Submission
No 40

REVIEW OF THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE AMBULANCE SERVICE OF NSW

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Australian College of Ambulance Professionals Ltd.

Submission to the Legislative Council, General Purpose Standing Committee No. 2

Window-dressing or real change

Review of the implementation of the GPSC2 Report into the management and operations of the Ambulance Service of NSW, October 2008

January 2010

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Executive Summary

The Australian College of Ambulance Professionals (ACAP) is the national body representing more than 4000 Paramedics engaged in the delivery of out of hospital Emergency Medical Services (EMS). ACAP is uniquely positioned to provide insights into the delivery of EMS across Australia.

ACAP endorses the philosophical approach to health care outlined in the 15 Health Care Principles articulated by the National Health and Hospitals Reform Commission (NHHRC). It supports the translation of those principles into the EMS environment.

ACAP acknowledges the areas of excellence of the Ambulance Service of NSW (ASNSW) and the competence and dedication of its Paramedic workforce. It notes that ASNSW has made substantial progress on addressing the issues highlighted by the recommendations of the General Purpose Standing Committee No.2 (GPSC2), especially in relation to bullying and harassment within the Service.

It notes the formidable challenges facing any large and dispersed organisation in changing its internal culture and belief systems.

ACAP has sought the views of more than 1000 NSW members and taken into account the perceptions of respondents to the organisational changes since the Report of the GPSC2 Inquiry. In analysing the responses received, ACAP has taken a forward-looking view and placed a focus on identifying issues of continuing significance affecting Paramedics and other personnel within the ASNSW.

Matters of particular concern include the need for independent accreditation of the ASNSW; independent national registration of Paramedics; independent and community engaged investigation and fitness-to-practice regimes; wider recognition of EMS as a discrete field of emergency health care; the need for a harmonised national stream of funding; greater focus on an integrated education approach embracing VET training and tertiary (degree level) education; and national recognition of Paramedical practice as an Allied Health Profession.

Recommendations are made where deemed appropriate, and these form part of the detailed observations on the GPSC2 recommendations.

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You cannot escape the responsibility of tomorrow by evading it today.

Abraham Lincoln

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Part 1 – Overview

Australian College of Ambulance Professionals

The Australian College of Ambulance Professionals (ACAP) is the national body representing the professional interests of Paramedics. It provides research support; conducts programs of professional development; publication; and other activities designed to enhance the standards of out-of-hospital Emergency Medical Services (EMS) and protect the health and safety of the community.

It supports evidence-based best practices that will ensure optimal patient outcomes and the integration of EMS with other health care programs under the basic principles espoused by the National Health and Hospitals Reform Commission (NHHRC).[1]

ACAP is thus uniquely positioned to provide insights into the delivery of EMS and policies that affect the access, equity, quality and effectiveness of EMS as a vital part of primary emergency health care.

Drawing on the accumulated knowledge and experience of more than 4000 members, ACAP has a profound appreciation of the impact of workplace conditions on EMS, with members operating under widely divergent levels of infrastructure support across both the private and public sectors and in settings ranging from metropolitan to rural and remote communities.

Reports, recommendations and responses are generally made in good faith and in the belief that something is being done. The reality is that, despite the best intentions of the participants, some very good initiatives are never recommended or implemented. Sometimes the outcomes remain unknown, with little evaluation, or constant change hampers their application and influence on corporate culture.

To better assess the current situation and in response to the General Purpose Standing Committee No.2 (GPSC2) monitoring request, ACAP has sought the views of more than 1000 NSW members and taken into account the perceptions of respondents to the organisational changes since the Report of the GPSC2 Inquiry.

The confidential oral and written replies from the perspective of respondents drawn from different levels and locations throughout the ASNSW provide a deeper insight into the perceptions of real change (or otherwise) within the Service. In some areas they may differ from formal policy or indicate misperceptions that show continued workforce dissonance and the need for better communications. This is their story.

Background to the Inquiry and its recommendations

The Inquiry was established by the Legislative Council on 15 May 2008 to report on the management and operations of the Ambulance Service of NSW (ASNSW). The membership of the GPSC2 and Inquiry Terms of Reference are shown in *Appendix 1*.

The catalysts for the Inquiry included concerns raised by ASNSW personnel (and others) about the operations of the Service, including recruitment and occupational health and safety issues, and in particular, serious allegations of bullying and harassment.

[1] http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/principles-lp

While the Inquiry acknowledged and considered the findings of numerous operational reviews of the ASNSW over the past decade, it placed a particular focus on the Service's management and culture.

The Inquiry took some five months to complete, during which time the Committee received numerous submissions from individual members of the public, internal staff, Government, representative bodies and others. It also held a number of hearings to explore issues both in open discussion and in camera.

The Committee reported that it had heard of numerous cases of depression, anxiety, self-harm and even suicide which were attributed (at least in part) to bullying and harassment within the Service. It expressed grave concern at the manner in which management had handled (or failed to handle) grievance and complaint matters generally.

The Committee also noted the apparent indifference of some ASNSW managers toward their employees, and their inability to foster a safe and healthy work environment, which had resulted in high levels of unresolved conflict within the Service, and a disconcertingly poor level of morale.

The final GPSC2 Report made 45 recommendations designed to address the perceived issues, and to shift the focus of management from paper to people.

ACAP endorses the investigation of these matters and deplores any workplace environment that would tolerate the alleged events presented to the Inquiry. It trusts that the majority of individual issues will be addressed in time by independent on-going investigations and (in some cases) legal actions.

While unable to redress the potential harm that may have occurred to individuals and the potential economic losses[2] and damage to reputation incurred by the ASNSW as a result of bullying and harassment, ACAP recognises the importance of addressing the underlying concerns that initiated the Inquiry.

Governance underpins corporate culture and plays a key role in determining the interpersonal outcomes which are reflected in the operational performance of an organisation.

ASNSW is not alone in having to cope with a management culture that tolerates bullying and harassment. These issues appear almost endemic within health care, as evidenced by recent studies and media reports. The result is serous breakdowns in trust, workplace stress, reduced productivity, higher risks of performance failures and heightened patient risk.

The need for the Western Australian Government to seek non-reprisal assurances from St John Ambulance (WA) Inc. in the Joyce Inquiry[3] (August 2009) and the number of confidential and suppressed submissions in the GPSC2 Inquiry are indicative of the prevailing EMS provider culture in the recent past.

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[2] Althofer, B K (2009) *Resolving Workplace Bullying. Survival questions and helpful hints from cubicles to boardrooms*. EGL I Assessments Pty Ltd, Spring Hill Queensland www.egliassessments.com

[3] http://www.abc.net.au/news/stories/2009/07/22/2633529.htm

In August 2009[4] the Queensland Minister for Emergency Services (responsible for the Queensland Ambulance Service) had discussions with his senior executive staff as a result of disturbing reports of emergency services personnel being subjected to bullying and harassment in that State.

