



**Policy Response - Submission**

**Sustainable Health and Paramedic Services:  
Serving the needs of West Australians**

**December 2018**

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**Registered Paramedic** - A professional health care practitioner whose education and competencies empower them to provide a wide range of medical procedures and care in diverse settings including out of hospital and unscheduled care situations

**Paramedic Service** – A provider of health care and related services using paramedics as the principal practitioner resources (public entities are commonly known as ambulance services)

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## About the author

The author of this submission is Adjunct Associate Professor Ray Bange and the submission is made in a personal capacity.

In a career spanning more than 50 years, Associate Professor Bange has held senior positions within academia, government and private industry as well as numerous representative positions on professional bodies, national quality assurance and accreditation agencies. His experience includes more than 15 years as a senior consultant to integrity agencies where he has undertaken forensic investigations into health services, hospitals and emergency services.

From 2007 to 2015 he was the Principal Policy Advisor to Paramedics Australasia (PA)<sup>1</sup> in the development of proposals for the registration of paramedics in Australia and New Zealand. He has also worked closely with the Australian and New Zealand College of Paramedicine (ANZCP)<sup>2</sup> on regulatory matters and mental health issues affecting first responders in both Australia and New Zealand. He is the principal author of two previous submissions on the operations of St John Ambulance Western Australia (SJA).

Associate Professor Bange's policy expertise and abiding interest in healthcare delivery, quality and equity standards has resulted in his appointment as a co-opted Executive Committee member of the Australian Health Care Reform Alliance (AHCRA)<sup>3</sup> and membership of the Health Advisory Committee of the Talisium healthcare group.<sup>4</sup>

He is the curator of two professional Facebook information and communication channels (Australian Health Care Reform Alliance and The Paramedic Observer) with a combined following of over 5000 persons. These channels provide informed comment and interactive feedback on developments in emergency and other health and care issues.

The input gained from his close relationship with community and advocacy bodies, individual health practitioners and paramedic professional societies has provided him with deep insights into paramedic services (aka ambulance services) and the importance of quality and service standards in the delivery of accessible and equitable healthcare.

## This submission in context

This submission is made in the context of the current public consultation on the Western Australia (WA) Country Health Service (WACHS) draft proposals for the development of a future-driven strategy to ensure the Country Ambulance Service meets the needs of regional communities.

The submission builds on previous studies by the author of the management and operations of SJA; the body of background information from his interviews with numerous paramedics; and analysis of several previous reviews of SJA covering both metropolitan and country activities.

The government has indicated its intention to implement an overarching strategy for the development of effective policy and governance, coupled with equitable and focused resource investment to ensure communities have access to a timely and reliable country ambulance service through a Country Ambulance Strategy. This strategy is being implemented as the final report of the WA Sustainable Health Review is awaited - which may have relevant findings.<sup>5</sup>

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<sup>1</sup> <http://www.paramedics.org.au/>

accessed 06/12/2018

<sup>2</sup> <https://www.anzcp.org.au/>

accessed 06/12/2018

<sup>3</sup> <http://www.healthreform.org.au/>

accessed 06/12/2018

<sup>4</sup> <http://www.talisium.com/>

accessed 06/12/2018

<sup>5</sup> The Paramedic Observer, *WA Sustainable Health Review Updates*, 21 August, <https://bit.ly/2Utbqhf> accessed 06/12/2018

The author's concerns relate to the capacity of paramedic services generally to meet overall community needs - embracing patient safety, integration and coordination of services across the health system, and the mobilisation and support of a sustainable and skilled workforce.

The author welcomes the move for WACHS to take more direct responsibility for the provision of quality, accessible health services to more than half a million people across a catchment that spans 2.5 million square kilometres with a dispersed population ranging from those living in larger regional centres to those in small remote communities.

While welcoming the proposed Country Ambulance Strategy the author draws attention to the broader requirements for a formal regulatory framework for all paramedic service providers within the state (regardless of location) that will align the delivery of paramedic services more closely with the objectives of a regulated, accountable and sustainable health regime.<sup>6</sup>

When dealing with the mobilisation of available health and care resources to support the community, the government should not focus only on the delivery of public paramedic services which are currently undertaken principally by employed registered paramedics and other personnel working for the current principal contracted provider SJA.

Just as there are public and private hospitals; and medical practitioners and allied health practitioners working in both the public and private sectors; registered paramedics also work independently in private practice and for several paramedic service providers other than SJA.

WA currently has no policy or legislation outlining community expectations of the standards of performance of any paramedic services provider, quite apart from the contracted deliverables and Key Performance Indicators imposed on the current public sector contractor SJA.

WA is not alone in not having a consistent regulatory framework for paramedic services, and the absence of appropriate national regulation that caters for both accredited services and a registered paramedic workforce means there is a dearth of data on the operations of this sector.

When it comes to transparency in relation to the provision of public services by SJA the author has found it difficult in the past to establish the actual costs and funding to provide services. The poor separation of different income and expenditure streams points to the need for greater accountability consistent with public sector values and expectations.

Notwithstanding the laudable objectives and storied history of SJA, this relative absence of public accountability was evident in the aftermath of the WA Government's decision to have the WA Ambulance Standing Committee oversee the implementation of recommendations from two recent reports into SJA's workplace culture.<sup>7, 8</sup>

External or independent monitoring of performance is important, given that SJA provides out-of-hospital public health services funded through the WA community along with its other health-related services.

While SJA must balance its service obligations with the practical issues of long-term sustainability, the Government's contracted deliverables create what is a virtual monopoly public service. That brings responsibilities and accountabilities that differ from those of a private company – which is accountable principally to its shareholders – and warrants a different level of oversight and reporting (see Recommendation 4 et al).

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<sup>6</sup> Government of Western Australia, *Sustainable Health Review*, <https://bit.ly/2CREcCI> accessed 06/12/2018

<sup>7</sup> The Paramedic Observer, *Review head calls for rigorous oversight*, 19 September 2016, <https://bit.ly/2SDQhPH> accessed 07/12/2018

<sup>8</sup> The Paramedic Observer, *WA Govt Committee to oversee St John Ambulance reform*, 2 October 2016 <https://bit.ly/2Ursvlh> accessed 07/12/2018

As the proposed strategy notes, the WA health system functions but there is minimal direct policy framework or legislative foundation for paramedic services. The country service stands in contrast to the more contractually-regulated metropolitan road service in the Perth region and the aeromedical patient transport arrangement for the Royal Flying Doctor Service.

