ABOUT REGISTRATION

AN INFORMATION BOOKLET
FOR AMBULANCE OFFICERS
AND NEW ZEALAND
DEFENCE FORCE MEDICS
REGISTRATION POTENTIALLY AFFECTS YOU.
READ ABOUT IT, TALK ABOUT IT, FORM A VIEW ON IT AND HAVE YOUR SAY.
In New Zealand health professions can be regulated under the Health Practitioners’ Competence Assurance Act 2003 if the government thinks a particular profession has the potential to pose a risk of harm to the health and safety of the New Zealand public. It’s possible ambulance officers and New Zealand Defence Force medics could fit into this category.

To be eligible for regulation, a profession must meet certain criteria and specific requirements set out under the Act. If ambulance officers and medics were regulated, individual practitioners would have to be registered if they wanted to work within the scope of practice which defines what the profession can do.

When they are registered, a practitioner becomes personally responsible for remaining competent to practice. This is their responsibility. This would be assessed each year when they get a certificate to practice.

Each profession regulated under the Act has Responsible Body or Board which oversees the operation of the Act for that profession. This includes setting scopes of practice and nationally consistent standards for qualifications, competence criteria and a complaints procedure. They must get input from the profession on these matters.

It’s possible some levels of ambulance officers and medics could be regulated and not others. If this was the case, only people practicing at those levels would need to be registered.

There are pros and cons to regulation and people have different points of view.

This booklet covers what would be involved if the profession of ambulance officers and NZDF medics was to be regulated and individual practitioners were required to be registered.
THE SAME BUT DIFFERENT — REGULATION AND REGISTRATION

You’ll notice we talk mostly about regulation in this booklet. How does that differ from registration, which we have talked about up until now?

**Regulation** is made up of a set of rules which you are required to follow (because they have been set by law) if you are a member of the group to which those rules apply.

Under the HPCA Act a group of people appointed by the Minister of Health makes up the Responsible Authority for a particular professional group. They are responsible for making sure everybody within the professional group complies with these rules. Examples of other professions Responsible Authorities are the Medical Council of New Zealand and the Nursing Council of New Zealand.

You are **registered** when you apply, and are accepted, to become part of the group of people that are covered by those rules because your name is added to a document (known as a register) of people regulated within that professional group.

The register sets out information on all practitioners covered by the Responsible Authority. This includes name, scope of practice, qualifications, and whether they have an Annual Practicing Certificate.

The Act says the register has to be published – in either printed or electronic form.
PLEASE READ THIS BOOK CAREFULLY.

It has important information about the impact on you if it is decided that the profession of ambulance officers and New Zealand Defence Force (NZDF) medics is to be regulated.

In New Zealand health professionals are regulated under the Health Practitioners Competence Assurance Act 2003. Included with this booklet is a detailed information sheet on the HPCA Act which will help you understand it.

If regulation of ambulance officers under the HPCA Act goes ahead, at least some Practice Levels would become registered under the Act, so it’s important you know the details around what would happen, and how.

**Remember the decision to regulate clinical people in our sector has not yet been made. We want to create detailed discussion over the next few weeks amongst everybody in the sector, to help inform the way ahead on this important subject.**

This information is designed to give you an overview of all aspects of what would happen if ambulance officers and NZDF medics were regulated under the HPCA Act.

While the subject is complex, we’ve tried to keep the information simple and straightforward.

You’ll probably have questions and a point of view after you have read this material. We’ve set up a website dedicated to regulation. You can find it at [www.ambulancenz.co.nz](http://www.ambulancenz.co.nz). You’ll find it has further detail about the different aspects of regulation, a place to ask questions and have them answered, an area where you can participate in discussions and a way to let us know what you need more information on.
As well, we are holding a series of discussion forums where independent people who are knowledgeable about the ins and outs of regulation will be present to answer your questions.

Please take the time to read the information in this booklet before you come along to one of the 40 discussion sessions to talk about regulation more, or have your questions answered.

What will happen to all the information gathered through this discussion?

A report summarising the views across the sector will be written by an independent contractor for Ambulance New Zealand and the providers of ambulance services in New Zealand and the New Zealand Defence Force (including the organisation you work for). Together, the trustees of Ambulance New Zealand and the service providers will make the decision on whether or not to apply for ambulance officer regulation, taking into account the information gathered through this discussion process.
THE REASON FOR REGULATION

The New Zealand Government regulates groups of health workers where it thinks the public needs protection. Regulation is a way of protecting the public from the risks of health professionals by making sure they are competent to practice.

