The Forgotten Health Profession
“Nothing is as new as something which has been long forgotten”

German Proverb
The Forgotten Health Profession

A commentary highlighting the forgotten role of paramedics and out-of-hospital Emergency Medical Services in the debate on national health care policy

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Urgent need to recognise the vital role of paramedics in health reform

The Australian College of Ambulance Professionals represents more than 5000 practitioners throughout Australia who provide out-of-hospital emergency medical services (EMS) to the community. From this unique perspective the College draws attention to a number of key areas of concern regarding the provision of EMS and the current debate on health care reform.

Health care should begin with the patient, wherever and however the need arises. Australians in regional and urban communities rely heavily on paramedics to respond (if available) to emergency and general medical incidents that occur away from established hospital emergency facilities.

Regrettably, successive State and Federal governments have ignored both the role of EMS as a fundamental part of the health care 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 emergency and general health care; and to realise the potential opportunities to substantially reduce the overall cost of health care by incorporating the capabilities of EMS within a national health framework.

Among the key issues to be considered without further delay are:

1. The omission of EMS from the health care debate

The Productivity Commission’s Report on Government Services 2009 noted that ambulance services attended 2.88 million incidents nationally in 2007-08 (excluding the NT). The provision of EMS and the role of paramedic practitioners therefore should form a prominent factor to be considered in any discussions on national health care reform.

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

Solution: Recognition of EMS as a discrete and integral component of health care
2. The absence of EMS from national funding arrangements

Nationally EMS is 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 providers (Ambulance Services) are private charitable organisations operating under contracts to government.

The funding of EMS ranges from government grants, lottery donations and electricity levies, to subscription and insurance schemes and public donations. Cost recovery also comes from fees for services such as 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 public expectation that EMS is a fundamental community 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 services) than in metropolitan areas. The concern for universal access already has been highlighted by key independent bodies such as the Australian Heart Foundation.1

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 EMS for all Australians. National funding will promote a health system that delivers seamless and high quality patient care from inception.

**Solution: Provision of a national stream of base funding for all public EMS**

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

ACAP supports the Australian government’s health reform agenda that envisages (inter alia) a greater contribution from allied health professionals to community health care. ACAP 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 health care professions.

However, ACAP notes that the roles of emergency health service practitioners and community paramedics 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 EMS as an integral component of health care is the omission of paramedic practice from the list of health professions designated by the Commonwealth Government and other bodies. Other nominated health professions benefit from numerous incentives – scholarships and educational support - that do not apply to paramedics.

Policy changes are needed that recognise the challenges of professional practice in providing EMS 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.

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1 http://bit.ly/bXKt5m
Much has been said about hospitals and emergency care, but the reality is that emergency health care should start with the patient and not at the hospital or clinic door. 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 EMS and the lack of independent national registration of paramedics

Australia has no national regulatory scheme for the independent accreditation of statutory and private EMS service providers. One also looks in vain for a national practitioner registration scheme like other health professionals (e.g., nursing, medicine, dentistry, pharmacy, etc.) and which one finds in the UK, Canada or South Africa (and which is proposed for 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 EMS providers. Ambulance Victoria alone responded to 436,037 emergency incidents in 2008-2009. These included 120,625 road incidents across five rural regions, 312,924 incidents in the metropolitan region and 2,488 emergency air incidents.

Today's paramedics deal with life and death 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 knowing 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 health care workers have independent regulatory bodies - and to practice as a nurse or medical practitioner for example, you must hold registration within the relevant jurisdiction. Similarly, hospital emergency departments across Australia answer to clinical governance processes with independent accreditation under defined performance frameworks.

Emergencies can occur anywhere - and a uniformly high standard of professional health care is a community expectation. This is a national issue with State responsibilities to ensure the appropriate jurisdictional framework under a federated political system. In addition to protecting the public, a regulatory regime is needed to foster practitioner mobility and enhance workforce sustainability that will better support Australia’s rural and more remote regions.

In the public interest, States and Territories therefore cannot stand aside, but must take action to correct this inexplicable regulatory oversight.

Solution: The independent national registration of paramedics within the same or closely related national framework and processes being introduced for other health professionals under the COAG regulatory arrangements.²

Summarising some other issues

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

In concert with the enhanced roles envisaged for all health professionals, ACAP supports the expansion of opportunities for education and multi-skilling across all health disciplines crucial to effective health care delivery. 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.

ACAP emphasises the importance that should be placed on appropriate technological approaches to the education and continued professional development of all health care workers and the beneficial patient outcomes available 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.

To fulfil community expectations of real health care reform that recognises the needs of patients, ACAP reiterates its view that there should be:

- a single national regulatory regime for the registration of all paramedics embracing the private, public, not-for-profit and defence sectors under the general umbrella of the COAG regulatory arrangements for other health professionals;
- an independent, community represented and professionally accountable system of accreditation for paramedic educational programs and associated clinical training;
- replacement of the current multitude of jurisdictional EMS funding arrangements 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 paramedic practice as a distinct field of health care 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 EMS from the health care policy arena. They can provide support for policies that recognise EMS as a fundamental part of health care 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 help is sought in bringing about these necessary changes.