Unlike most other Australia jurisdictions there is no specific legislation such as an Ambulance Services Act (or similar) in WA or the Northern Territory (NT) - albeit such legislation has been recommended in the past.<sup>9</sup>

Significantly, there is also no Australian Standard for the delivery of ambulance or paramedic services. This is in contrast with New Zealand which has the *NZS 8156:2008 Standard-Ambulance and Paramedic Services*.<sup>10</sup>

The New Zealand standard sets appropriate standards of service covering how ambulance and paramedical services are organised and provided. It provides a means of assessing the extent to which ambulance and paramedical services are worthy of patients' confidence and trust, through the demonstration of clinical safety, reliability, efficiencies, and effectiveness. It applies to all types of road vehicle and to aircraft specifically equipped for ambulance provision.

Looking further afield, the independent healthcare sector plays an important role in England, with many services funded either wholly or partly by the National Health Service (NHS). There is continuing growth of independent providers delivering elective care in acute, mental health and community sectors, community care for long-term conditions and components of services in NHS trusts including private ambulance services.

Like in Australia, the limited amount of centrally-collected data in the past made it more of a challenge to measure quality and improvement in the independent healthcare sector than in the NHS - but as the Care Quality Commission (CQC) rightly points out - people still need to be assured that they will get high-quality and safe care.<sup>11</sup> The key issue is that the CQC now has responsibility for the oversight and evaluation of all (NHS and private) paramedic services.

The UK experience of CQC oversight of Ambulance Service NHS Trusts also shows that no sector is beyond reproach, with services such as the London Ambulance Service and South East Coast Ambulance Service NHS Trust being placed into special measures.<sup>12</sup>

That experience should send a powerful message for regulators and Australian paramedic services.

The author opines that it is time for all paramedic service providers in Australia to be subject to an independent accreditation and quality assurance regime that will regulate service providers in the public interest (Recommendations 2,3). This move would provide independent review and complement the rigour that is now in place through the implementation of paramedic registration.

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<sup>9</sup> Government of Western Australia, Department of Health, *St John Ambulance Inquiry: Report to the Minister for Health, October 2009 (St John Ambulance Inquiry or Joyce Inquiry)* <https://bit.ly/2tnjCmg> accessed 05/12/2018

<sup>10</sup> *NZS 8156:2008 Standard- Ambulance and Paramedic Services*, <https://bit.ly/2PITMZ2> accessed 06/12/2018

<sup>11</sup> The Paramedic Observer, *CQC to regulate independent health services*, 14 February 2018, <https://bit.ly/2Ps3jgY> accessed 06/12/2018

<sup>12</sup> The Paramedic Observer, *London Ambulance Service placed into special measures*, 28 November 2015, <https://bit.ly/2PsfNWf> accessed 06/12/2018

To ensure excellence in patient care, the author believes that the principle of transparency should apply to all participants in the chain of healthcare including paramedic service providers and practitioners. The importance of open disclosure has been recognised within WA<sup>13</sup> and nationally. When a patient is harmed in a WA hospital, there is a professional and ethical responsibility on the part of health practitioners to communicate with the patient about the clinical incident. This principle should not apply only to hospitals and clinics.<sup>14</sup>

Formal application of a statutory duty of candour as a legal obligation to ensure that consumers of healthcare and their families are apologised to, and communicated with, openly and honestly when things have gone wrong in their care, also might form part of a national system of quality assurance and accreditation for paramedic service providers in Australia. Greater transparency and sharing of outcomes and data are perceived as an aid to drive best practice.

It's another area where benefits may be gained by the independent oversight and accreditation of all Australian paramedic services - which is not presently the case.<sup>15</sup> While not always fail-safe, the processes of accreditation provide excellent opportunities for internal review complemented by consultative and learning experiences that help foster best practices and (generally) minimise risk and potential errors.

## A changing landscape

The paramedic services sector is undergoing rapid change with advancing technology and the national registration of paramedics under the *Health Practitioner Regulation National Law Act*. National registration came into effect on 1 December 2018 and requires that only registered paramedics can use the title of paramedic or hold themselves out to be a paramedic.

That mandated clarity of role highlights the level of available care when a service provider responds to a case presentation regardless of the location. It also places a responsibility on all paramedic services to ensure the personnel engaged are properly identified as registered paramedics, nurses, medical practitioners or by a different appropriate title.

This represents a sea-change in approach given that service providers in the past (including SJA) have not always clearly differentiated the level of expertise or practice domain of their personnel who have been commonly described under a generic title as 'paramedics'.

That is not to downplay in any way the exceptional dedication and efforts of both paid and volunteer officers in providing care in extremely challenging situations especially in country and remote regions.<sup>16</sup> One must remember that paramedics form only one vital part of a much more complex system of contributors to care that includes volunteers.

The author notes that WACHS is considering extending the emergency telehealth service it provides from its 24/7 Command Centre to also include remote patient monitoring in inpatient, emergency, high dependency and intensive care beds in its network of public hospitals and nursing posts. Considered in isolation, that does not take full advantage of the opportunities for better use of registered paramedics.

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<sup>13</sup> Government of Western Australia, Department of Health, *WA Open Disclosure Policy Statement*, <http://bit.ly/2AbX61N> accessed 07/12/2017

<sup>14</sup> The Paramedic Observer, *Paramedic Services and the Statutory Duty of Candour*, <https://bit.ly/2Qm9tF4>, 4 December 2017, accessed 07/12/2018

<sup>15</sup> The Paramedic Observer, *Paramedic services accreditation and licensing*, 10 July 2016, <https://bit.ly/2AZZGK0> accessed 07/12/2018

<sup>16</sup> Eburn, M, *The role of volunteers and others in ambulance services with upcoming paramedic registration*, Australian Emergency Law Blog, 10 June 2018. <https://bit.ly/2rvnUaF> accessed 07/12/2018

The author supports the proposals to further develop existing services by promoting early recognition of patient deterioration and to allow patients to be cared for closer to home or on country through the wider use of registered paramedics to supplement existing resources.

As telemedicine has developed, there has been the development of various programs that also include video consultations enabling completion of a medical note based on a virtual physical examination with the assistance of the patient and providing recommendations for follow-up. A key question is whether telemedicine is sufficiently safe and effective, but a better question might be, "Is it good enough?". As well as attending patients physically will we see some community paramedics in future sitting behind a console interacting with remote patients, and perhaps collecting data from in-home medical monitors?