The Director-General of the Queensland Department of Community Safety subsequently issued a statement to all staff strongly condemning unacceptable behaviour that may include:

- physical or verbal abuse;
- yelling, screaming or offensive/inappropriate language (including in emails);
- unreasonably belittling, humiliating or constantly criticising employees ;
- displaying written or pictorial material which is offensive;
- excluding or isolating employees;
- teasing or regularly making an employee the butt of jokes or pranks;
- psychological harassment;
- intimidation or threats;
- assigning meaningless tasks unrelated to a person's job;
- deliberately giving employees impossible tasks to set them up to fail;
- deliberately and unreasonably inconveniencing particular employees; and
- undermining work performance.

ACAP agrees that such behaviours are not to be tolerated. It draws attention to the complexity of issues and interpersonal relations which requires consideration of a range of activities both within the physical workplace and outside (for example, in the field and cyberspace – which transcends traditional location barriers).[5]

Workplace boundaries are becoming increasingly blurred given recent Court decisions[6, 7] and advice from workplace lawyers. In ACAP's view, the legal artifice that switches on and switches off the authorised clinician role of the Paramedic[8] by the Paramedic's presence (or not) on an operational roster, including periods of overtime or on call, does not adequately define the scope of workplace settings, although this definition may colour the thinking of some Managers.

In some cases what occurs outside the immediate physical workplace and off duty can still be workplace related, and thus represent workplace bullying. In extreme cases, it may become covered by Criminal Law with grounds for criminal action through a complaint of stalking (or other applicable criminal charges).

The underlying concern is that studies of workplace bullying may fail to get to the root cause as to why it happens, why it is allowed to happen and why it continues to happen. Claims that there is insufficient evidence are in many cases an unwillingness to admit that the unwritten ground rules have operated - in spite of official policies - with consequent harm to individuals and the larger organisation.

4 http://www.news.com.au/couriermail/story/0,23739,25981908-3102,00.html
5 http://www.caslon.com.au/cyberbullyingnote5.htm
6 http://www.caslon.com.au/cyberbullyingnote7.htm
7 http://www.caslon.com.au/cyberbullyingnote8.htm
8 ASNSW Medications Management (SOP2010-003) January 2010 p5

Various support mechanisms such as the introduction of Grievance Contact Officers (GCOs) and Peer Support Officers (PSOs) can provide invaluable support to fellow employees. There is a risk however, that in creating these roles, managers will see that their functions are being modified or eroded and as a result will not take responsibility for basic people management.

Such situations must not be allowed to develop and a strong culture of managerial accountability must be fostered in concert with suitable support mechanisms.

ACAP's primary objective therefore has been to identify issues of policy and governance significance that should be addressed in the context of best practice and to place a focus on forward-looking aspects in the delivery of EMS. ACAP wants to see EMS integrated with other health services so as to create a seamless system of care beginning at the point of need – the patient.

As a group, Paramedics zealously guard their status as Australia's most trusted profession,[9] and have embraced practice goals and professional and ethical standards intended to ensure the maintenance of that position. As a profession they want to provide a level of patient care that ranks with world's best practice in a collegiate environment free from bullying, harassment or other dysfunctional influences that would detract from that objective.

Unfortunately, ACAP must draw attention to the extent to which EMS providers in several Australian jurisdictions have been under the spotlight and have been the subject of Government Inquiries[10] because of perceived operational inadequacies and poor management cultures.[11]

Merely benchmarking performance against other Australian service providers therefore may not properly identify significant issues or shortfalls in the current management, clinical practices and performance monitoring of the ASNSW.

For example, it would not capture the need for independent and objective Key Performance Indicators (KPI) that would enable a better understanding and measure of effectiveness in health care and clinical governance terms, nor might it adequately cater for the perceived cultural deficiencies.

Thus, in making this submission, ACAP's concern has been not only to report on apparent progress with the specific issues raised by the GPSC2 but also to make related observations that will facilitate changes intended to get the system right - so it works fairly and properly for everyone - every time.

Taking stock – the ASNSW in perspective

There is no doubt that the ASNSW has a highly skilled professional workforce and has been undergoing rapid change as it transitions into a more modern EMS provider. Employing more than 3,700 people, it delivers emergency out-of-hospital care and transport, medical retrieval and health transport services to a population ranging from dense metropolitan to rural and remote settings.

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[9] http://www.readersdigest.com.au/life/australias-most-trusted-professions-2009/article142043.html
http://www.readersdigest.com.au/life/why-we--trust-our-ambos/article92407.html
http://www.ambulance.nsw.gov.au/media_publications/2009_pages/090728trusted.html

[10] *St John Ambulance Inquiry: Report to the Minister for Health*, Government of Western Australia, Department of Health, October, 2009 (St John Ambulance Inquiry or Joyce Inquiry)

[11] http://www.news.com.au/couriermail/story/0,23739,25981908-3102,00.html

The ASNSW has also been the subject of several reviews over the past decade, which might be considered as warning signals of the need for cultural and operational change.

The scope of these Inquiries has ranged from an examination of funding and infrastructure, clinical services, demand management, management practices, change in policy and practice, internal culture and staff morale, to governance and business systems. They have led to progressive improvements in EMS delivery.

For example, ASNSW has implemented a Clinical Review Group, Patient Safety Unit, IMMS reporting system, and variations to Clinical Practice in recent years. Another notable change was the introduction of the Certificate to Practice requirement where Paramedics must gain clinical professional development points to maintain their clinical certification within the ASNSW.

Recent years also have seen ASNSW Paramedics embrace a range of new clinical skills and interventions consistent with their role as key emergency care-givers.

These reviews generally formed part of the information available to the GPSC2 or have been referenced in the Government's response and are not cited separately.

Greater recognition of the need for community engagement was raised in the 2008 Performance Report[12] by the Department of Premier and Cabinet which stated (Recommendation 7):

> *"That the Ambulance Service continue to improve the public reporting of its performance by:*
>
> - *expanding the set of performance measures for regular reporting to include patient safety and clinical quality measures; and*
> - *including targets in performance measures to inform the public better about how well Ambulance Service is tracking in its service delivery. "*

NSW Health advises that a focus on the areas recommended by the 2008 Review will help to address the issues faced by the ASNSW, as well as result in changes that improve the service provided to the community and the working environment of ASNSW staff. It claims to be responding or to have responded to a majority of the issues raised by the GPSC2, with new activity to be initiated in response to the remaining recommendations.

In the introduction to his Report to the Minister for Health in Western Australia[13], the Independent Chairman, Greg Joyce warned:

> *"Unfortunately ambulance jurisdictions in Australia, including Western Australia, are beguiled by many lengthy reports and little action …."*

Only by being prepared to embrace change, monitoring progress and reporting transparently will the ASNSW avoid such a fate befalling the GPSC2 review.