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Attachment A

18 Propositions designed to improve EMS delivery in Australia

**Proposition 1**
That the State and Federal governments designate out of hospital Emergency Medical Services (EMS) as a discrete component of health care with funding and other performance outcomes considered within the context of the delivery of health care.

**Proposition 2**
That as a matter of general policy, all accredited EMS providers should be required to adopt the general philosophy of health care embodied in the Principles for Australia’s Health System articulated by the National Health and Hospitals Reform Commission (NHHRC).

**Proposition 3**
That as a matter of general policy, where EMS is provided as a contracted service by an entity acting as a primary agent of government service delivery, the relevant jurisdiction introduce legislation to enable the declaration of the contracted EMS service provider as a “public body” subject to the same ethical obligations, integrity and accountability provisions as other government agencies/departments.

**Proposition 4**
That the provision of EMS incorporate a broad range of deliverables with the requirement that accredited service providers report the outcomes transparently across key health care performance indicators on a regular basis, as well as reporting any sentinel events to appropriate quality oversight and health care review bodies.

**Proposition 5**
That the State, Territory and Commonwealth governments liaise at COAG level with a view to the early introduction of a national scheme of comprehensive mandatory reporting of performance indicators for EMS. This may build on and expand the initial work done in association with the Australian Productivity Commission. The contribution of EMS to national health care objectives should be captured by the collation of specific data relating to EMS funding and performance, with public reporting of outcomes and within the datasets of the Australian Bureau of Statistics under appropriate occupational classifications.

**Proposition 6**
That the State, Territory and Commonwealth governments require all accredited EMS providers to adopt a rigorous basis for patient data collection that embraces the elements of (say) the Victorian VACIS system or demonstrate the adoption of an equivalent system for the capture of key performance data that is compatible with VACIS and national e-health medical records.
Proposition 7
That all accredited EMS providers operate under a national licensing system that incorporates regular accreditation to nationally benchmarked service standards and clinical governance regimes.

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 EMS providers.

Proposition 9
That, as part of the framework for EMS quality and service accreditation, EMS service providers be required to implement independent and transparent complaint management and resolution mechanisms. This complaints process should provide regular reporting and sharing of complaint and outcomes data to prevent blame shifting and to identify systemic provider problems separately from practitioner competency issues.

Proposition 10
That, in addition to any local jurisdictional requirements, the various State and Territory governments should consult with COAG and the Commonwealth government with a view to developing and implementing a national scheme of independent registration for paramedics.

Proposition 11
That in supporting the introduction of a national scheme of paramedic registration, the State and Territory governments consult with the Commonwealth government to ensure the development of appropriate workforce sustainability and occupational models that recognise the diverse educational pathways for paramedics and the need for appropriate clinical training. In the public interest the establishment of any regulatory regime for paramedics should be based on a national perspective applied universally across the profession and encompass public, private and defence personnel.

Proposition 12
That in concert with the development and implementation of a national scheme of paramedic registration, the State and Territory governments support the development of independent course accreditation of programs for paramedical practice that reflects the community of interest in the program objectives. Accreditation should be performed under principles no less transparent and representative than those developed under the COAG health professionals’ regulatory regime.

Proposition 13
That in concert with proposed arrangements to capture relevant data and implement new approaches for professional entry clinical training of health professionals, specific provision be made for the inclusion of paramedical practice. Paramedicine should be defined as a discrete field of professional health care and similarly, accredited EMS service providers should be designated as clinical placement facilities.
Noting that the patient interventions within EMS are performed by individual practitioners, government should review its use of terminology generally, with the use of Emergency Medical Services (EMS) in preference to ambulance services to better describe the scope of out of hospital emergency health care. Similarly, the term paramedic should be restricted in the public interest and used to describe a professional person whose education, training and skills enable them to deliver a range of out of hospital emergency procedures and who complies with strict practice guidelines and a code of ethics.

**Proposition 14**

That all accredited EMS providers adopt a program of structured call-taking and resource allocation based on best practice methodologies (depending on the available communication means) together with appropriate location and communication technologies based on cost effectiveness and regional needs to ensure optimal response outcomes.

**Proposition 15**

That the regulatory (registration) regime for EMS practitioners incorporate an independent practitioner complaint arrangement with community and practitioner membership, to deal with matters of professional competence and fitness to practice. This scheme must comply with the normally 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 stakeholders.

**Proposition 16**

That the regulatory and accreditation regime for EMS infrastructure providers incorporate an independent service complaint mechanism with community and practitioner membership, to deal with matters of service delivery. This scheme must comply with the normally 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 all stakeholders. The level of transparency should be such as to prevent blame shifting and to identify systemic problems as distinct from professional practitioner competence issues.

**Proposition 17**

That all EMS providers 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 service provider complaints.

**Proposition 18**

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