The author strongly supports enhanced information and communications technology (ICT) that might enable such scenarios. The author understands that the WACHS emergency telehealth service currently links emergency doctors in Perth to rural and remote healthcare providers, many of them nurses staffing small clinics by video and voice call. Along with that expanded reach need to be measures to promote cultural sensitivity and health literacy, proactive support policies and technological infrastructure.

There will always be a need for rapid response of highly-skilled paramedics and volunteers to a wide variety of emergencies, but we must also meet the other healthcare needs of our communities. A well-grounded paramedic services facility is uniquely positioned to advocate for population-based health initiatives, health promotion and health management that can better meet these needs with a social determinants of health approach as well as clinical interventions.

## **Clarity needed on service integration and leadership**

Over the past two decades, paramedic services internationally have created pilot integrated healthcare and community paramedicine programs. Nonetheless, omission of the critical role of paramedic services as part of an integrated healthcare system is a striking aspect of much health care policy in many jurisdictions and needs to change.

With registered paramedics working as private practitioners or with paramedic service entities, the health and care roles of paramedics and paramedic services may extend to considerably more than stabilising and transporting patients to a clinic or emergency department. As registered health professionals no longer should they be the 'forgotten health profession'.

The key issue is that with an effective regulatory system of registration now in place for paramedics, the adoption of effective standards and governance arrangements for paramedic services provides the opportunity to better mobilise available healthcare resources. Obvious implications are for service providers and registered paramedics to provide integrated health and care arrangements for patients with low acuity and chronic conditions and primary care in addition to their recognised work in urgent and emergency settings.

Paramedic services already provide a valuable, life-saving service that is held in high regard and play a vital role across the entire urgent and emergency care system. In the UK, the influential parliamentary Public Accounts Committee (PAC) has released a report<sup>17, 18</sup> that found that there were serious issues with planning surrounding the integration of ambulance (paramedic) services into Sustainability and Transformation Plans (STP) including how local plans will fit around national objectives to connect emergency care services.

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<sup>17</sup> UK Parliament House of Commons, Committee of Public Accounts, *NHS Ambulance Services*, 25 April 2017, <http://bit.ly/2rpdqzx> accessed 08/12/2018

<sup>18</sup> Ibid *Conclusions and recommendations*, <http://bit.ly/2rtdtqQg> accessed 08/12/2018

Importantly, the PAC recognised that paramedic services are inherently reliant on the rest of the health system to deliver new care models and services outside of hospitals. The author suggests that this situation also applies to Australia and that structural arrangements are needed at senior policy levels that can facilitate the integration of the paramedic workforce into the health and care system alongside the allied health, nursing and medical cohorts.

## A seat at the table

The PAC considered it vital that NHS England provide greater clarity on how ambulance services will 'have a seat at the table' of STPs and how they will be integrated into the wider health system. That view aligns with the author's recommendation for greater policy engagement of paramedics in all jurisdictions (*Recommendation 6*), which already has been implemented in Victoria with the appointment of a Chief Paramedic Officer (CPO).<sup>19</sup>

The concept behind a CPO is for a leadership role as the principal adviser on quality and safety matters relating to paramedicine, and for the provision of professional leadership and direction on a diverse range of issues. The position enables the provision of strategic clinical leadership and advice on the integration of paramedicine with the broader health system. As such the CPO will consider the role of paramedics across the spectrum of health including the private sector to ensure high quality seamless delivery of paramedic care throughout the WA community.

## Addressing the country strategy recommendations

To develop the proposed strategy, goal statements were created for six key strategic themes. The current status was evaluated in relation to these goals in the form of a gap analysis which resulted in the development of 19 recommendations with the organisation responsible for the action and completion of the recommendation listed in brackets.

These strategy recommendations are shown below with summary comments by the author.

### **Policy & System:**

1. Establish clear State-wide policy on ambulance services as a minimum and consider enacting legislation in line with other states and territories. (Department of Health)

Response: Supported – see discussion and recommendations on the establishment of a national Paramedic Services Standard and a jurisdictional Paramedic Services Act.

2. Define the level of ambulance service (both Inter Hospital Patient Transport and Primary Response) provided to country communities in line with the State-wide policy (WA Country Health Service) and include this within the Clinical Services Framework. (Department of Health)

Response: Supported

3. Plan State-wide service delivery using demand modelling then work with providers to design appropriate service delivery models in all locations (existing and new) and include measurable performance indicators in contracts. (WACHS led)

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<sup>19</sup> The Paramedic Observer, *Chief Paramedic Officer*, 3 March 2017, <http://bit.ly/2qqfcN5> accessed 08/12/2018

Response: Supported. Given that there are multiple service providers in WA and that a degree of redundancy is desirable, this would preferably involve the engagement of more than one service provider.

4. Form an engagement forum comprising WACHS, country volunteers, community representatives and paramedics to discuss ongoing service design and service improvement. (WACHS)

Response: Supported. The engagement should be inclusive to fully represent the interests of the community of patients, practitioners and providers. The forum should work in conjunction with the Clinical Senate of WA and the role of the recommended leadership position of a Chief Paramedic Officer (a new position recommended by the author and already in place in Victoria).

5. Transfer responsibility for the contract management of country ambulance services to WACHS. (Department of Health)

Response: Supported in principle. Insofar as WACHS is intended to take a more proactive role as manager of some related services, the closer oversight of all ambulance services contracted to provide public paramedic services is supported under the general oversight of an independent state Chief Paramedic Officer.

6. Implement the remaining recommendations from the Auditor General's Report *Delivering Western Australia's Ambulance Services (2013)* as a matter of priority. (Department of Health)

Response: Supported in principle

7. Complete implementation of the WA Health Patient Transport Strategy 2015-2018 to fulfil the goal of ensuring that the WA community has access to an effective patient transport system. (Department of Health)

Response: Supported

#### **Timely Access:**

8. Introduce contemporary contracts for ambulance services that define IHPT and Primary Response as two distinct services which have their own scope of services and key performance targets as a minimum. (WACHS led)

Response: Supported. To be considered in the light of compliance with a national Paramedic Services Standard as recommended by the author.

### **Patient Safety:**

9. Mandate consistent clinical governance principles in all patient transport contracts and report jointly on progress and collaborative initiatives to improve patient outcomes and clinical performance. (WACHS)

Response: Supported. The principles of accountability and transparency are to apply for all paramedic services contracted to provide public services. This is to include the adoption of public sector ethical standards and provision for public-funded service contractors to come within the ambit of the Crime and Corruption Commission of Western Australia.

