pose a risk of harm to the health and safety of the Australian public. The National Registration and Accreditation Scheme (**the National Scheme**) arising from the National Law commenced operation in 2010.

Currently there are fourteen health professions in the National Scheme. Individuals in these professions are regulated by a National Board and registered to practice in all Australian states and territories. Paramedicine is the fifteenth profession to be included in the National Scheme and registration will become operational in late 2018.

United Voice acknowledges that the role of paramedics and their contribution to the healthcare system continues to evolve and expand. The level of education required of paramedics has increased

over time. Registration is the inevitable next step in the evolution of the paramedic profession. The expectations of a registered paramedic will align with the informally accepted community standards that currently exist for paramedics.

In line with changing medical practices more generally, the paramedic profession is becoming more complex and sophisticated. Paramedics frequently deal with life and death situations in emergency conditions, often in undesirable environments with limited or no access to a patient's medical or social history. As first responders, paramedics are inherently exposed to traumatic and often dangerous incidents. Paramedics must also deal with the unpredictability of working with the public, with reports of violence against first responders increasing over recent years.

While United Voice is supportive of paramedic registration, we are concerned with the practical application of the draft registration standards in the Western Australian context where paramedicine is an outsourced service.

We have particular concern for our members who are employed in country Western Australia who work closely with volunteer staff. Registration has the potential to create tension between paramedics and volunteers. Our members have raised concerns with the potential for loss of their registration, or being held vicariously liable by the Paramedicine Board of Australia (**the Board**) whilst in the supervision of volunteers who themselves are not subject to registration or any standardised regulation. While our members acknowledge the significant contribution of volunteers in country Western Australia, their concerns are valid and do not appear to have been adequately considered by the Board.

Western Australian Unique Service Model

Due to the contracted model for ambulance services that exists in Western Australia, the draft registration standards will have some unique implications for our members. The Board must be aware of the Western Australian context and work through the potential implications accordingly to ensure they are not at a disadvantage to paramedics working in other jurisdictions.

1. Contracted Service Model

Western Australia and the Northern Territory are unlike other Australian jurisdictions where ambulance services are provided by government agencies and regulated by legislation. In Western Australia, St John Ambulance Western Australia Ltd (**St John**) is contracted by the State Government to provide ambulance services throughout the state, excluding Derby, Fitzroy Crossing and Halls Creek.

St John have been providing ambulance services in Western Australia since 1922 and have an effective monopoly on the provision of ambulance services in the state. Covering 2.5 million square kilometres, the contract covers the largest area of any single ambulance service in the world. The contract also represents a significant proportion of the state's health budget, at approximately \$100 million per year.

St John operates 144 regional locations as well as 29 metropolitan depots across Perth. Metropolitan depots are staffed by paid paramedic and transport officer crews. A mix of paramedics and volunteer crews staff the 15 larger country sub-centres (career sub-centres), while the remaining

country sub-centres are staffed almost entirely by volunteer ambulance crews (volunteer sub-centres). When people in the country call for an ambulance, it is likely they will be attended to by at least one volunteer.

In the 2015-16 annual report, St John confirmed it engages a total of 7,998 volunteers in Western Australia, a 65% increase on the prior year. 3,178 of these volunteers staff the country sub-centres.¹ Owing to the reliance on volunteers, this service model is not comparable to services in the rest of Australia that are provided predominately by paid ambulance officers. Although other jurisdictions do engage volunteers to supplement the workforce, this is not to the extent that volunteers are relied upon to deliver ambulance services in Western Australia.

2. Volunteers

Volunteers should be commended for the role they have played in delivering emergency health care in country Western Australia. Volunteers formed the backbone of the historic ambulance services of the 19th and 20th centuries. However, modern norms of professionalisation in paramedicine and competency expectations mean that they should now be viewed as a valuable supplement to, rather than substitute for, qualified paramedics.

While acknowledging the significant contribution of volunteers in the country, members have noted the unique circumstances that come from working with volunteers. When paired with a volunteer, the paramedic holds responsibility for what happens on that shift. Members have raised concerns that when working with a volunteer there is no suitably qualified person available to double check processes or to assist in making difficult decisions. Direct supervision of volunteers is not always possible, particularly when attending to multiple patients. Further, volunteers are not trained to the extent of a paramedic. Lack of consistency in volunteer training can lead to inconsistent skill sets across volunteers.

There is a particular concern where paramedics may be held vicariously liable for the actions of volunteers, who themselves are not subject to registration. Further, in the context of registration it is questionable if a paramedic who signs off on a volunteer as being competent is then responsible and liable for the actions of that volunteer.

3. WA volunteers and registration

Paramedic registration does not prevent other classes of unregistered persons from continuing to provide some of the services that fall within the scope of practice of a paramedic, such as emergency or first aid services. However, if unregistered they must not identify themselves as a paramedic when providing such services. Under the guidelines it is assumed that volunteers will not need to be registered with the Board as they are distinguished in the field from professional paramedics.