Effective long-term changes will depend on demonstrated leadership from the top echelons of the Service, sustained education and awareness training, implementation of accountable organisational structures and the adoption of genuine participative and supportive management processes.

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[12] Government of New South Wales, *Review of the Ambulance Service of NSW*, Performance Review Unit, Department of Premier and Cabinet, Sydney, June 2008

[13] *St John Ambulance Inquiry: Report to the Minister for Health,* Government of Western Australia, Department of Health, October, 2009 (St John Ambulance Inquiry or Joyce Inquiry)

Establishing a base line philosophy for EMS

The primary goal of ACAP is to help develop the full potential of EMS as part of a health system that will deliver quality health care to all Australians. To achieve this objective, ACAP believes that health care policy should:

- recognise the benefits of holistic care delivered by health professionals operating in a multidisciplinary environment;
- ensure an equitable health system by providing EMS for all Australians according to need and regardless of race, creed, gender, location or economic circumstances;
- establish funding arrangements at Federal, State and Territory levels that facilitate the delivery of integrated health care services and minimise duplication of effort;
- ensure responsiveness, quality and high service standards through governance structures and community engagement that recognises the legitimate role of consumers in the planning and delivery of healthcare as well as involvement in appropriate complaint, resolution and feedback mechanisms;
- provide adequate educational opportunities for the recruitment, training and professional development of EMS personnel to ensure a competent and sustainable workforce; and
- provide a national regulatory regime for the accreditation of service providers and the independent registration of Paramedics that together will ensure consistent service standards and public safety; and facilitate the mobility of the EMS health workforce so as to better service the rural and remote areas of Australia.

ACAP endorses the underlying principles proposed by the NHHRC[14] to shape Australia's health system. Those principles outline a philosophical basis on which to plan and are divided broadly into two groups comprising system design principles and underlying governance principles. The *Principles for Australia's Health System* are reproduced in outline form below:

> *Design principles (what we as citizens and potential patients want from the system).*
>
> - *People and family centred*
> - *Equity*
> - *Shared responsibility*
> - *Strengthening prevention and wellness*
> - *Comprehensive*
> - *Value for money*
> - *Providing for future generations*
> - *Recognise broader environmental influences which shape our health*

[14] http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/principles-lp

Governance principles (generally how the health system should work)

- *Taking the long term view*
- *Safety and quality*
- *Transparency and accountability*
- *Public voice*
- *A respectful and ethical system*
- *Responsible spending on health, and*
- *A culture of reflective improvement and innovation.*

ACAP's vision of health care is firmly fixed on a dynamic and changing world. As often the first persons to provide care to people in distress, Paramedics are acutely aware of the impact of demographic changes, community expectations, health system pressures and changing health needs.

ACAP also recognises the practical dimensions in bringing appropriate levels of EMS to many diverse settings involving great disparities in geographic isolation, socio-economic status, language, culture and indigenous status.

Paramedics must participate effectively in multidisciplinary teams ranging from working under demanding conditions with law enforcement and emergency response units, to the seamless transfer of patients to expert medical staff in a more definitive health service environment.

It is therefore imperative that Paramedics operate within a supportive workplace environment in a relationship of mutual respect. There needs to be appropriate sharing of information and a level of transparency and shared support that will ensure informed decisions in dealing appropriately with complex health needs. At all times the Paramedic must recognise and value the important roles and challenges faced by patients, other health care staff and the service provider.

The relationship between the Paramedic and infrastructure provider must be a mutual endeavour in the knowledge that while the Paramedic carries particular professional skills, competencies and professional obligations that are exercised on the spot, the infrastructure service provider plays an essential part in communications, transport and practitioner support.

Appropriate clinical practice guidelines, policies and procedures should be in place to ensure an effortless interface between different health professionals with the timely and accurate transfer of information critical to effective patient outcomes.

History shows that Paramedic practice has not been fettered by the profession, which has been at the forefront in seeking better avenues of care and clinical practice. The barriers to innovation are perceived to lie more in administrative and management systems that are unresponsive or inappropriate for the circumstances together with poor clinical governance structures and practices, entrenched attitudes, inadequate performance indicators and resistance to transparency and change.

ACAP accepts and encourages the view that health professionals must be able to adapt to service future health needs, commencing with a firm grounding through accredited education and training in partnership with the education sector.

To cope with change, continuing education should be mandatory and there must be a commitment to support research and development activities that will create new knowledge for the benefit of patients. Achieving these aims will require evaluation and consultation processes well beyond the levels of commitment and resources devoted to these areas in the past.

ACAP believes that effective governance and leadership comes from long-term strategies divorced from short term considerations. Planning must be based on projections of supply and demand; it must respond to changing demographics and health care practices; and retain the flexibility to take advantage of technological advances.

ACAP supports the principles of responsible and accountable management and an ethical culture of continual improvement that embraces the service objectives of patient safety and quality outcomes. Among the components of these governance and quality systems must be:

- open and transparent reporting including provisions for whistleblower protection;
- external reporting of sentinel events and appropriate feedback mechanisms;
- independent and community-engaged complaint and dispute resolution mechanisms;
- effective organisational and administrative systems that foster participative decision making, mutual respect and matching responsibilities and accountabilities;
- appropriate accreditation and other quality assurance mechanisms for both individual practitioners and service providers; and
- over-riding acceptance of public accountability for health care outcomes.

ACAP agrees with the strong community view (reflected in the 2009 NHHRC recommendations)[15] that the public is entitled to regular reports on the status, quality and performance of health care (which includes EMS).

ACAP considers that particular efforts should be made to ensure the development of evidence-based practice guidelines and that practising Paramedics, educators, researchers and employers should participate in the determination of broader health care policy that impacts the delivery of EMS.

In summary, ACAP endorses the NHHRC principles as articulating a philosophy that should underpin the delivery and governance of EMS and which should be adopted and implemented by all Paramedics and EMS providers.

As part of this process, the State and Federal Governments should acknowledge EMS as a significant and discrete component of health care to be funded and managed in the context of the overall delivery of health care services.

[15].. http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report

Part 2 – Evaluation of the NSW Government response

The tenor of the Government's response

The Government's response acknowledged that ASNSW / NSW Health commenced new initiatives with the benefit of informed Committee deliberations and witness statements. However, it is disappointing to find a somewhat aggressive tenor permeating the response, apparently designed to diminish the credibility of the Inquiry findings.

For example, particular note was made[16] of the fact that three members held some reservations about different aspects of the Inquiry and its recommendations, viz:

> *"Of note, at the time, three of the six [sic] GPSC2 committee members held serious concerns about the content and recommendations handed down in the report and their dissenting statements are included at Appendix 6 of the report. In total there were eleven recommendations that were not supported by those committee members."*

Analysis of the GPSC2 Inquiry report shows that the Government observations largely mirrored the words used by the individual dissenters (drawn incidentally from the Government party), thus casting considerable doubt on the independence and objectivity of these contrary viewpoints.