10. Ensure every ambulance - regardless of location - can communicate reliably with all necessary parties at all times. (St John Ambulance)

Response: Supported. Funding and implementation of appropriate communication standards and equipment should form part of the resource allocations and contractual arrangements – where applicable. Paramedic service provider communications and record keeping should be accessible to the DOH WA Data integration system (at present the contracted ambulance service provider is believed to retain the records in house).

### **System Coordination:**

11. Implement a clinical prioritisation system to inform safe, effective and transparent co-ordination of inter hospital patient transfers across WACHS. (WACHS)

Response: Supported. This principle should apply across all paramedic services delivery (metropolitan and country) as part of a more integrated health system informed through the guidance of a state CPO and using appropriate triage standards (not always emergency).

12. Implement formal escalation mechanisms to ensure safe transfer of inter hospital patients in line with clinically indicated timeframes. (WACHS)

Response: Supported. The implementation will vary but this practice of escalation should apply across all services - with reportable outcomes.

13. Commission WACHS to lead the development and coordination of State-wide inter-hospital patient flow. (Department of Health)

Response: Supported in principle. The author assumes that the necessary funding, expertise and authorities will be forthcoming to enable WACHS to provide this facilitation.

### **Sustainable & Skilled Workforce:**

14. Provide sufficient administrative and corporate support direct to country ambulance Sub Centres in order to free up volunteers to focus on service delivery. (St John Ambulance)

Response: Supported. Importantly, while volunteers should be supported administratively in their roles, country and community paramedics report significant and professionally demanding workloads that require considerably more support than has been the case in the past.

15. Provide the volunteer ambulance workforce with the opportunity to obtain qualifications through an articulated structured training pathway which aligns with the Australian Qualification Framework and supports career progression. (WACHS led)  
Response: Supported. The introduction of a national Paramedic Services Standard and state legislation of an appropriate Act should mandate the provision of such support as part of their compliance role in developing and supporting a sustainable health workforce.
16. Research, trial and implement alternate workforce and training models (including the use of shared staffing and virtual support) and prioritise this at locations which have difficulty maintaining a sustainable workforce. (St John Ambulance)  
Response: Supported in principle. The role of SJA as project lead is questioned albeit SJA at this time will be the primary contracted provider and location for any trials. DOHWA has many research activities and to ensure rigorous evidence-based studies and reported outcomes it is suggested that WACHS might take the lead with the support of SJA centres and a team drawn from local universities offering accredited paramedic courses (ECU and Curtin universities).
17. Expand the Community Paramedic model in FY18/19 as a priority in order to relieve pressures in those locations currently having the most difficulty in recruiting, supporting and retaining volunteers. (St John Ambulance)  
Response: Supported. This should also involve appropriate support mechanisms to ensure personal and professional development, with options for behavioural support, rotation and relief postings as necessary. The locations are moot and community paramedics also may be gainfully deployed to locations where volunteers are available. The mixture of paid registered paramedics and volunteers should be one of dynamic engagement, workload and best practice.

#### **Value for Money:**

18. Mandate transparent reporting on allocation of funds and costs of ambulance service delivery in ambulance contracts, detailing allocations between service locations and between IHPT and Primary Response services. (WACHS led)  
Response: Supported. Transparency in financial activities and reporting of transactions relating to the direct provision of public paramedic services should be mandated.
19. Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery. (WACHS led)  
Response: Supported. The author also supports a degree of redundancy and competitive tension where services are contracted – whether in metropolitan or country regions – and more than one provider may be engaged. Other options include capital investment by government e.g. station assets, with operational responsibility by the contracted provider. Further options include progressive transfer of public service activities to a government-owned not for profit entity.

## Additional Recommendations

### **Paramedic services legislation**

Australian paramedic (aka ambulance) services have achieved great advances in developing world-leading approaches to the practice and delivery of out-of-hospital healthcare. These advances have taken place and continue, while glaring gaps remain or are being addressed such as the (relative) omission of dental care from general health care policies and funding; the effective recognition and treatment of mental health and obesity issues; the impact of illicit drugs and chronic conditions on the community; and wide disparities in indigenous health.

Not explicitly outlined in the Country Ambulance Strategy are the changes in public expectations of health and care although aspirational objectives of quality and equity are embedded in the policy paper and recommendations.

Among the significant changes in recent years are the advances in evidence-based medical practices, new imaging and diagnostic technology, sweeping changes in ICT, changes in educational pathways to paramedic practise and regulatory reform including the introduction of a registration and a national Code of Conduct<sup>20</sup> with cross-jurisdictional recognition of prohibition orders in force in other states and territories.

Across Australia, the legislative framework for ambulance services varies. In New South Wales, South Australia and the Australian Capital Territory, ambulance services are governed by legislation that also governs health or emergency services. Additionally, in Tasmania, Queensland and South Australia the legislation relevant to ambulance services also addresses non-emergency patient transport. Victoria has explicit legislative coverage for non-emergency patient transport. While there is considerable commonality, there is no consistent legislative approach nationally to the governance of paramedic services.

From a consideration of contemporary best practice and regulatory integrity, the author proposes that it is time for WA to introduce a Paramedic Services Act. This needs to be developed from the perspective of legislation that envisages paramedic services not as a self-regulating monopolistic stand-alone private entity feeding patients into a hospital system, but as valuable components of an integrated network providing health services for the community – where the patient journey begins with preventive and initial care and ends with after care in various forms. Unscheduled emergency and urgent care form part of that spectrum of care

The proposed legal drafting tenor is intentional, with the objective being to have a governance model that respects the integrity and contributions from a workforce of registered paramedics and the operations of multiple service providers with one or more services engaged as the principal government-funded body(ies) for public emergency service provision.

In seeking sustained quality care, it is not enough to propose simplistic solutions such as 'ensure more rapid response' (however laudable that objective). Improving service delivery in both metropolitan and country settings must look at health outcomes from a fundamental perspective which often involves social policies and prevention activities. As front-line practitioners, paramedics are well-placed to see the outcomes of social and related health policies, and advantage should be taken of their unique experiences and expertise.

From that collaborative perspective comes several insights including the importance of embedding paramedic skills and expertise into the health policy framework with a CPO.

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<sup>20</sup> The Paramedic Observer, *National Code of Conduct for unregistered health care workers*, 1 May 2015 <https://bit.ly/1c1pHL9> accessed 03/12/2018

Implementing a Paramedic Services Act should include reviewing the range of legislation governing WA's emergency services organisations, which may impact on the delivery of paramedic services. Issues may arise in relation to the exercise of statutory powers, along with other fire, police and emergency service powers. The key objective is to enact legislation that appropriately empowers paramedics and service providers and clarifies the respective roles of various service personnel across all settings.