Ambulance officers are required to make clinical assessments, often quickly, and often in the critical period after an accident or acute medical event. Some also have to perform invasive procedures and administer medications. Others make key decisions as to whether it’s safe for a patient to stay in their own home. If they are not fully competent in their work there is the potential to cause harm to the patient.

In New Zealand there are four ambulance service providers, the New Zealand Defence Force, and a number of small private operators who offer non-emergency ambulance services. At the moment the qualifications and standards of clinical personnel can differ from one service provider to another as there is no formal requirement for national consistency across the sector.

While the four emergency ambulance service providers and the New Zealand Defence Force have been working closely towards achieving consistency, regulation would mean that nationally consistent qualifications and standards would be required under the HPCA Act and they would be overseen by a Responsible Authority which is independent of all other groups in the sector.

There are currently no restrictions to prevent anybody setting up an ambulance service and advertising it as an emergency service with trained paramedics, even if they may not practice at the same standard as those working for current providers. And, there are no formal qualifications or competency requirements and no monitoring of standards across the whole sector.
WHAT IS REGULATION?

Basically, regulation is a set of rules which have been developed and enshrined in an Act of Parliament so they are law.

In terms of the Health Practitioners Competence Assurance Act 2003, these rules outline who can and who cannot practice a particular health service if it is covered by the Act.

This is to make sure that there is a certain level of competence amongst those who practice in that health service and to prevent those who are not competent from being at risk of harming the public.

The rules also cover the setting up of a group (the Responsible Authority) which oversees a range of activities such as making sure practitioners are competent in the first place and then maintain their competence.
Most ambulance service providers and NZDF either currently group or are moving to group their clinical people into four Practice Levels, which are defined by their skill level:

/// First Responders (Entry Level, AO1s, BLS1s)

/// Basic Life Support (Ambulance Officers, Emergency Medical Technicians, AO2s, AO3s, BLS2s, BLS3s, Junior Medics and BLS Paramedics)

/// Intermediate Life Support (some other current Paramedics, Upskill Paramedics and Intermediate Medics)

/// Advanced Life Support (Advanced Paramedics, ALS Paramedics, Intensive Care Paramedics and Diploma of Military Medicine qualified Medics)

Looking at the responsibilities of each Practice level, ILS and ALS would be considered the most likely to be regulated.

There are two main options:

Regulating those at Intermediate Life Support and Advanced Life Support only

Ambulance officers and NZDF medics working at ILS or ALS have to make the most serious clinical assessments and judgements. They also have to perform invasive procedures, make clinical judgements and provide drugs under their delegated Authority to Practice. These activities potentially make them the most likely to pose ‘a risk of harm to the health and safety of the public’ because there is potentially more in what they do that could go wrong.

Regulating all clinical personnel practicing at Basic Life Support, Intermediate Life Support and Advanced Life Support

On the other hand, it could be argued that all clinical people in our sector, whatever level they practice at, potentially pose a ‘risk of harm’ to the health and safety of the public because they all have to make clinical assessments and decisions. If decision making and patient management is not robust this could pose a risk to the public.

It is possible to argue that the qualifications at Intermediate Life Support and Advanced Life Support levels means that those practicing at these levels have more knowledge and experience to base their clinical decisions on than those working at the Basic Life Support level.

If regulation under the HPCA Act goes ahead, personnel from all ambulance services in New Zealand, large and small, would be covered as well as medics from New Zealand Defence. Any other clinical person wanting to continue to use the titles and terms which would be protected by regulation would also have to apply to be registered.

Whether the profession thinks Ambulance Officers, Emergency Medical Technicians, Junior Medics, AO2s, BLS2s and Paramedics practicing at BLS level should be regulated is something that needs to be discussed as part of this consultation process.

Due to the variety and level of training and the limited scope of practice at First Responder and current Primary Care levels, it is unlikely that people at this level would be regulated.

This would not have any impact on the way they work because, in an ambulance, they already work with others who have a delegated Authority to Practice which is similar to working with somebody who would be registered, with an Annual Practicing Certificate.