Examination of the Committee deliberations also shows a commendable level of transparency within the constraints of the sensitive and confidential issues involved. Matters of disagreement and interpretation (at times hinging on issues as minor as the use of a single word) were debated and reported by the Inquiry as well as publication of the dissenting viewpoints.

To imply that the presence of dissenting views should compromise or invalidate the overall findings of the Inquiry is unwarranted, especially where these differing views are opinions not supported by independent evidence. Unanimity in an operational management review that is not subject to criminal standards of evidentiary proof is an unrealistic expectation, and the fact that the Inquiry might determine a matter on the casting vote of the Chair not unusual.

For instance, majority decisions of the High Court on appeals are final, but not always unanimous - as might be expected from a Court whose functions are to interpret and apply the law of Australia. The majority opinion of the Court gives rise to its judgment and dissenting opinions may be prepared by one or more judges expressing disagreement.

There are no further appeals once a matter has been decided, and the decision is binding on all other courts, whereas a dissenting opinion does not create binding precedent or become part of case law. A dissent in part is a dissenting opinion which disagrees only with some specific part held by the majority.

In a similar manner, a dissenting viewpoint expressed by an Inquiry Committee member does not nullify the Inquiry findings but may better inform the reader, thus enabling an unbiased observer to make an informed assessment of the Inquiry contents and recommendations.

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[16] NSW Government Response to the Legislative Council General Purpose Standing Committee No.2 Inquiry into the Management and Operations of the Ambulance Service of NSW, May 2009

A dissenting opinion may arise for any number of reasons: a different interpretation of the available information, or different work and life experiences through which the philosophical principles of the individual have been shaped.

ACAP sees no reason to consider the Inquiry report in any context other than as the considered views of the Committee members.

Of much greater concern are the assertions made in the preamble of the Government response which state (inter alia):

> *"…*
>
> - *claims made in the report were perceived by committee members through submissions as there was no evidence for support and claims were not tested;*
> - *evidence provided in the NSW Health submission was ignored and the Ambulance Service was not afforded the opportunity to respond to the key information that apparently formed the basis for the Committee conclusions;*
> - *official and independent analysis was ignored, such as the Auditor General's Report 2001 and the positive follow-up report of 2007 and there was no acknowledgement that the Ambulance Service has undergone extensive clinical and operational changes since release of that Report;*
> - *inappropriate emotive language was used in several places in the GPSC2 report and there was a lack of balance in the reporting, with evidence and witness statements used selectively;*
> - *assurances given by the Director-General of Health and the Ambulance Service Chief Executive Officer that concerns were being addressed were not recognised in the conclusions, and*
> - *conclusions were drawn from one side of the information presented to the Committee. …"*

No evidence is offered to support these assertions and claims of bias and selectivity. Given that much of the material considered by the Committee was confidential or suppressed, the Government is hardly in a position to make such potentially invalid observations. The comments are in most part hearsay and should be treated as such, or else there has been a monstrous breach of confidentiality and privilege.

Assessment of the Inquiry outcomes and available submissions leave little doubt that there have been serious cultural problems and distrust within the ASNSW. When viewed in the light of many other State and national Inquiries, the receipt of not (say) 100, but 261 submissions by the Committee is also noteworthy.

It is particularly disconcerting to see that the majority of the authors of the submissions requested that their submissions remain confidential or partially confidential; for fear of negative repercussions from management should their participation in the Inquiry be revealed.

For an organisation that should be oriented towards exemplary service and health care that is sensitive to human needs, that level of fear was a damning indictment of the prevailing management culture and a wake-up call for remedial action.

ACAP observations on individual GPSC2 recommendations

Recommendation 1

That as a matter of urgency, the Minister for Health and Director-General of Health meets with the Chief Executive of the Ambulance Service of NSW to review the Chief Executive's performance, particularly in relation to bullying and harassment in the Service, and report to Parliament on this progress.

Feedback indicates that this recommendation has been treated seriously, with an advisory group being formed to assist in implementing a range of initiatives. The advisory group holds considerable expertise but there is no member drawn from the general Paramedic workforce.

These developments need to be better publicised to reinforce the message that action is being taken and that there must be zero tolerance of bullying and harassment at all levels of the Service management.

Recommendation 2

That the Director General of Health undertake rigorous performance reviews of all senior executive managers within the Ambulance Service of NSW as a matter of priority

The assurance of the Government regarding enhanced accountability and reporting standards for senior staff is accepted in good faith.

Recommendation 3

That the Minister for Health and Director General of Health meet quarterly with the Chief Executive of the Ambulance Service of NSW to review progress, particularly in relation to reducing bullying and harassment within the Service, and report on this progress to Parliament:

The reported training of 3000 staff in *Respectful Workplace Training* is impressive, and there is no doubt that considerable effort has been taken to deliver change. The Service is also in the course of undertaking further training by way of "*Values Workshops",* which will provide a continuation of this process. New procedures have also been introduced for managing workplace behaviour.

The initial results of these activities appear promising. The commitment of the Government to workplace culture improvement and grievance management articulated in the *Caring Together the Health Action Plan for NSW* is also a welcome and visible advance.

Among the new standard operating procedures is the policy on *Preventing and Managing Workplace Bullying (SOP2009-063)* issued on 11 November 2009 which provides unequivocal guidance that bullying and harassment will not be tolerated.

A program of *Healthy Workplace Strategies* has been introduced designed to improve workplace culture and help staff members resolve issues causing concern in the workplace. While there has been some program slippage, a very substantial and commendable program of workplace improvement, training, publications and procedural reform has commenced.

While noting these promising developments, ACAP believes a longer timeframe is needed to judge whether these initiatives will have a lasting impact and usher in an era of real change in the internal culture of ASNSW.

Leadership by example and regular feedback are among the ways by which an organisation transmits its core values to staff and inculcates a strong sense of identity, commitment and mutual trust. Transparency and structured feedback helps to overcome the risks of misinformation, innuendo and garbled messages that often arise when there is an information vacuum.

Where there are excellent work outcomes or conversely, where serious departures from acceptable behaviour occur that result in remedial action, ACAP recommends that the outcomes be reported internally through appropriate staff communication channels. This reporting should be suitably framed so as to respect the privacy of individuals but explicit enough to show the firm resolve of the Service to not tolerate bullying and harassment but to respect individuals and value ethical behaviour.

Matters involving professional conduct and fitness-to-practice should be handled through a national Paramedic registration process with transparent reporting (see Recommendations 6, 14 and 17).

ACAP also recommends that the GPSC2 reiterate the need for the ASNSW to monitor developments and report transparently to Parliament annually on progress achieved in addressing the question of bullying and harassment within the Service.

Recommendation 4

That General Purpose Standing Committee No. 2 conduct a review of the recommendations of its 2008 Report into the Ambulance Service of NSW, in October 2009.