The Victorian government 2009 Victorian Bushfires Royal Commission made an exhaustive study of the event and the lessons to be learned in terms of operational responses and accountabilities. Progress implementation reports have been released including one in August 2015. The author opines that the findings of major investigations such as the 2009 Victorian Bushfires Royal Commission and the 2016 Yarloop-Waroona fires in Western Australia (and others) should be reviewed to ensure the adequacy of legislative provisions.

While strongly oriented towards fire events, the lessons from such tragic events have general application to any mass casualty or disaster event where multiple organisations are involved.

The primacy of clinical decisions during such incidents must be recognised with the clinical decisions resting with paramedics. Complementary matters include consent to enter premises and the use of reasonable force - for which any ambiguity regarding powers or adequate protection must be expressly catered for within the legislation.

The author makes no specific observations other than to highlight the need to identify potential anomalies and problems in scene management, safety and coordination and for any Paramedic Services legislation to incorporate appropriate provisions to ensure public safety and health.

Paramedic embedment into the policy process means real engagement by the practitioner workforce as a matter of course – not only within the Department of Health but also by involvement with other public health and emergency agencies. Conversely, it also means greater involvement by the public in a transparent and collaborative process of local engagement, advice and governance in the provision of public services.

#### *Recommendation 1*

*That the Western Australian government introduce legislation for a Paramedic Services Act that provides regulatory rigour across the sector, but which also empowers one or more public-funded providers as principal public service providers whether as contracted entities or as government agencies.*

*The legislation should provide for the introduction of independent oversight and accreditation of services in a manner similar to the quality and accreditation programs for other health services.*

*The legislation should provide for the recognition of accredited and licensed paramedic services as collaborative providers of out-of-hospital healthcare services with the capacity to provide emergency and unscheduled surge response in times of disaster or other need.*

*The legislation should be drafted to ensure there are no impediments to the potential introduction of legislation for the presumptive recognition of PTSD as a work-related injury*

## **Paramedic services oversight and accreditation**

With paramedics now registered practitioners under the National Law it's time to look at the broader operating environment for out-of-hospital care including urgent and unscheduled care.

The Productivity Commission annual *Report on Government Services (RoGS)* reports are limited in scope and provide information covering only government-funded ambulance and related services (e.g. aeromedical services) in Australia.

They also do not explore the views of operational staff in a transparent manner.<sup>21</sup> The author suggests that much could be gained by a more transparent accreditation and oversight regime that also listened openly to the voices of the professional practitioners and others engaged in service delivery.

Complementing the introduction of a Paramedic Services Act is therefore the need for a national Paramedic Services Standard against which compliance and performance evaluations may be made and which forms the basis for regular accreditation and licensing of all paramedic services – in all jurisdictions.

This Standard should include external and internal performance factors such as the adequacy of human resource management, physical and mental health support measures such as may be recommended by the current Senate Inquiry into the high rates of mental health conditions experienced by first responders, emergency workers & volunteers.<sup>22</sup>

Accreditation is a well-established quality assurance process across many fields of healthcare, industry and community activities. University courses are accredited, various hospital services are accredited, diagnostic services are accredited and a host of health and service functions across the community are subject to strict approval and licensing requirements. Among the benefits of universally agreed standards are the spin-off outcomes with manufacturers and services achieving efficiencies in scale by having standard design rules and systems.

Indeed, given their impact on community health and safety, some might find it astonishing that the primary providers of paramedic services in Australia previously have not been required to be independently accredited and licensed and meet mandated reporting standards. By independent the author means independent of the local health department or governing entity.

The author has spent many years as an assessor for university and technical education programs and for accreditation authorities such as NATA in Australia and HOKLAS in Hong Kong. That experience has consolidated his view that accreditation is a valuable mechanism for evaluation, learning and development of best practice for all concerned.

What this means is that all WA paramedic service providers should be subject to a rigorous system of independent accreditation and licensing. It should not be assumed that paramedic service providers such as public ambulance agencies are beyond reproach and can operate without suitable monitoring and review. In England all paramedic (aka ambulance) services are regulated by the Care Quality Commission (CQC)<sup>23</sup> under the provisions of the Health and Social Care Act 2008 and subsequent related Regulations 2010.

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<sup>21</sup> The Paramedic Observer, *Listening to the voices – the essence of transparency*, 21 July 2016, <https://bit.ly/2BewkHX> accessed 09/12/2018

<sup>22</sup> Parliament of Australia, *Inquiry into the role of Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers*, Senate, <https://bit.ly/2HbaUS3> accessed 09/12/2018

<sup>23</sup> The Paramedic Observer, *The Regulation of Paramedic (aka Ambulance) Service Providers*, Facebook 10 December 2015, <https://bit.ly/1nZKzYG> accessed 21/06/2018

This requires all providers (including private and voluntary) to register, to meet certain standards of quality, and to submit to inspection of those standards. Organisations not meeting the standards can be sanctioned, or have their registration removed, preventing them from offering any medical services. This system of regulation now covers all ambulance service providers.

As mentioned earlier, one of the world's best-known services – London Ambulance Service - recently was placed into special measures by the CQC. The strong underlying message is that all service providers can benefit from an independent quality assessment and accreditation review.

#### *Recommendation 2*

*That the WA government explore the national accreditation and licensing of all public and private Paramedic (aka. Ambulance) Service providers under a nationally consistent Standards approach that embodies the principles of the National Safety and Quality Health Service (NSQHS) Standards translated into the out-of-hospital environment. These accreditation standards should include occupational health and safety provisions including behavioural disorder support.*

#### *Recommendation 3*

*In addition to incorporating relevant enabling legislative provisions, the WA government should take appropriate action at state and national levels to implement a regime of accreditation and licensing of all paramedic service providers that complements the registered status of paramedics. Accreditation standards should include mandatory compliance and performance standards and ensure the transparency of public reporting.*

Because paramedic services fulfil a key function in public health and safety funded through the taxpayer, their accountability needs to be commensurate with that role. That accountability mandates an appropriate level of independent oversight<sup>24</sup> that is not provided by the RoGS report or the limited transparency of an annual report or through the lens of a health department.

