



Government of **Western Australia**
Department of **Health**

Registration of Paramedics in Australia and amending the *Health Practitioner Regulation National Law (WA) Act 2010*

Summary Decision Regulatory Impact Statement for Western Australia

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Context

This summary Decision Regulatory Impact Statement (DRIS) has been developed to augment a national Regulatory Impact Statement (RIS) finalised in 2015. It seeks to highlight in summary form, the implications of options to strengthen regulatory arrangements for paramedics in Western Australia. The national RIS is available on the Council of Australian Governments (COAG) Health Council website: <http://www.coaghealthcouncil.gov.au/Publications/Reports>

The Problem

Following a series of deaths in Western Australia in 2009 a review by the Western Australian Auditor General of the State's ambulance service provider identified deficiencies in clinical safety and quality. Factors that contributed to this were the education and training available, practice standards, and accountability of paramedics.

There is no licencing or registration scheme for paramedics, limited mechanisms to remove poorly performing or impaired practitioners from providing services, no agreed national standard of training, or definition as to what constitutes a paramedic. Data available to government on the performance of the paramedic service is also poor. The lack of transparency makes it difficult to ensure patient safety and quality particularly for Western Australia where public ambulance services are delivered by a private sector employer.

To implement and sustain the necessary changes to protect the public and improve safety and quality, Western Australia requested the Australian Health Workforce Ministerial Council to consider the option of registration of paramedics through the National Registration and Accreditation Scheme (NRAS, also referred to as the National Law) as well as other regulatory or non-regulatory options.

To provide advice to Ministers a comprehensive national RIS and consultation process (that included Western Australia) occurred during 2012 to 2014. This involved:

- Examining the evolving practice of paramedicine and the actual incidents and potential for harm;
- Examining the industries and environment in which paramedics are employed and the controls and standards in place;
- Exploring regulatory and other options that might provide a solution to the problem; and
- Analysing the costs and potential benefits of those options.

Objectives of the Proposal

The overall objective of the proposal is to minimise the incidence of patient harm associated with the delivery of paramedic services, in the context of a national economically efficient solution.

Other objectives for Western Australia are to increase the transparency of the quality of the services provided by paramedics and to provide a clear definition of the title 'paramedic', to improve the governance and accountability of paramedic performance.

In his findings from the Thoms inquest following the death of a teenager at a music festival in WA, Coroner Mulligan warned of a high level of risk for the community when an individual identifying as a paramedic delivers care in settings outside a traditional ambulance service, and that the public should not be at risk of confusing first aiders with paramedics.

Options Considered for the Regulation of Paramedics

The following options have been considered in order to meet the above Objectives:

1. Maintain the status quo and rely on existing regulatory and non-regulatory mechanisms. This option would rely on the current variable and limited regulatory arrangements and efforts of employers and professional associations to ensure safety and quality.
2. Strengthen self-regulation of paramedics. This option would have to be developed by the profession itself and could include a voluntary register of paramedics, and standard setting through the professional associations.
3. License private providers of paramedics. This option would require development of licencing standards so that private sector organisations would become licence holders in order to provide paramedic services.
4. Extend registration to the paramedic profession under the NRAS. This is a comprehensive national solution whereby the profession of paramedicine would be regulated under the National Law, the same as medical practitioners and nurses.
5. Establish statutory registration of the paramedic profession under separate state and territory regulatory schemes. This option is similar to option 4 except the regulator would be established separately in each state and territory.
6. Strengthened contractual arrangements with private sector providers in Western Australia. Whilst this option was not included in the national RIS, Western Australia along with the Northern Territory are the only two jurisdictions that do not provide a public (government provider) ambulance service, and therefore could assess the potential to address the problem through strengthening the contractual arrangements with the service providers.

Further details on options 1-5 are available in the national RIS.

Impact Analysis of Options

Option 1: Status Quo

More than 13,000 people work as paramedics in Australia and approximately 15% of them are employed in the private sector. In Western Australia there are more than 800 paramedics all working in the private sector.

Modern paramedic work is wide-ranging, increasingly complex and frequently high risk. The settings where paramedicine is practised, changing clinical procedures and techniques, and improvements to medicines and technology mean that the scope of practice of paramedics has evolved significantly in the last two decades.

The regulatory context is varied and inconsistent across Australia. Limited self-regulation has also been established through peak bodies and an accreditation arrangement through the Council of Ambulance Authorities for educational programs.

Consequently there is confusion about who is a paramedic, arising through the variable regulatory arrangements and inconsistencies in training and education. Employers are also required to undertake their own risk management and assurances as to the knowledge and skills of the person being employed. There is nothing that prevents a poorly performing or impaired paramedic that has been dismissed by one employer, moving across jurisdictions and gaining employment with another.