This submission forms part of the GPSC2 monitoring study. Observations made by ACAP refer to extant practices on the basis that the Government has made assurances that a number of recommendations are being progressed and a longer time frame may be needed to realise all proposed changes.

Recommendation 5

That NSW Health amend its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action

In addition to enhanced investigative standards and confidentiality, ACAP draws attention to the need for process transparency, assured objectivity and community engagement in matters involving Service and practitioner complaints.

As part of a national framework for quality and service accreditation, there should be a requirement for EMS providers to incorporate independent and transparent complaint management and resolution mechanisms.

In the past, EMS providers have not made it easy for consumers to raise concerns although ASNSW is better than most *(Appendix 2)*. The ASNSW website has a reasonably evident 2 click link to a webpage outlining public complaint processes.

The NSW Health Care Complaints Commission[17] also provides a public portal for the receipt of complaints involving individual health practitioners, such as doctors, optometrists and acupuncturists, and health service organisations, such as hospitals.[18] It is noticeably silent on the coverage of EMS, ambulance or Paramedics.

A mandated EMS service complaints process should provide regular reporting and sharing of complaint and outcomes data to prevent blame shifting and to identify systemic provider problems as distinct from professional fitness-to-practice and competency issues.

Recommendation 6

That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions

Feedback indicates considerable action has been taken to promote change, but that substantial ingrained cultural factors still remain to be overcome before there will be major adjustments in organisational belief systems and a move away from a rigid command-oriented culture.

For example, the processes of the Professional Standards and Conduct Unit (PCSU) are still not perceived as being sufficiently independent and objective in performing its role as the primary investigator of grievances and complaints.

The internalised structure and investigation mechanisms are perceived to be subject to organisational conflict - being at the one time representative of the regulator, investigator, judge and jury. The inappropriateness of this hybrid and conflicted role is compounded by the lack of community engagement and the absence of transparent reporting of outcomes.

There is a need to distinguish between service related issues on the one hand and practitioner issues on the other. There is also a fine line to be drawn between "disciplinary" matters and "fitness-to-practice" matters.

The need for individual assessment processes accounts in part for the belief that EMS service providers should be subject to independent accreditation, and Paramedics should be subject to independent registration.

There is much more to the issues involved - but internalised, conflicted and non-audited and therefore relatively unaccountable systems always pose the risk that the outcomes of an investigation will be shaped to suit the organisation and not properly consider the views and rights of the individual.

The dilemma of appropriate separation of different classes of complaints bedevils any service organisation that employs semi-autonomous professionals in healthcare - nurses, medical practitioners, pharmacists etc.

The difference is that these health professionals in most part are registered, and matters involving professional conduct and "fitness-to-practice" are examined independently under the relevant professional regulatory regime with appropriate peer and community engagement.

[17] http://www.hccc.nsw.gov.au/Home/default.aspx
[18] http://www.hccc.nsw.gov.au/Complaints/default.aspx

The view advanced by a number of ASNSW Paramedics is that there is still no effective review or appeal processes for PSCU decisions beyond that which was available (to a limited degree) prior to the GPSC2 review.

Information gleaned from participants in PCSU investigations (and with experience in different roles) indicates that, despite established guidelines, investigations conducted by the PSCU may be:

- not subject to appropriate monitoring and audit processes;
- commenced or triggered as a form of bullying and vindictive retaliation;
- commenced with inadequate evidence of any alleged breach;
- undertaken outside the approved investigative guidelines, including the use of leading questions, badgering of witnesses, acceptance of opinions and hearsay; thus deviating substantially from an objective evidentiary fact finding process;
- reach conclusion(s) based on findings of probability and which cannot be appealed in the GREAT[19] or IRC[20] jurisdictions since they are deemed misconduct matters; and
- are not validated or assessed in relation to the reliability of the information source, and under the guiding principles of natural justice.

The quality of investigation is of great significance in building trust, and the perception remains that this is highly variable.

ASNSW investigative practices should enable benchmarking through quality assurance reviews, and the relevant investigations staff must be appropriately qualified/trained and experienced.

ACAP believes the standards adopted by the PSCU should be no less rigorous than those outlined in (say) *The Australian Government Investigations Standards (AGIS) 2003* guidelines. Other investigative standards to the AGIS might be the NSW Ombudsman publication *Investigating Complaints - A manual for Investigators (2004)* (ISBN 0 7313 1307 0) or the Queensland Crime and Misconduct Commission guidelines *Facing the Facts (2007*).[21]

To verify the actual practices of the PSCU would require a forensic study of the Unit's performance and an audit review of outcomes. This form of monitoring and operational audit is a common quality assurance process.

ACAP recommends that the GPSC2 review the status of the ASNSW investigative standards and their compliance or degree of divergence from other recognised investigative standards. It further recommends that the outcome of quality assurance reviews of investigations over an appropriate period of time be examined to provide suitable monitoring of actual investigative practices.

[19] ..Government and Related Employees Appeal Tribunal
[20] ..Industrial Relations Commission
[21] ..http://www.cmc.qld.gov.au/asp/index.asp?pgid=10841

Recommendation 7

That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters

See above in relation to Recommendation 6. ACAP acknowledges that there has been very substantial work done to address this issue including the release of new guidance material in the form of a standard operating procedure *Raising Workplace Concerns* in April 2009.

ACAP believes that in addition to simple fact sheets, the overall processes should be available on the agency intranet, with links to more definitive materials including those from related sources such as the ICAC and Ombudsman. ACAP notes the considerable policy material is already available on the ASNSW intranet.

To the extent possible, intranet material should follow the '3 click rule' (i.e. limiting the number of mouse clicks required to reach the destination document) to avoid frustration through the 'burying' of useful items.

Recommendation 8

That NSW Health provide contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures.

The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service

ASNSW has recognised the importance of enhanced support mechanisms in dealing with staff and grievance matters with the issue of the *Grievance Contact Officer Policy* document SOP2009-052 dated 31 August 2009.

This mandatory policy outlines the role and responsibilities of Grievance Contact Officers (GCOs) as they relate to initiatives intended to facilitate the raising of workplace concerns. It complements the related policy *Promoting a Respectful Workplace - Raising Workplace Concerns Standard Operating Policy* [SOP2009-11] and other applicable laws, policies and guidelines.

GCOs are to be selected because of their knowledge, skills and desire to assist in supporting their colleagues and are to receive appropriate training in their role.

ACAP acknowledges the introduction of additional support services in the form of the GCO role and the reorganisation of training and other aspects of these volunteer support programs. On the surface there appears to be substantial change underway or mooted.

However, the timetable appears to have slipped and despite the Government advice that advertisements have been placed for staff to take up this role, this initiative appears to be not well understood across the Service.