Regulation is unlikely to affect those working at Primary Care level because this Practice Level is being phased out.
WHAT REGULATION COULD MEAN FOR YOU

If you are at Primary Care level, Entry Level, AO1 or BLS1 and you are studying the National Diploma – or you intend to study the National Diploma – once you pass, you will become qualified at Basic Life Support level (also called an Ambulance Officer, AO2, BLS2, Emergency Medical Technician or Junior Medic by the various employers).

Depending on what the sector decides, it’s possible that regulation could include clinical people working at this BLS level.

If you are a current Ambulance Officer, Emergency Medical Technician, ALS A, AO3, Junior Medic or a BLS Paramedic you are practicing at Basic Life Support level. It’s therefore possible that you could be covered by regulation.

If you are intending to move to Intermediate Life Support, it’s highly likely you would be covered by regulation once you reached that level.

If you are an Upskill Paramedic or an Intermediate Medic (practicing at the Intermediate Life Support level) you would be covered by regulation should it go ahead.

If you are an Advanced Paramedic, Intensive Care Paramedic, ALS Paramedic or a Diploma in Military Medicine qualified Medic (practicing at the Advanced Life Support level), you would also be covered by regulation should it go ahead.

Both volunteers and paid staff could be covered by regulation. It would depend on your Practice Level described above, rather than whether you are paid or volunteer.
If the profession of ambulance officers and NZDF medics was to be regulated, the Act requires that there would be nationally consistent standards for:

- scopes of practice
- qualifications
- competency criteria for each scope of practice
- complaints procedures

All registered practitioners would have to adhere to these. You would also have to prove you are ‘fit to practice’.

The sector has been working together towards such consistency for some time.
Scope of Practice
Depending on how many Practice Levels are covered by regulation, there could be one scope of practice or several scopes. These would outline the tasks ambulance officers and medics could perform at any given Practice Level.

Qualifications
To perform these tasks you would have to have a qualification that was recognised by the Responsible Authority that oversees regulation of the profession.

It is likely that those currently practicing at certain levels and who meet the competency criteria, would be able to be registered under their current qualifications and would not need to complete new qualifications.

You would have to show you have the qualification, experience and competence to work within the scope of practice that applies to you. If the Responsible Authority was not sure about your qualifications they may ask you to complete an examination (for people coming from overseas, for example) or you might be asked to work under supervision for a period of time.

Competency Criteria
You would personally have to make sure you remain competent within your scope of practice, as this is a key focus of the HPCA. When you become registered this is your responsibility, not the responsibility of anybody else.

The HPCA Act allows the Responsible Authority to do competence reviews of your practice. This process is designed to review your practice and then assist you if your competence is lacking. They would involve you in this process. They could expect you to do an education programme if they thought this was necessary. Usually you would have to pay for this yourself though your employer may help you.

Complaints Procedures
If the Responsible Authority received a complaint that you had not acted appropriately or within the required standard of practice, they may set up a professional conduct committee to investigate the matter. Your views and information would be sought.

If the professional conduct committee consider the matter was serious they may refer the case to the Health Practitioners Disciplinary Tribunal. Because you would be personally responsible for your competence under the HPCA Act, you would need to answer to the tribunal and give your perspective.

In all its processes the Responsible Authority must act fairly and give you a chance to put your point of view.

The HPCA Act includes rights of appeal to the District Court on many of the decisions of the Responsible Authority and a person may appeal to the High Court on the decisions of the Tribunal.

Fit for registration
You would also need to be ‘fit for registration’, which means you would have to meet the following:

/// Be able to communicate effectively so you can practice safely and the public is protected
/// Be able to communicate in, and understand, English to a level which is sufficient to protect the health and safety of the public
/// Have no mental or physical condition that could affect your ability to practice
/// Be of good character and a ‘fit and proper’ person
/// Have no convictions for criminal offences, offences that relate to your role as an ambulance officer, or have been found guilty in civil or disciplinary proceedings in any country
/// Not have any criminal or disciplinary investigation underway in any country
/// Be able to provide evidence that you continue to be competent to practice
SOME MATTERS TO CONSIDER ABOUT REGULATION

There are pros and cons to regulation. The interesting thing is that some people may look at one aspect of regulation and consider it an advantage or an opportunity, while another person may see the same thing as a burden or a disadvantage.