The eight public ambulance services across Australia reported, on average, more than 1,700 complaints per service each year in the three years to 2012-13. In WA there are on average 57 complaints per year. These complaints about paramedics can result in disciplinary actions relating to misconduct, performance improvement and termination. Details of sanctions are usually not made public.

These issues would continue in the absence of any changes to the current governance framework.

Option 2: Self-regulation

This option is cost effective but voluntary, and without a statutory base cannot impose disciplinary processes and share critical information across employers and regulators. If established, a voluntary public register could provide some benefits to employers, the public and paramedics themselves who, for example, may wish to practise inter-state. The ability to offer comprehensive public protection through enforceable standards is limited. In Western Australia this would mean that paramedics who choose not to register could still practise and private providers could continue to offer paramedic services without requiring their employee paramedics to be registered. The cost to government for this option would be minimal.

Option 3: Licensing private service providers

This option can also be effective but would require each jurisdiction to establish a licensing scheme including standards, payment and audit regimes and the monitoring of licence holders. The costs for private service providers would increase dependent on the model imposed by government, either cost recovery or subsidised.

Based on a cost recovery model, the first year costs to the 122 private service providers operating across Australia is estimated to be \$1,305,600 and includes the additional licensing cost where 70 of those providers operate in more than one jurisdiction. The cost to four providers in Western Australia that also have operations in more than one jurisdiction is estimated at \$54,400 for the first year. Ongoing license renewal costs would be approximately half assuming the four providers maintain their inter-state operations.

There will be a cost to government to establish the scheme, and this would include introducing legislative changes (estimated at \$30,000 for Western Australia) and to develop the necessary administrative support (estimated at \$50,000 for Western Australia assuming the function is incorporated within the existing licensing regulation unit in the Department of Health).

The cost to the Western Australian government of the inspection, monitoring and audit regime would be minimal. The Department of Health 'Licensing and Accreditation Regulatory Unit' will

be operating on a full cost recovery basis by 2018. The annual renewal fee based on a cost recovery model for each private service provider has been estimated at \$3,400.

Option 3 cannot address the issues of individual paramedic performance, professional entry standards and wider public protection given private services account for only 15% of the workforce nationally. Licensing schemes would not ensure national educational requirements for professional entry and would limit the mobility of the paramedic workforce.

Option 4: Registration under the NRAS

Including paramedics in the NRAS provides a comprehensive mechanism for paramedic regulation, public protection and reduced cost to the community as a whole. A fundamental element of the Scheme is that the ongoing cost is funded through the registration fees charged to practitioners. The cost to initially register as a paramedic has been estimated to include a once-off application fee of \$100 to cover the administrative cost of processing and verifying applications including criminal history, ID and qualification checks, plus a registration fee estimated to cost \$350. Only the registration fee then applies annually to renew registration.

Although this option carries an increased cost to paramedics, the administrative services for registration have been streamlined and include online registration. Australia has one of the world's highest online renewal rates with 98% of registered health practitioners choosing to renew their registration this way in 2015/16. The median time to complete an application for registration is currently 16 days.

The start-up cost (nationally) to register paramedics under the NRAS will be \$1,769,133 over three years. This includes policy work required to inform the drafting of the legislation and the establishment of a national Board for a period of 12 months prior to registration commencing. The source of funding for this is the Australian Health Ministers Advisory Council (AHMAC) cost-share fund and Western Australia's share of this cost is approximately 10% (\$176,913).

As stated above, the ongoing cost to administer the Scheme is borne by the registered practitioners and does not incur costs to the jurisdictions. There is also a reduced recruitment cost to employers as screening to determine eligibility for registration is carried out by the regulator, and satisfies most pre-employment integrity checks.

Transparency to the community and benefits to employers is provided through the public register of practitioners available on the Internet and publicly available information via the regulator's annual report. The national register will include any restrictions placed on a paramedic's registration.

National standards for education and training (entry to the profession and continuing professional development) and accreditation of education providers ensure consistency and facilitate the mobility and recognition of registered practitioners. It is likely a national board for paramedicine will adopt an industry standard of a bachelor's degree as the minimum education requirement required for registration. Paramedics in Western Australia without this qualification could be eligible for grandfathering under section 303(1) of the National Law dependent on what other qualifications or training has been completed, and whether they have current industry

experience. The current educational requirement to be employed as a paramedic with St John Ambulance in WA is a bachelor's degree.