To achieve suitable oversight objectives, the author has proposed that all paramedic service providers in Australia be subject to an independent accreditation<sup>55</sup> and quality assurance regime (*Recommendations 2,3*) that will regulate service providers in the public interest and complement the regulatory rigour provided by paramedic registration.

A national Standard for paramedic services is also proposed, under the umbrella of a monitoring body with powers like those of the CQC in the UK. This may be done in association with reviews of existing Acts regulating health and ambulance services and the implementation of suitable legislation covering paramedic services in WA (and the NT).

In other words, if the public-funded services in WA are undertaken by contracted private services, legislation should be enacted or amended to recognise their role as 'public bodies' to bring them under public sector ethical standards and subject to the purview of integrity agencies such as the WA Corruption and Crime Commission.

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<sup>24</sup> Report on Government Services – Part E Chapter 11, *Ambulance services 2018*, Productivity Commission Australia, <https://bit.ly/2MtSF9x> accessed 11/06/2018

Recent legislation establishing the NT Independent Commission Against Corruption<sup>25</sup> already contains powers to capture all persons performing services on behalf of the NT Government, regardless of whether they are retained as contractors or public sector employees. A similar amendment could be embodied in relevant WA legislation.

Given the likely continued engagement of a private entity for public paramedic service provision in Western Australia, the ethical constraints that apply to that contracted entity should be the same as those for other government agencies. The author therefore proposes that the contractor should be brought within the ambit of the State's key integrity and accountability agencies which have been established to ensure that government services are delivered fairly, accountably and responsively.

#### *Recommendation 4*

*That as a matter of general policy and in recognition of the role of the contracted entity as a primary agent of government service delivery, the Western Australian Government should introduce legislation to enable the declaration of the contracted paramedic service provider as a "public body" subject to the same ethical obligations, accountability and oversight by integrity agencies such as the Ombudsman and the Corruption and Crime Commission.*

*Alternatively, relevant legislation may be amended to bring the operations of a contracted entity under the remit of the Government's administrative and integrity bodies in a manner similar to the ambit coverage in the Northern Territory.*

### **Acknowledging complexity and embracing collaboration**

The Australian health system is a complex amalgam of many service providers operating in conjunction with major hospital facilities, clinics and supporting infrastructure. Health service delivery spans both medical and allied health practitioners and ranges from general practitioners to diagnostic and specialist care funded through private and public sources and delivered by private and public mechanisms.

On-site and remote medical services as well as retrieval services are provided by a myriad of service providers and practitioners such as nurses, physicians and paramedics. Commonly overlooked are the medical resources of the Australian defence force.

There are many contacts between these provider entities and individual practitioners. Such engagement with registered practitioners and accredited service providers should occur within a suitable legislative framework and advantage should be taken to mobilise the scarce health workforce resources of Australia through legislation that enables the use of these external or additional resources when needed.

With growing pressure on the health system, consideration must be given to the use of optimum models of care with advances in science and technology driving fundamental shifts healthcare delivery. At the same time there is increasing recognition that healthcare is no longer the preserve of doctors and nurses but is a team effort that benefits from a multi-disciplinary approach to care delivery. Paramedics, paramedic service providers and trained volunteers are well-positioned to be part of a multi-disciplinary team approach to primary as well as higher acuity care.

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<sup>25</sup> Michaels M, Spain M, Newman S, *Independent Commissioner against Corruption to be established for the Northern Territory*, Clayton Utz, Darwin, 29 March 2018, <https://bit.ly/2MMRCSe> accessed 21/06/2018

Australia has yet to realise the full benefits of mobilising private paramedics and paramedic services other than for non-emergency patient transport and event support. In the UK, where paramedic registration has been in place for many years, the private sector makes a substantial contribution to out-of-hospital care through independent private services and the provision of surge capacity and additional mainstream contracted public (NHS) services.

This is possible because of the recognised competencies and legal status of the registered paramedic practitioners and the system of service provider regulation.

Thus, while having specific provisions to engage and empower a service provider for the primary government-funded public role, the Paramedic Services Act also should be flexible enough to allow for changes in service delivery models. It should allow for the engagement of private and military resources in the event of natural disaster, extraordinary events (like cataclysmic fire or flood or a Victorian thunderstorm-type asthma event) or emergency relief in response to human error, accidents or terrorist activity.

Disaster preparedness requires dedicated and educated professionals who have worked together over long periods to develop the structures needed for effective operational management. To facilitate interoperability, legislation also should provide for the interchange and exchange of practitioner training and development and for the operational and clinical accreditation of service providers generally - including public services.

The goal of integration will only be realised if the key service providers and their professional paramedics interact with other agencies such as public health and social services; embrace partnerships that foster disaster planning; share intellectual resources; engage in joint practice through drills/simulations etc.; and work with hospitals to minimise patient waiting periods.

#### *Recommendation 5*

*The legislation covering the provision of out-of-hospital paramedic care should include the capacity for registered practitioners and other personnel to undertake exchange and interchange engagements with any government contracted provider or government agency and allow for the mobilisation and engagement of external accredited paramedic health service providers as supplementary resources as necessary to meet demand.*

### **Chief Paramedic Officer**

To facilitate the necessary change management and future development of sustainable health services in the state the author draws attention to the value of having a CPO appointment as a senior policy leadership position within the Department of Health.

The CPO is envisaged as the principal advisor responsible for the provision of strategic clinical leadership across a diverse range of issues pertaining to paramedicine and the broader health system with a focus on the unique issues of paramedic service delivery, patient safety & quality improvement. Having a CPO will inform and facilitate the role of paramedics across the spectrum of health including the private sector to ensure high quality care throughout WA.

#### *Recommendation 6*

*The WA Government should provide for the appointment of a Chief Paramedic Officer as a member of the senior policy team within the Department of Health and as an ex-officio member of the WA Clinical Senate and other key coordination bodies including those associated with WACHS and any contracted service provider(s).*

## **Role definitions**

Under the National Law providing for national registration, there is no doubt as to the role, qualifications, or competency of paramedics although other personnel may carry provider-originated designations. What is important is that designations and identifiers ensure that the role of practitioners is clearly indicated to forestall any misapprehensions as to the level of care available or being provided.