An example

The Act specifically requires regulated practitioners to take responsibility for maintaining their own competency levels. Some may see this as an added burden, others may see it as a means of helping to remain current and yet others may see it as a part of being a recognised health professional.

Understanding the implications of the following points is important when you are considering the subject of regulation under the HPCA Act.

/// Regulation would bring ambulance officers and medics into line with other health professionals and bring recognition that they belong to this sector.

/// All registered ambulance officers and medics would be qualified and working to the same standards, bringing more consistency of practice across the sector.

/// Qualifications and experience would be more recognisable across the sector giving greater opportunities for career development.

/// Ambulance officers and medics would have greater levels of professional responsibility.

/// Makes sure that people wanting to work as ambulance officers and medics are competent and ‘fit to be registered’, including people with overseas qualifications who want to work in New Zealand.

/// Registered health practitioners can register with ACC to provide treatments. This opens another stream of practice.

/// Provides an independent channel for the review of professional conduct and competency matters.

/// Over time, it could mean opportunities for ambulance officers and medics to perform broader roles and do different tasks.

/// It may help New Zealand ambulance personnel work overseas, particularly in countries where registration exists.

/// Eventually, the profession could apply for prescribing rights for clinical personnel working within certain scopes of practice.

/// Only health practitioners who are registered under the Act are able to use the titles protected by the Act. This would mean only registered ambulance personnel would be able to call themselves by titles such as Paramedic.

/// Registered health practitioners cannot work outside of their scopes of practice, in a similar way as currently ambulance personnel can’t work outside their delegated authority to practice.

/// Certain activities become restricted and can only be carried out by registered health professionals.

/// Ambulance officers and medics covered by the scope(s) of practice would have to be registered and have an Annual Practicing Certificate to be able to work at that level.

/// Ambulance officers and medics would have to take personal responsibility to remain competent at the level they are registered at, as the HPCA Act requires you to do so. Activities such as continuing clinical education may be one appropriate way of remaining competent.

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/// Ambulance officers and medics would have to take personal responsibility to remain competent at the level they are registered at, as the HPCA Act requires you to do so. Activities such as continuing clinical education may be one appropriate way of remaining competent.
As well as being clinically competent, ambulance personnel would have to be culturally competent and meet ethical standards.

The Responsible Authority could put conditions or restrictions on individual ambulance officer or medic’s practice, to limit what they could do, if there were concerns about their ability to practice across a whole scope. This is similar to a Medical Director’s ability to do that now.

If there is a complaint about an ambulance officer or medic’s practice, they may have to answer to the Responsible Authority in addition to the Health and Disability Commissioner and also to their employer.

Ambulance officers would have to meet the requirements of regulation in addition to the requirements of their employer who they have a contractual obligation to.

The Act requires that there is a process for checking practitioners’ competency.

It’s up to the Responsible Authority to set up a process for this and there can be a variety of approaches they may take.
The process of applying for regulation under the HPCA Act

To be regulated under the HPCA Act, a health profession, such as the pre-hospital emergency care sector, has to decide to make an application to the Minister of Health. Before they do this, there needs to be widespread discussion within the profession (which is what we are doing through this process).

The Minister of Health makes a decision on whether the profession is suitable for regulation based on a number of criteria which are outlined in the Act. The Minister also acts on the advice of the Ministry of Health and those in the wider health sector.
Submit application

Ministry of Health compiles consultation document
(up to 8 weeks)

Consultation on:
1. Is regulation under the HPCA Act appropriate
2. What regulatory authority structure is appropriate?
(up to 8 weeks)

Submissions analysed
(up to 4 weeks)

Report to Minister of Health

Minister Makes Decision

Minister advises profession regulation not approved

Minister advises profession regulation approved

Minister makes recommendation to Governor-General

Order in Council made to regulate the profession

Profession begins work to join an existing regulatory authority or establish a new authority

If the Minister decides to recommend to the Governor-General that a health profession should be regulated under the Act, the Order in Council process is likely to take around one month to complete.

The timeframes are based on average processing times and may vary for individual applications.
Some of the criteria are specific requirements set out in the Act itself and others focus more on the practicalities of a profession being regulated under the Act.