While the role of the GCO principally is to provide assistance to parties in the resolution of grievances, the policy states that GCOs may also be contacted for advice on other concerns raised by staff. For example, as well as being able to assess whether a concern may be managed as a grievance, a GCO may be contacted regarding concerns about a clinical matter, possible misconduct or a patient complaint.

Given that background, the use of the somewhat daunting term Grievance Contact Officer instead of (say) Grievance Counsellor or Workplace Counsellor, is less than ideal and carries negative connotations. The designation of Peer Support Officers (PSO) carries far more positive implications of trust and confidentiality and reduces the likelihood that these support persons will be perceived as defacto Human Support Officers or Harassment Referral Officers.

At the same time, the interaction or apparent overlap of the GCO role or partial replacement of the functions of the previously designated PSOs[22] requires greater clarification across the workforce. ACAP understands that the GCOs will be supplementary to the PSO cadre.

The stated role of the GCO is to review the concern and to assist the staff member identify potential resolution pathways in accordance with Service policy. This support role has been devolved to staff members as a voluntary activity as was the case previously with PSOs.

While ACAP welcomes the recognition by ASNSW of the need for enhanced support to individuals, the reliance on volunteers may give rise to haphazard coverage and confusion throughout the Service. The availability of suitable personnel for this purpose should be monitored and supplemented where necessary by other forms of outreach services.

The similarities between the GCOs, PSOs and the role of what are sometimes called Harassment Referral Officers carries the risk that GCOs will be viewed as the 'fix it people'. Some workplace bullying allegations stem from workplace conflict and the allegation only arises when line managers fail to act appropriately when it is first noticed. GCOs/PSOs may be seen to step in to help 'sort' the problem out.

This is not an appropriate role for GCOs/PSOs who only act as advisors or support persons and outline the available options through advice and guidance to victims, alleged bullies and managers/supervisors.

There is often a belief, even by senior personnel, that the role is limited to helping alleged 'victims'. This is not the case in a healthy working environment, and all parties may benefit from the input of an independent advisor. The scope of the GCO role therefore needs to be clearly understood by all parties.

As the GCO/PSO becomes more recognised and develops more expertise, their time will become an even more precious commodity, not only to themselves, but also to the persons seeking their advice, and ultimately to others in the workplace.

Ongoing training for GCOs/PSOs is critical in Services that are confronted by traumatic situations such as occur in EMS and Law Enforcement - where staff are placed under considerable personal stress and the risk of personal injury.

[22] Ambulance Service of NSW, *Report on Staff Support Service: Ambulance Service of NSW*, Workforce April 2009 (Internal report obtained under Freedom of Information provisions)

For example, suitable processes should be in place to ensure that Court, Commission or Tribunal decisions are communicated to all employees in a timely fashion; that policies or procedures are updated regularly to capture these decisions; and GCOs and PSOs are not left to themselves but kept well informed about workplace issues including bullying and harassment.

Some agencies (such as the Queensland Police Service), have a network of PSOs and they meet monthly in the presence of the Human Services Officer (psychologist or social worker) to discuss various strategies or external providers are engaged to present on specific issues.

Refresher training is important and provides a timely opportunity for GCOs/PSOs to reengage for a further period of time or they can retire from the role. GCOs/PSOs can become privy to many sensitive matters and life as a GCP/PSO can be stressful, requiring that they themselves have strong self–esteem, confidence and good self-management capabilities.

Confidentiality and reporting requirements are among the more significant issues that will confront GCOs/PSOs, with organisational requirements for a GCO/PSO to report certain matters at least to the Human Services Officer. Indeed, as trust develops, the GCO/PSO may be perceived as a defacto Human Services Officer.

The work of the GCO/PSO is undertaken on a volunteer basis in addition to normal paid duties and experience in other workplaces is that the time requirements are often under-recognised by managers and supervisors. The previous formal recognition of PSOs through the medium of a thank you letter during NSW Health's Volunteer Appreciation Day[23] seems scant acknowledgement of the intrinsic value of these support roles, the risks faced, and the stress endured.

ACAP is cautiously optimistic but reserves its judgement on the effectiveness of these initiatives, especially as there appears to be confusion within the workplace as to the relative roles of the GCOs and PSOs, the likely availability of volunteers across the Service, the training and development needs and the relatively poor commitment of the Service to the role of PSOs in the past.

One aspect that needs confirmation is that the execution of these additional GCO/PSO functions is appropriately recognised in staff records and regarded as a positive factor in performance assessment for advancement within the Service. The current proposals appear to make no explicit provision for that purpose.

Recommendation 9

That NSW Health, as part of its review of Ambulance Service of NSW selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action

The review process outlined by the Government to be applied to all selection, recruitment and appointment actions across NSW Health appears well founded. However, despite the good intentions of individuals, only limited changes to staff selection processes are evident, especially when viewed in the light of the selection of graduate Paramedics as opposed to the traditional direct entry staff.

[23] Ambulance Service of NSW, *Report on Staff Support Service: Ambulance Service of NSW*, Workforce April 2009 (Internal report obtained under Freedom of Information provisions)

Regional selection panels show signs of having some difficulty adapting to their new responsibilities, even though they appear to be approaching the issue earnestly. This hiatus is understandable as there is a long history of internalised and conflicted processes to overcome and change will take some time.

The practice of merit based selection appears to be applied strictly according to policy guidelines but requires the applicant to have been through the recruitment procedures and RPL[24] processes. When ranked positions are advertised, this may militate against outside applicants even when they are otherwise eminently qualified and experienced. The result would be a limited pool of eligible candidates which helps perpetuate the status quo and slow down the process of change.

Unlike ambulance services in other jurisdictions such as Queensland and Victoria, which have recruited personnel from other jurisdictions and industries, the promotion system in ASNSW is perceived to be unduly oriented towards internal recruitment.

ACAP believes that the GPSC2 recommendation was not sufficiently strong. To facilitate significant cultural change, particular emphasis needs to be placed on an open system of position identification and transparent competition from both internal and external applicants for middle and senior management positions in ASNSW. Suitable training and education of selection panel members also appears indicated.

Recommendation 10

That, as part of its review of psychometric testing the Ambulance Service of NSW consider other psychometric tests which better identify the attributes of an effective ambulance officer. This review should be completed by October 2009

Examination of graduate Paramedic cohorts shows that a number of high achieving students don't appear to get an interview by ASNSW, forcing many to move interstate where they thrive. This is anecdotally attributed to the style of psychometric testing conducted by ASNSW as well as ill-formed and inexperienced selection panels.

ACAP is in possession of hearsay information about harrowing interview experiences at ASNSW and the use of what is considered to be inappropriate questions and interview techniques.

These experiences mirror bullying behaviours and if they were independently verified, go beyond the boundaries of "stress assessment" testing. Some candidates (female) are reported to have left the interviews greatly distressed and crying. Other reports tell of psychometric test results that vary from one period to another with rejection of a candidate despite previously passing the "test".