### *Recommendation 7*

*Provider-based terminology should not be used to describe the roles of nationally registered health practitioners who are covered by the provisions of the National Law.*

### *Recommendation 8*

*Provider-based role descriptors in general should not be used in legislation. Generic terminology established by the role and qualification definitions determined by the relevant national health profession regulatory Board(s) should be used to ensure national consistency.*

### *Recommendation 9*

*Notwithstanding the intent of Recommendations 7 and 8, Paramedic Services legislation should clarify the roles of various operational staff including volunteers*

### *Recommendation 10*

*The welfare of volunteers should be protected through a range of induction, training, health and safety provisions to protect their long-term physical and mental welfare on no less a basis than that for employed staff. This protection should include immediate and longer-term behavioural support (if needed) that takes effect on the basis of evidence and without the need for adversarial legal action.*

## **Community integrated healthcare**

Due recognition needs to be taken of the importance of healthcare that is close to the community and which ensures right care, right patient, and right time. These principles align with national policies that envisage the growth of integrated out-of-hospital care to cater for an aging population and increasing incidence of chronic conditions.<sup>26, 27</sup>

Many patient presentations are not acute cases demanding a 'lights and sirens' response and the objective of achieving a seamless integrated healthcare delivery system thus needs to go beyond the perception of a paramedic service provider as only pre-hospital emergency care or as a non-emergency patient transport.

Policy makers should embrace the concept of both country and metropolitan services fulfilling the role of agencies facilitating paramedics (and other personnel) in their provision of broader health care responses through the delivery of out-of-hospital care in diverse situations (whether in the field, a healthcare facility or at home) and under conditions that are at times unscheduled or emergency.

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<sup>26</sup> Australian Health Care Reform Alliance, *Australia's most valuable health care resource*, 28 June 2016, <https://bit.ly/2aoKZUI> accessed 05/12/2018

<sup>27</sup> Australian Health Care Reform Alliance, *Thinking holistically on health*, 30 November 2016, <https://bit.ly/2i8RPSA> accessed 05/12/2018

This more realistic pattern of care and practice activities has already been demonstrated by effective diversion and referral programs in numerous services. In Australia, extended care paramedics are increasingly becoming first line primary healthcare providers<sup>28</sup> and the Australian Productivity Commission has supported the use of extended care paramedics in delivering efficient health care.<sup>29</sup> Pilot projects have also shown the benefits of community paramedic and extended paramedic care.

One of the transformational factors in delivering integrated healthcare will be the full implementation of electronic health records and access to patient data in the out-of-hospital setting. Electronic data collection will be a powerful tool in monitoring patient indicators and for handover purposes, for research and analysis and in areas of auditing and quality assurance.

For the paramedic, electronic health records should enable rapid retrieval of records and transmission of data while en route to definitive facilities (e.g. hospitals). Fully integrated electronic health also holds the promise of facilitating clinical feedback to the paramedic, the service, the patient's GP and other primary care community services, enabling a seamless continuation of care that will ensure the best possible outcome for the patient.

#### *Recommendation 11*

*WA Legislation empowering paramedics should provide for objectives that facilitate the provision of care by registered community paramedics and extended care paramedics holding prescribing rights - whether employed by a service provider, other entities or as independent practitioners.*

#### *Recommendation 12*

*Legislation empowering the engagement of paramedics should provide for the implementation of electronic data collection, storage and dissemination/sharing (with appropriate security safeguards) that will facilitate the seamless delivery of patient care.*

### **Terminology and reporting**

Along with a shift in emphasis from 'emergency' and 'transport' roles there is a need for changes in terminology that better recognise the functional dimensions of the healthcare provided by paramedic services personnel - be they physicians, paramedics, nurses or other operatives such as volunteers.

As the core professional practitioners working within a service provider, paramedics need to be working with hospitals, public officials, and other health and allied health professions in both conventional western and indigenous health settings. This engagement will be fostered by using appropriate language and the adoption of relevant performance measures with a health outcome focus.

The annual RoGS report excludes military medics and does not provide consistent or comprehensive data on private sector services not funded by governments. RoGS has a strong emphasis on physical performance measures and it's disconcerting that detailed information is available on aspects such as response times but much less on clinical outcomes.

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<sup>28</sup> O'Meara P, Tourle V, Stirling C, Walker J, Pedler D. *Extending the paramedic role in rural Australia: a story of flexibility and innovation*, Rural and Remote Health. 2012;12(2):1-13.

<sup>29</sup> Australian Government, Productivity Commission. *Efficiency in Health*. April 2015, <https://bit.ly/2BEFjSt> accessed 04/12/2018

The terminology in RoGS referring to ambulance incidents and services is also somewhat misleading as it conflates the roles of the paramedic and an ambulance (vehicle or service).

The reporting of paramedic services also presupposes a category of response (Code 1 - emergency) that represents only a proportion of the overall services delivered. Measures need to be taken to broaden both the type, collection, consolidation and dissemination of data.

Terminology is important and the trend to recognise the actual functional activities performed in delivering individual care on site (along with the important transportation dimension) has grown internationally. In many jurisdictions overseas and for private sector entities in Australia, the organisational service entities have renamed themselves to Paramedic Services (or similar) to better reflect the broader health care dimensions of their activities.

Many former ambulance services have rebadged to include reference to paramedic care. While no focus studies have been undertaken by the author, renaming may also diminish the proportion of trivial calls received by the service by 'personalising' the service role beyond that of mere transport.

#### *Recommendation 13*

*Legislation for paramedic services should facilitate better recognition of the scope of out-of-hospital care and record of patient outcomes from the beginning of the patient journey by the capture and sharing of health-related patient outcome data well beyond the current details of transport and response times provided by the Report on Government Services. Legislation should enable the integration of data between the Productivity Commission and the Australian Institute of Health and Welfare<sup>30</sup> to better inform overall healthcare policy.*

#### *Recommendation 14*

*It is recommended that the terms 'Ambulance Service' and 'pre-hospital' be replaced by 'Paramedic Service' and 'out-of-hospital' to better reflect the reality of delivered care and to enhance the active involvement of the service and paramedic practitioners in the design and implementation of illness and injury prevention programs.*

### **Education and research**

One of the challenges in today's world is the ability to keep up with the flood of new technologies that appear on a regular basis. Smartphones, personal devices, portable ultrasound, new diagnostic tools, nanotechnology, 3-D printing, driverless cars and drones are among the many innovations that come immediately to mind and which may have an impact on the delivery of paramedic services.

Australia leads the world in its embrace of tertiary level qualifications for paramedics. This applies not only to the basic qualification level but also to the extent that paramedics hold multiple qualifications including doctoral degrees. These professional practitioners and researchers are creating new bodies of work that are advancing the profession from within.

The adoption of higher education standards for paramedics has done much to future-proof the paramedic profession and Australian service providers as innovation and technological change continue and the evidence base for paramedic practice grows.