Registration ensures that the public can be fully assured of high-quality consistent out-of-hospital emergency medical care via a system based on national competencies, delivered by registered professionals who have been assessed as qualified on the basis of consistently accredited educational qualifications and ongoing certification. Due to the reliance on volunteers as a primary workforce in country Western Australia, as opposed to a supplementary workforce, not requiring

¹ St John Ambulance, Annual Report 2015-16.

such a large cohort of the workforce to comply with any consistent standards or independent regulation seeks to undermine this driving purpose for paramedic registration.

Given the unique Western Australian context, the Board should consider how the benefits of paramedic registration could be expanded in the context of the state's service model for the benefit of all Western Australians.

English Language Skills

It is essential that paramedics are able to communicate easily with the public and navigate the technical language of their profession. The proposed English language standard adequately fulfils the National Board's requirement to set English language skill standards for the paramedicine profession.

The option of completing an English language test ensures that practitioners who have immigrated to Australia and may not have completed studies solely in English are still able to attain registration. In addition to the IELTS, PTE and TOEFL iBT, the Occupational English Test (**OET**) is a suitable English language test for ensuring the English proficiency of paramedics. While the OET is recognised by a number of the other AHPRA Boards, including the Medical Board of Australia and the Nursing and Midwifery Board of Australia, this test has not been included in the draft standard for paramedics. The draft English Language Skills standard should be amended to ensure all suitable English language tests are made available to applicants and to provide consistency across all registered professions.

Criminal History

The criminal history draft standard proposed for paramedicine is common to all registered professions under AHPRA. However, the AHPRA standard for criminal history will be unique to our members who are privately employed in that it goes beyond police checks and standard pre-employment checks. While this thoroughness is understandable given the high standard expected of health professionals, the consideration of spent convictions, juvenile offences and decriminalised offences does raise some potential issues for our members.

The Board should acknowledge that many people currently working as paramedics have not had to declare this information previously. This may be a stressful process for some and should therefore be treated with appropriate sensitivity. It is paramount that declared criminal history be ensured privacy from any third party. Failure to ensure the privacy of information declared for registration could prejudice or compromise a paramedic's employment, reputation or career. Declarations made to comply with the criminal history standard must be treated with privacy and sensitivity to prevent the prejudicial use of personal information.

Decriminalised offences must be removed from the required disclosure for criminal history. The draft standard requires disclosure of decriminalised offences, noting that they will generally be given "less or no weight" by the Board. As the act committed or allegedly committed is no longer an offence, hence it being decriminalised, it does not seem logical or fair that it should be given any weight by the Board. If an act is no longer an offence it cannot reflect on an individual's suitability to register as a paramedic. It should also be acknowledged that while it is clear juvenile offences may

be given less weight by the Board, some juvenile records may be sealed or de-identified which could pose some issues for disclosure.

Professional Indemnity Insurance (PII)

The National Law requires all registered health practitioners to maintain professional indemnity insurance (**PII**). PII arrangements insure practitioners against civil liability incurred by, or loss arising from, claims made as a result of a negligent act, error or omission in their professional practice. This type of insurance, available to practitioners and organisations across a range of industries, covers the cost and expenses of defending legal claims, as well as any damages payable.

1. PII generally

United Voice supports the requirement for paramedics to hold PII as part of registration. For individuals who are registered by AHPRA across multiple professions such as paramedicine and nursing it should be permissible to hold one PII policy to cover both areas of practice.

There are a few outstanding issues with the PII standard as drafted that will need to be addressed prior to implementation.

Firstly, it is unclear as to the scope of coverage required under the draft standards. The standard of *“adequate and appropriate insurance or professional indemnity insurance”* is vague and ambiguous and raises the potential for paramedicine practitioners to be under-insured.

Secondly, we seek further instruction as to the scope of run-off cover required for paramedic practitioners upon leaving the profession. In particular, what period, post the completion of paramedic practice, would run off cover be required?

2. Western Australia

As noted above, due to the unique context in which paramedics in country Western Australia work, the Board must adequately consider the potential implication this has for PII requirements. It is unclear if our members will attract more liability as a result of training or working with a volunteer. Similarly, it is unclear if PII will cover a paramedic if they are held to be vicariously liable for actions of a volunteer.

The Board should consult directly with the State Government, United Voice Western Australia and St John Ambulance to clarify how PII arrangements operate in respect of St John volunteers and the paramedics who work with them.

Continuing Professional Development

The draft standards require registered paramedics to undertake a specific amount of CPD each year. The standard provides guidance on what amounts to recognised CPD. While the opportunity to complete hours required by the draft CPD standard through a wide variety of activities is positive, there is no onus placed on employers to ensure paramedics have adequate access to, or time to complete the required CPD. The majority of example CPD activities listed in the draft standard are self-directed. A number of self-directed activities are dependent upon a practitioner having the time and resources to complete them. Professional development should not become an onerous financial

or time burden on practitioners. Further paramedics working for employers are entitled to support in maintaining skills to a level required for the scope and setting of their employment.