The Scheme also facilitates a more pro-active response to identify and take measures to prevent people from 'holding out' as a registered practitioner, remove or sanction poor performing and impaired practitioners (as well as students) and legally share critical information between regulators and jurisdictions.

Option 5: Establishing state and territory legislation separately to register paramedics

This option would be costly and less efficient than Option 4. To achieve many of the benefits to the community and industry as a whole it would be necessary for all jurisdictions to enact the same or similar provisions. Cross-border practice would require individual paramedics to register in each state or territory in order to legally practice. Establishment costs for Western Australia have been estimated at \$100,000 to enact legislation, \$1 million for a separately constituted Board and an estimated higher annual registration renewal cost of \$450 for Western Australian paramedics.

Option 6: Strengthened Contractual Arrangements with Private Sector Providers in Western Australia

Improving contractual arrangements could see increased accountability and data provision which in turn is likely to see improved paramedic performance. However, much of the same information and associated management systems is needed for this task as Option 4, without the benefits of national consistency and the sharing of performance data across jurisdictions to support the movement of paramedics across state borders. Strengthening contractual arrangements will also not deliver the same degree of transparency as some contractual data would inevitably remain private.

Another downside is that private providers would need to provide registration standards, establishment and maintenance of a public register, accreditation of education providers, and mandatory notifications and complaints handling functions over and above those existing primary services. Given Western Australia is already a party to the NRAS where these functions are delivered it is also considered more efficient to adopt Option 4.

Consultation

As part of the national RIS project wide-ranging consultation across Australia informed the assessment of the five options. Public forums were held in jurisdictions including Western Australia in 2012. Submissions were invited, and requests for information occurred through to 2014. Over 230 people attended the forums, 30 attended in WA and there was 50 written submissions received from key stakeholders across Australia.

Nationally and in Western Australia, key stakeholders were in support of paramedics being included in the NRAS. Through the development of the national RIS, private providers, peak bodies and other industries that employ paramedics such as Defence contributed information and their views. Comparable schemes internationally were also canvassed.

Without a registration system in place, the evidence base to inform the actual incidents of harm, notifications and complaints and practitioner performance relied on employers and jurisdictions to provide data. The absence of a consistent collection mechanism meant the extent of actual and potential harm to the public was challenging to prove. Over the length of the consultation the industry itself took measures to improve various aspects of the profession such as educational requirements and practice standards which strengthened the argument for self-regulation.

The Commonwealth Office of Best Practice Regulation (OBPR) is responsible for assessing all regulatory proposals decided by the Australian Government and by COAG and Ministerial Councils and any consequent RIS. Despite considerable effort including assistance from Victoria, the Western Australian Department of Health was advised in June 2015 by the OBPR that the RIS required further work to meet the requirements in the *COAG Best Practice Regulation Guide for Ministerial Councils and National Standard Setting Bodies 2007*.

At their meeting on 6 November 2015 the COAG Health Council was fully briefed on the extensive work to date on the RIS and the likely outcome it will not be assessed as meeting the Regulation Guide requirements. The COAG Health Council voted to include paramedics in the NRAS. Members who were in favour, including the Minister for Health in Western Australia, were satisfied that sufficient work had been done to assess the regulatory impact and that Option 4 – registration of paramedics under the NRAS – would provide the greatest net benefit to their jurisdictions and the Australian community.

Specific Benefits to Western Australia from National Registration of Paramedics

Following the COAG Health Council decision, consultation has continued with the peak bodies to achieve the optimal approach to implementation. Current standards for employment as a paramedic in Western Australia through St John Ambulance align with those being proposed nationally, and key stakeholders in Western Australia remain in support of paramedics being included in the NRAS.

Employers of paramedics in Western Australia will benefit from the Scheme's pre-registration integrity checking which includes international and Australian criminal records screening, confirmation of educational currency and professional standing. Students will also have a clear pathway to registration as paramedic and ability to work anywhere in Australia.

Western Australian paramedics will benefit from sophisticated registration systems and a statutory base that ensures practitioners and the State are represented on the national Board. The entities within the Scheme also work actively to create efficiencies and registration renewal fees have been reduced over time for four professions, held stable for five professions and increased marginally or in line with indexation for the remaining seven.

Western Australians will have increased confidence in the provision of paramedic services through access to information about registered paramedics on the public register, registration standards for paramedics, the established (including online) processes for lodging complaints and notifications and a local presence of the national regulator. Inclusion of paramedics in the NRAS will reduce confusion over who is a paramedic versus a first-aid responder or other

emergency services personnel. The provision of emergency out of hospital care, endorsement to administer scheduled medicines, and practice standards will become consistent and evolve through the national Board's responsibility to ensure the profession practices safely.