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<sup>30</sup> Australian Institute of Health and Welfare, *Capability statement*, <https://bit.ly/2rxDG5d> accessed 08/12/2018

Unfortunately, there is little funding available for paramedic research and the career prospects for those with doctoral degrees are severely limited. Only recently has the federal government recognised that paramedics are highly educated professionals and opened access to a range of scholarship support schemes until cessation of funding.<sup>31</sup>

Funding for medical-related research in Australia is dominated by established clinical and hospital networks and big-target projects<sup>32</sup> while various primary care research and GP data collection have been defunded.<sup>33</sup>

The paucity of research funding limits the number of paramedics pursuing higher degrees, with the result that the number of paramedic academics and researchers, as well as the number of relevant research projects, is severely limited.

The transfer of paramedic education to the university sector creates great opportunities to undertake research and development work. Universities hold expertise in education both for face to face learning and in distance education which is important for rural and remote practice.

University engagement also provides an excellent opportunity for developing a systems-based approach to information with a national database of research activity, standardised data collection and collation and reporting of outcomes necessary to advance best practice.

University collaboration can provide access to advanced teaching and simulation facilities and engagement with the best available practitioners in many fields including clinical medicine and epidemiology, engineering, human factors, social and population welfare.

Education and research are important but not perceived as core functions of a paramedic service, and for several reasons (facilities, aggregated and cross-disciplinary expertise, publication and dissemination of outcomes etc.) the best approach for optimal paramedic research is seen to be through partnerships between service agencies and universities. Such partnerships offer other benefits such as the development and reliable testing of practice developments and risk reduction interventions.

Ideally, paramedic educators and researchers will have joint and sessional appointments to universities and paramedic services in a similar manner to the roles undertaken by medical practitioners and other professions.

Joint facilities also promise economies of scale. Access to dedicated human and physical resources would facilitate advances in basic education and higher degree studies and would fulfil the important task of ensuring continuing education and professional development for paramedics and other personnel at a time when there is likely to be an explosion in demand.

#### *Recommendation 15*

*Paramedic Services legislation should be framed to facilitate collaborative engagement with institutions of higher learning (universities) with affirmative statements that foster appropriate sharing of human and physical resources, data and other clinical and operational matters (as appropriate).*

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<sup>31</sup> Services for Australian Rural and Remote Allied health, <https://bit.ly/1CVR6dr> accessed 04/12/2018

<sup>32</sup> Medical Research Future Fund, *Budget 2014-15*, <https://bit.ly/2UE5TVh> accessed 04/12/2018

<sup>33</sup> Australian Health Care Reform Alliance, *On the BEACH*, 9 September 2016 <https://bit.ly/2hmF1UM> accessed 04/12/2018

#### *Recommendation 16*

*Services receiving government funds to provide public services should be explicitly required to follow public sector principles of objective merit-based employment through the engagement of registered practitioners from accredited programs of study that fulfil the requirements of service accreditation according to a national Standard for paramedic services.*

### **Public engagement and governance**

There is strong support for consumers to be meaningfully involved in decision-making about their health care and treatment, and for their engagement in determining broader health policy, planning and service delivery.

There is growing recognition and evidence that consumer participation:

- positively influences an individual's health outcomes if they are given quality information and are actively involved in decisions;
- improves quality and safety by helping to design services that meet consumer needs;
- provides feedback to drive service improvement; and
- enhances accountability by openly and transparently reporting on performance to consumers.

The practical acceptance and implementation of consumer participation in healthcare is relatively recent and is a challenging process. There are growing opportunities to enhance consumer participation at all levels, including by better supporting consumers to understand and engage with basic health service information, and better involving consumers in organisational strategic planning and evaluation. This public engagement is increasingly important as any new national accreditation standards are implemented, with significantly higher expectations and evidence requirements for consumer participation.

The author agrees that there is considerable scope for improvement in reporting by paramedic services beyond the media coverage of events and incidents. Ambulance services have not been as open and transparent as many would expect of a public service and can do a much better job of sharing best practices from transparent data.

Service can take a more proactive role in educating the public about safety, health and injury prevention given the level of trust they hold within the community and daily interaction with other health professionals and a wide cross-section of the community.

#### *Recommendation 17*

*The legislation underpinning the role of paramedic services should incorporate significant elements that facilitate the engagement of the public and other service providers (paramedic, nursing, medic etc.) across the range of governance activities. That engagement should be meaningful and localised to the extent that it aligns with new structural models for healthcare and regional networks for hospitals developed for the state and national practice networks<sup>34</sup>.*

<sup>34</sup> Australian Government, Department of Health, Primary Health Networks, <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>

accessed 05/01/2017

## Abbreviations

The following abbreviations are used in this submission.

|                      |   |
|----------------------|---|
| <b>AHPRA</b>         | Australian Health Practitioner Regulation Agency        |
| <b>ANZCP</b>         | Australian and New Zealand College of Paramedicine      |
| <b>CPO</b>           | Chief Paramedic Officer                                 |
| <b>CQC</b>           | Care Quality Commission (UK)                            |
| <b>DOH WA</b>        | Department of Health Western Australia                  |
| <b>ICT</b>           | Information and Communication Technologies              |
| <b>KPI</b>           | Key Performance Indicator(s)                            |
| <b>National Code</b> | National Code of Conduct for health care workers        |
| <b>National Law</b>  | Health Practitioner Regulation National Law Act         |
| <b>NEPT</b>          | Non-Emergency Patient Transport                         |
| <b>NHS</b>           | National health Service (UK)                            |
| <b>NRAS</b>          | National Registration and Accreditation Scheme          |
| <b>NT</b>            | Northern Territory                                      |
| <b>PA</b>            | Paramedics Australasia                                  |
| <b>PAC</b>           | Public Accounts Committee (UK)                          |
| <b>PTSD</b>          | Post Traumatic Stress Disorder                          |
| <b>RoGS</b>          | Report on Government Services (Productivity Commission) |
| <b>STP</b>           | Sustainability and Transformation Plans (UK)            |
| <b>UK</b>            | United Kingdom  |
| <b>WA</b>            | Western Australia                                       |

**Registered Paramedic** - A professional health care practitioner whose education and competencies empower them to provide a wide range of medical procedures and care in diverse settings including out of hospital and unscheduled care situations

**Paramedic Service** – A provider of health care and related services using paramedics as the principal practitioner resources (public entities are commonly known as ambulance services)