1. Categories of CPD

Interactive CPD is clearly beneficial to practitioners' development and health outcomes. Under the current draft standards there is a risk that the required CPD could be made up entirely of one category of CPD activities, such as self-directed learning, which would have an impact on the quality of the CPD.

The Board should consider requiring a minimum number of CPD hours, we would propose 50% of the required hours, to be made up of facilitated learning activities that are structured, facilitated and interactive such as training sessions provided by an employer; workshops and higher education or accredited courses. Remaining hours could be made up from a combination of CPD categories such as online activities, self-directed learning and conferences, summits and briefings.

2. Absence from work & CPD

Under the draft standard, practitioners who take a period of leave while registered are still required to meet the CPD standards, unless an exemption has been granted. Paramedicine is a physically and mentally demanding profession, which is a reality that should be reflected in the standards.

Maternity leave, illness or injury resulting in extended absence from practice should warrant automatic exemptions from the CPD requirements. Such events are clearly a significant obstacle to a practitioner completing required CPD hours.

Recency of Practice

The draft standards include a recency of practice requirement to ensure registered practitioners maintain safe and competent practice within their scope of practice. It is unclear how extended periods of leave will interact with the draft standard for recency of practice. A longer period of leave followed by returning to work part time would easily see a practitioner perform less than the minimum hours required by the standard.

It is particularly problematic that an inflexible minimum hour requirement would disproportionately impact women. Women may take maternity leave and are more likely than their male colleagues to leave the workforce for a time after the birth of a child, and return to work part time. Beyond maternity leave, women are still far more likely to be primary carers, work part time, and leave the work force for an extended period to provide care.

Female paramedics therefore experience factors that make them more likely to fall below the minimum hours required for registration than male colleagues, and resultantly need to provide documentation to the Board and complete additional undertakings.

A practitioner may be on light duties in circumstances such as injury. It is unclear from the proposed standards whether performing light duties would constitute practice hours. Paramedicine is a mentally challenging profession. Individuals who are on a leave of absence for health reasons should also not be disadvantaged.

It is not uncommon for paramedics to take leave without pay to complete further study or work overseas. A practitioner furthering their skills in such ways brings valuable experience to the profession and communities in which they work. The recency of practice standard should not discourage such development or make it difficult for these practitioners to return to practice.

The proposed standards must be inclusive and conscious of the range of circumstances and experiences of practitioners. It is evident that practitioners may remain fit to practice despite not having met the recency of practice standard. Practitioners should not be tasked with onerously proving their fitness to practice in circumstances in which time away from the profession enhances skills or experience, or is necessitated by maternity, health needs, or caring responsibilities. Further, it should not be the case that practitioners in such situations are required to reapply completely for registration as this would be unfairly burdensome.

Grandparenting

We acknowledge that there is a proportion of our membership who have been paramedics for a number of years and would not have attained the required qualification under the proposed registration standards. We understand this has been raised as an issue throughout the entire consultation process for paramedicine registration and that the Board is aware of the significance of this to our members and the broader paramedicine sector.

This grandparenting standard is important to ensure these members are not disadvantaged by virtue of the changes in qualification standards in paramedicine. Experienced paramedics make valuable contributions to the profession and should be enabled to continue doing so. It is important that this standard is not used in a way it was not intended. Paramedics who are grandparented should not be required to obtain a paramedicine degree provided that their practice is continuous following registration. Practitioners who are grandparented under this standard and practice continuously should continue to be eligible for registration without completing a paramedicine degree.

Other Matters

1. Appeals

Appeals against decisions of a National Board or panel must currently be directed to a state or territory tribunal. Appealable decisions of a Board include those about registration and renewal of registrations, and decisions of a panel to impose conditions upon or suspend a registration.

Applying to a state or territory tribunal is often a costly and time consuming process. Timely resolution is important as decisions about registration can prevent practitioners being able to practice or continue practicing in their scope. The legalistic nature of state and territory tribunals may be inaccessible and burden applicants. Appealing to a tribunal may involve filing fees, legal fees and paying the costs of the other party. It is evident that state and territory tribunals are not the most accessible means to appeal decisions.

Speedy internal and independent review processes are important for appeals in the first instance. Practitioners should be afforded natural justice in all matters, with fair consideration and decisions

free from bias. Internal reviews allow less complex issues to be resolved in a timely, resource efficient manner. Following internal review, there should still be avenue for further recourse to state tribunals.

The Board should establish an internal review mechanism that is the first step in the appeals process. This internal review mechanism should provide appellants with an accessible avenue for appeal and a timely outcome.

2. Further Professional Standards

The Board has published that it is still developing

- Guidelines for mandatory notifications;
- Code of conduct;
- Guidelines for advertising regulated health services; and
- Social media policy.

These documents are available for other registered professions. It is assumed that those developed by the Board will be similar. However, draft versions of these documents should also be subject to public consultation.