**Primary criteria:**

/// The profession delivers a health service defined by the Act

/// The health service concerned poses a risk of harm to the health and safety of the public

/// It is in the public interest that the health profession is regulated under the Act

**Secondary criteria:**

/// Existing regulatory or other mechanisms fail to address health and safety issues

/// Regulation is possible to implement for the profession in question

/// Regulation is practical to implement for the profession in question

/// The benefits to the public of regulation clearly outweigh the potential negative impact of such regulation
RISK OF HARM OR IN THE PUBLIC INTEREST

To become regulated as a health profession, the Minister must first be satisfied that ambulance officers and NZDF medics pose a risk of harm to the public or that it is in the public interest that they be regulated.

To meet the criteria relating to posing a risk of harm to the health and safety of the public the profession must be involved in at least two of the following activities:

/// Invasive procedures
/// Clinical intervention with the potential for physical or mental harm
/// Making decisions or exercising judgement that can substantially impact on patient health or welfare, including situations where people work unsupervised.

When deliberating on the criteria that ask if it is in the public interest for the profession to be regulated, the Minister must consider professional groups that:

/// practice without supervision or support of peers or managers
/// are highly mobile
/// are not guided by a strong professional (or employer) code of conduct
/// provides services to vulnerable or isolated individuals
/// are subject to large quantities of complaints about the quality of services
/// carry out roles where training and education are short.

Part of the discussion ambulance personnel need to be having around regulation is how the profession meets these – and the secondary – criteria.

Although it’s important for the profession to discuss this, we need to be clear that the Minister of Health has to independently assess whether the public is at risk of harm or whether it would be in the public interest to regulate ambulance clinical personnel.

The Minister must also be satisfied that the providers of ambulance services and the New Zealand Defence Force agree on common:

/// qualifications
/// standards that different Practice Levels would be expected to meet
/// competencies for scopes of practice for ambulance officers.

The Minister of Health also requires other health organisations that have an interest in regulation of ambulance officers to be consulted.

If it is agreed that regulation of ambulance officers and medics will go ahead at some level or another, the Minister has to establish an independent organisation called a Responsible Authority.
REGULATED HEALTH PROFESSIONALS ARE OVERSEEN BY A RESPONSIBLE AUTHORITY

Each health profession that is regulated under the Act are overseen by what’s called a Responsible Authority. This is a group of people who make sure the Act is implemented according to its requirements. They may do this with the help of an appointed Registrar and, if needed, staff.

The Responsible Authority is made up of people who are appointed by the Minister of Health. Most of these people come from the profession itself – they’re peers of those working in the sector who understand how their profession works. The Minister also appoints a small number of people from outside the profession to represent the public and users of ambulance services.

The Responsible Authority gets input from the profession to set up:

/// scopes of practice

/// standards of clinical competence, cultural competence and ethical conduct

They must do these tasks in consultation with the practitioners who will be covered by regulation, as well as others in the sector such as employers.

This group also sets up a register of practitioners covered by the Act. Using agreed criteria, processes and procedures that they put in place, they decide who can enter the profession, who stays on the register each year and who is removed from the register.

Each year a health practitioner who is registered under the HPCA Act has to apply for an Annual Practicing Certificate. If the practitioner meets the requirements of the Responsible Authority in terms of their proficiency and capability to practice they will have their Annual Practicing Certificate reissued.

The key focus is that the Responsible Authority must make sure the public can trust those on the register are competent and are able to practice safely.

Complaints on patient care that are made to the Responsible Authority are investigated by the Health and Disability Commissioner in the first instance. The Health and Disability Commissioner may refer a complaint back to the Responsible Authority for further action – especially if a review of a practitioner’s competence is necessary, or if more serious action needs to be taken.