The perceived barriers to entry because of uncertainty about the testing regime of ASNSW discourage students from even applying for a position in ASNSW – with graduates now applying to multiple employers interstate as a risk management strategy.

The outcome is that ASNSW and the community may be deprived of some excellent graduates who have the potential to be outstanding leaders.

[24] Recognition of Prior Learning

ACAP recommends that the GPSC2 closely review the validity of the current selection procedures and the ostensible psychometric testing conducted by ASNSW. Confirmation should be sought that the psychometric testing regime conforms to accepted evidence-based practice and has demonstrable correlation with the particular traits of "effective" Paramedics.

Recommendation 11

That officers who undertake responsibility for training and supervision should receive recognition or incentives. These officers should be reviewed every six months to assess their performance. Unsatisfactory performance should result in performance management, and where necessary the termination of supervisory or training responsibilities

In the face of staff shortages, the need to retain training of staff by ASNSW under the VET system (HLT07) creates some confusion about practitioner roles and training activities.

Some doubt also has been expressed concerning the multiplicity of personnel involved from various backgrounds and the qualifications and experience held by those providing assistance in the training and later mentoring and assessment under the VET system.

This is not a unique situation. Students undertaking University courses are likewise required to complete an approved 'practicum' or clinical training activity in a manner similar to other health profession students such as medical students and nurses.

The universities appear to have had little direct input or control over the quality of the mentorship experience and must rely on the integrity of the facility that provides the practicum support and the professional expertise and commitment of on-road Paramedics to ensure effective mentoring.

Not all paramedics are suited for the mentorship role, and the importance of selecting and training competent mentors has been outlined by ACAP[25] previously.

It is understood that considerable progress has been made in recent times to improve the consistency of the clinical mentorship of university students. This may be associated with other proposed developments in clinical training for health profession students at a national level.

The personnel involved in ASNSW practicum training are in the main practising on-road Paramedics and not 'Clinical Training Officers' (CTO's) in the industrial award. They do not receive any entitlements for this role and are often placed under greater stress having a trainee in attendance while operating in emergency situations.

Station Managers ultimately have a responsibility for overseeing the mentoring process, with the advice and supervisory support of Regional Paramedic Educators and CTO's. CTO's or other educators normally only become directly involved in the mentoring process if particular problems are identified.

[25] Australian College of Ambulance Professionals, *Submission on Clinical training: governance and organisation for the National Health Workforce Taskforce*, March 2009

CTO's were recruited to provide professional development support to all Paramedics, and especially those who are already qualified and must undertake professional development activities to maintain their internal ASNSW 'Certificate to Practice'.

ACAP draws attention to initiatives currently being developed by the National Health Workforce Taskforce (NHWT) to cater for future clinical training needs of the health professions. Other initiatives include the recently announced Innovative Clinical Teaching and Training Grants for the Department of Health and Ageing.[26]

Overall, significant changes are expected in the administration and funding arrangements that will impact upon students, universities and facility providers in the provision and monitoring of clinical training and the mentoring of students.[27]

Paramedics are among the group of health care workers whose need for appropriate clinical training is vital to protect the public, but they have previously been excluded from national policy considerations and scholarship support arrangements such as the Allied Health Clinical Placement Scholarship Scheme[28] administered by the Services for Australian Rural and Remote Allied Health (SARRAH). This position may change under the current national health reform agenda.

To ensure the future inclusion of Paramedic programs in these arrangements one of the more important factors would be for Paramedics to be members of a recognised registered health profession and ACAP recommends that the GPSC2 pursue that option (see Recommendations 17 and 22 and related ACAP observations).

Recommendation 12

That if the Ambulance Service of NSW intends to continue offering CTP Stream 1, management should allow Paramedics to undertake this option if requested

ACAP does not support this recommendation in the long term given that a commitment to lifelong learning is a key element of any profession.

Recommendation 13

That the Ambulance Service of NSW incorporate regular designated, paid training times into rosters, so that Paramedics can meet with Clinical Training Officers for uninterrupted training.

The new scheduling model does not address the issues raised by staff with the GPSC2 Inquiry regarding the need to have sufficient uninterrupted time with CTO's to undertake individual professional development activities, or to discuss clinical issues of concern and rehearse uncommon interventions or new procedures.

While the new arrangements provide a mechanism for skills assessment, the 30% relief factor provides only for compulsory classroom training required by the Service and delivered to groups of Paramedics as part of normal training.

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[26] http://www.health.gov.au/internet/main/publishing.nsf/Content/grantITA+1950910

[27] http://www.nhwt.gov.au/documents/Education%20and%20Training/Clinical%20Training%20-%20Data%20Management%20System.pdf

[28] http://www.sarrah.org.au/site/index.cfm?display=74996

This is a separate issue to individual professional development which qualifies for points in the Certificate to Practice model. This is mostly done in downtime, but for busy stations it is unlikely to occur in any structured manner because of continual disruptions.

ACAP believes that the maintenance of competencies and individual professional development are critical factors in ensuring a high quality of contemporary level care. Because of the disruptive nature of the EMS environment, ACAP recommends that the provision of rostered leave should be made for those who have individual training needs and who are unable to undertake this activity during down time.

Recommendation 14

That NSW Health introduce performance indicators as a measure to evaluate the impact of the new three-year recertification interval. These should include clinical indicators.

The interaction of Paramedics with the public and other regulated health care professionals and service providers has demonstrated the importance of robust regulatory mechanisms that hold public confidence.

There is no real choice of EMS community service provider in NSW and patients are generally unable to make a choice of practitioner. The clinical interventions and practitioner competency must be taken at face value, with the average consumer generally not well placed to assess the quality of care or service.

Since the Paramedic provides care in conjunction with the ASNSW infrastructure function – similar (say) to an employed medical practitioner in a hospital setting - the public interest is multi-dimensional, and regulatory obligations encompass both the individual practitioner and the provider.

From the individual viewpoint, ACAP welcomes the COAG decision to introduce a national professional registration scheme for health professionals and to implement a national course accreditation scheme. ACAP sees these developments as being the forerunner to the creation of an independent regulatory framework for Paramedics.

ACAP notes that Ambulance Services in Australia have suffered unfortunate failures in performance and disappointing cultural lapses – with the most recent public Inquiry being that into St John Ambulance (WA) Inc in Western Australia.

It also agrees with the views expressed in May 2009 by the NSW Deputy State Coroner[29] who observed:

> *"118. I confess that I was astonished that at no time after the death of David Iredale or any time leading up to the commencement of this inquest, did the Ambulance Service of NSW conduct an appropriate review and/or analysis of their performance in the circumstances leading to David's death."*

[29] Magistrate Carl Milovanovich, *Inquest into the Death of David Iredale,* 1427/2006, , Office of the State Coroner of New South Wales, Penrith Court, 07.05.2009.