Wider public benefits will include the ability for jurisdictions to plan for a sustainable paramedic workforce through access to the public register database; the ability to best utilise the paramedic profession to meet evolving models of care through setting educational requirements in line with future population health needs; and research into areas of practitioner performance that can predict where and when a practitioner may be at risk and an intervention needed.

The Department of Health, for the reasons stated above, agree that there are no other options available that address the problem and provide the comprehensive net benefits for Western Australia. The decision to include paramedics in the NRAS is timely and coincides with, and will benefit from, recommendations from the 2014 Independent Review of the NRAS being implemented to improve the functions, transparency, accountability and governance of the Scheme.

The findings from the Independent Review also provide further assurance in regard to the decision to register paramedics under the NRAS. In his final report to the COAG Health Council, the Independent Reviewer Mr Kim Snowball made the following statements:

'The National Scheme today oversees the registration and regulation of more than 619,500 health professionals from 14 health professions. Its importance in keeping people safe and ensuring community confidence in the health workforce cannot be understated'.

'There was a strong and consistent acknowledgement across forums and submissions of the achievements of the National Scheme and the major success it has delivered in reforming health regulation in Australia'.

Implementation

Following the COAG Health Council decision a project team being led by Victoria and Queensland has undertaken further consultation and policy work to inform the amendments to the National Law. This has included confirming the name of the profession of 'Paramedicine' and protected title of 'Paramedic' to be legislated. Following the passing of legislation the Paramedicine Board of Australia will be established to begin developing registration and accreditation standards that will apply.

Following establishment of a national register, a date will be determined to commence applications for registration and a date where it will become illegal to use the protected title 'paramedic' unless registered. Grandfathering provisions will be established to recognise experienced paramedics who do not possess the requisite qualifications. Nationally it is anticipated that 95% of the current paramedic workforce will be eligible for registration, which is likely to be higher in Western Australia given the qualification requirements set by St John Ambulance, with a small number of current experienced paramedics eligible for registration via the statutory grandfathering provisions.

The process will be similar to that which occurred prior to July 2012 when four professions joined the Scheme (Aboriginal and Torres Strait Islander health practitioners; Chinese medicine

practitioners; medical radiation practitioners; and occupational therapists). Widespread communications including media occurred nationally to ensure practitioners lodged their applications and were registered to be able to practise.

Evaluation and Post-implementation Review of the Proposal

In some circumstances, changes to regulatory schemes under the COAG model require a review after two years from implementation. The decision to include paramedics in the NRAS will be subject to this review requirement and Western Australia will participate in that process. In light of the limited performance data available to government at this time, which has restricted the quantification of proposed options considered under the national RIS, a post-implementation review is considered particularly useful. The process to conduct reviews under the COAG regulatory model is typically comprehensive and undertaken by eminent, credible and recognised experts.



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**FORMAL ADVICE ON SUMMARY DECISION REGULATORY IMPACT STATEMENT:
COMPLIANT**

Registration of Paramedics in Australia and Amending the Health Practitioner Regulation National Law (WA) Act 2010

Thank you for providing the Summary Decision Regulatory Impact Statement on the above proposal. The Regulatory Gatekeeping Unit notes that the Summary Decision Regulatory Impact Statement seeks to augment a national Regulatory Impact Statement undertaken in 2015, to highlight the implications of the decision to register paramedics under the National Registration and Accreditation Scheme in Western Australia.

The Regulatory Gatekeeping Unit advises that based on the information provided, the Regulatory Impact Assessment criteria have been satisfied. No further Regulatory Impact Assessment is required. It should be noted that the Regulatory Gatekeeping Unit does not support any particular regulatory option or outcome and does not verify the underlying data or methodology used in a Regulatory Impact Statement.

Once the decision has been made public by Government in its final form, please ensure that the Summary Decision Regulatory Impact Statement and Compliance Assessment Notice are made publicly available on your website. You should inform the Regulatory Gatekeeping Unit when this has been completed.

Please note that the Regulatory Gatekeeping Unit should be consulted prior to any changes being made to the Summary Decision Regulatory Impact Statement, as these changes may impact the Summary Decision Regulatory Impact Statement's compliance. The reference **RG1500** should be quoted in all future correspondence and compliance reporting on this proposal. This letter should be retained as a record of the Regulatory Gatekeeping Unit's advice.

If you have any questions or comments please contact Monika VuksanCusa on (08) 6551 2723. Alternatively, you can also email the Regulatory Gatekeeping Unit at regulatorygatekeeping@finance.wa.gov.au.

Andrew Dolling
DIRECTOR
ECOMONIC REFORM

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