The Act also makes the discipline of practitioners the responsibility of the Health Practitioners Disciplinary Tribunal. The Health Practitioners Disciplinary Tribunal hears and determines disciplinary proceedings brought against health practitioners. The Tribunal considers disciplinary charges referred to it by the Director of Proceedings from the Office of the Health and Disability Commissioner and professional conduct committees established by registration authorities.
THE RESPONSIBILITIES OF A RESPONSIBLE AUTHORITY

/// Develop a scope of practice for the practitioners it regulates to set out the tasks performed by them

/// Set the qualifications required for practitioners to be able to perform the tasks in the scope of practice

/// Accredit and monitor educational institutions and their training programmes

/// Authorise those applying for registration and consider applications for Annual Practicing Certificates

/// Review practitioners’ competence to perform the tasks outlined in the scope of practice and recognise programmes that help practitioners to maintain their competence

/// Receive and act on information about the competence of individual practitioners

/// Set the standards of clinical and cultural competence and ethical conduct

/// Consider the situation of practitioners who are unable to practice due to ill health

/// Promote education and training in the profession

/// Build public awareness of the responsibilities of the Responsible Authority

/// Liaise with the Responsible Authorities of other health professions on matters of common interest
THE COST OF REGULATION AND WHO PAYS FOR IT

There would be two main costs.

The first is the initial Registration fee which would be paid at the time you were registered.

The other cost is the Annual Practicing Certificate fee which is paid each year a practitioner is registered.

The initial registration fee helps pay for the set up costs of the Responsible Authority, while the Annual Practicing Certificate fee funds the ongoing operation of this group.

As an example, we’ve estimated how much a Registration fee and the Annual Practicing Certificate fee might be, taking into account the amount of money needed to run the Responsible Authority and to cover all the costs around compliance.

If 1,000 practitioners are regulated (in other words, ILS and ALS levels only)

The initial, one-off Registration fee that each person being registered would pay would be around $350.00 and the Annual Practicing Certificate fee would be in the order of $600.00 per practitioner.

If 3,000 – 4,000 practitioners are regulated (in other words, BLS, ILS and ALS levels)

The Registration fee could be more like $150.00 and the Annual Practicing Certificate fee around $200.00 per practitioner.

These costs are only an indication as the actual costs of operating the Responsible Authority will depend on the number of complaints and competency reviews that would need to be held each year.

It's the individual’s responsibility to pay the Registration and Annual Practicing Certificate fees. However, in New Zealand it is common practice for health practitioners who are employed to receive reimbursement of the Annual Practicing Certificate fee, having negotiated their employment terms and conditions with their employer.
Glossary of Terms

There are a number of terms used when talking about possible registration of ambulance officers and NZDF medics that will be new to people.

The Health Practitioners Competence Assurance Act uses terms that will become meaningful, but are currently hard to come to grips with. We’ve defined some of the more common words below. If you want explanations for other terms you hear during the discussion on regulation, please email the website and we’ll clarify.

Health Practitioners Competence Assurance Act 2003

The New Zealand Act of Parliament which regulates health practitioners in order to protect public safety. It’s commonly referred to as the HPCA Act.

Regulation

A set of rules, made by law, that apply to a group of people to make sure they are competent to be practicing the profession covered by those laws – in this instance the Health Practitioners Competence Assurance Act.

Register

An official list of names of those people who are qualified and meet the standard to be a health professional under the HPCA Act. The people on the register may or may not be practising.

Health Practitioner

The term used in the HPCA Act to describe the professionals who deliver health services.

Responsible Authority

The group of people appointed under the HPCA Act that is responsible for the registration and oversight of practitioners of a particular health profession.

Scope of practice

The health services that are able to be delivered by a health profession, or a group within that profession. It is how the Responsible Authority (with input from the profession) defines the services being provided.

Required standard of competence

The level of competence a health practitioner can reasonably be expected to practice at, within their scope of practice.

Competence Review

This is the way the Responsible Authority assesses the competence of a practitioner. The most common way a competence review is conducted is for the Responsible Authority to appoint three people, two practitioners and a lay person, to review the practice of the practitioners and make recommendations to the Responsible Authority.

Ambulance Services

All pre-hospital emergency ambulance services, including medics working in the New Zealand Defence Forces.

Basic Life Support

General pre-hospital emergency care in both life threatening and non-life threatening situations; non-invasive; seeks back up for life threatening situations.

Intermediate Life Support

Knowledge, severity assessment and technical skills build on BLS capability; at this level activity can be invasive and some medications can be used; manual defibrillation; venous access and intravenous fluid administration.

Advanced Life Support

Advanced management in life threatening and non life threatening situations; knowledge, rationale, clinical judgment, technical skills and leadership are well developed; comprehensive pharmalogical regime, advanced respiratory support and airway skill; endotracheal intubation.
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For more information:
Website WWW.AMBULANCENZ.CO.NZ