Magistrate Milovanovich went on to say:

> *"120. Any organisation that provides a vital service to the community must have systems in place for self-analysis. Such systems must be able to identify a poor outcome or a critical incident. Only by implementing a system of review, examining failings and making changes can there be some guarantee that systemic or individual failings can be addressed. This is a responsibility of the senior management of the service and I propose to make recommendations on this point."*

Given the significant risk posed by EMS interventions to the health and welfare of the community, both the EMS provider and Paramedics are subject to greater than normal consumer protection concerns. Regulatory controls are justified both by a failure to have an open market, and by the need for an independent and objective assessment of performance.

While the case for regulation should not be controversial, there currently is no single model for regulatory best practice There is no national governance framework for the mandatory reporting of EMS performance under an objectively determined set of performance indicators (KPI's) although recent reporting by the Productivity Commission (PC) shows promise.[30]

Currently there is no nationally accepted and independent framework for the accreditation of EMS service providers – with each major community provider operating essentially in an autonomous manner within the available constraints of the relevant jurisdiction and any overarching State instrumentality (Health Department).

ACAP therefore believes that the GPSC2 Recommendation on practitioner recertification did not go far enough. The Government carries an underlying obligation to minimise public risk through ensuring effective quality assurance processes. These include independent accreditation, licensing and monitoring of the service provider as well as independent registration and regular certification of fitness-to-practice of the Paramedic.

ACAP believes that ASNSW should be required to complete a prescribed accreditation process at least once in each three-year period and meet the quality requirements set out in nationally benchmarked standards for EMS. These standards should span a range of performance and management indicators under the same basic quality assurance principles (translated into the EMS environment) as are applied to the assessment and monitoring of other health care providers such as hospitals, nursing homes and diagnostic services.

In this respect, ACAP draws attention to the need for a safety and quality framework in the Australian context and the work being progressed by the Australian Commission on Safety and Quality in Health Care.[31]

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[30] Steering Committee for the Review of Government Services Provision (SCRGSP*), Report on Government Services 2009*, Productivity Commission, Melbourne 2009. (9.5 Ambulance Events)

[31] Australian Commission on Safety and Quality in Health Care, *Developing a Safety and Quality framework for Australia*, Australian Government, Canberra 2009

There is also a consistent view that to properly command public support[32] the management of complaints should be handled independently of a profession or service provider.

EMS accreditation thus should mandate the implementation of governance and complaint management processes that include representation from the public and appropriate peer groups and the Paramedic profession; that are consistent with best practice or COAG regulatory guidelines; and meet other statutory complaint arrangements (see later).

The characteristics of good regulatory governance are increasingly being recognised as: clarity, predictability, autonomy, accountability, participation, and open access to information.[33] Each of these elements helps in making a regulatory system transparent in the eyes of stakeholders and enhancing the outcomes.

These factors are generally replicated in the statement of principles by the NHHRC and the governance guidelines of the various State health organisations.

ACAP recommends that ASNSW should be required to complete a regular prescribed national accreditation process and meet all of the quality requirements set out in nationally benchmarked standards. This would provide public assurance of its quality and clinical governance regimes and enable comparable performance measures to support funding and other initiatives.

Recommendation 15

That the Ambulance Service of NSW implement an annual performance appraisal system by the end of 2009 for all on-road officers. This system should incorporate training for Station Officers in how to conduct performance appraisals.

ACAP believes that good management is based on clear performance guidelines administered by competent supervisory staff who abide by the ethical principles embodied in the Code of Conduct.

It supports the application of the GPSC2 recommendation to all ASNSW staff from the Chief Executive Officer down. At the practitioner level this should include either performance review of case sheets by Station Officers with support for clinical audit reviews from (a potentially) expanded CTO role and/or peer review process.

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[32] *The future of Legal services: Putting Consumers First* Response of the Legal Aid Practitioners Group, January 2006 http://www.lapg.co.uk/docs/LAPG%20response.pdf

[33] Bertolini L, *How to improve regulatory transparency, Emerging lessons from an international assessment*, GRIDLINES, Note No. 11, June 2006 http://www.ppiaf.org/Gridlines/11regulatorytransparency.pdf

Recommendation 16

That the Ambulance Service of NSW ensure that Clinical Training Officers follow-up all ambulance officers in an appropriate manner after the distribution of updated protocols and pharmacologies, in order to ensure that officers understand the new changes

To ensure the maintenance of contemporary care regimes, ACAP recommends that ASNSW commit to a minimum number of continuing education sessions for all staff. To cater for distance learning, there should be expanded provisioning for the use of multimedia education or on-line training to supplement the on-line courses, pod casting etc. already available on the ASNSW intranet.

Recommendation 17

That the NSW Minister for Health initiate discussions with the Council of Australian Governments to explore the option of national registration of Paramedics.

The Government's disingenuous response does not address either the content or the essence of the GPSC2 recommendation. Some observers might even view the response as bordering on contempt.

However, the dismissive views may be indicative of some of the ingrained cultural issues that still pertain within the Service and which might extend further to the Department of Health as the overarching supervisory body.

Australian Health Ministers have agreed that mutual recognition is an important step towards agreed national standards for health occupations. Mutual recognition helps to ensure that health practitioners registered in one State or Territory are automatically entitled to registration in any other State that registers that occupation. It facilitates sustainability and advancement of the workforce and community access to quality care.

Among the implications of the 1992 Mutual Recognition Agreement and the subsequent enabling legislation, is that by default, the minimum standard of education set by one State for registration automatically becomes the standard for registration in all other jurisdictions.

In concert with the mutual recognition principles, Health Ministers agreed in 1993 that no further action would be taken to regulate any additional health occupations unless the need for doing so had been agreed by the Australian Health Ministers Conference (via the Australian Health Ministers Advisory Council (AHMAC)).

In April 1993, AHMAC established a Working Group[34] to provide advice on the procedures for the assessment of statutory regulation of (then) partially regulated and unregulated health occupations. The outcome of that process[35] was the formulation of six criteria for assessment. These constitute the so-called 1995 AHMAC criteria for assessing the regulatory requirements of unregulated health occupations referred to in the Government response.

[34]..Australian Health Ministers' Advisory Council. Working Group Advising on Criteria and Processes for Assessment of Regulatory Requirements for Unregulated Health Professions.
[35]..Australian Health Ministers' Advisory Council. *Working Group Advising on Criteria and processes for Assessment of Regulatory Requirements for Unregulated Health Professions Report,* 1995.

In 1995, the AHMAC Working Group was asked to use the criteria to assess applications for registration that had already been received from (then) currently unregulated health occupations.

ACAP is not aware of any professional or representative body of Paramedics making any application for registration of the profession at the time, nor has the Government offered any supporting evidence to that effect. The assertion that a determination was made on Paramedic regulation therefore is not sustained.

Even if such a view was valid some 15 years ago, much has changed since 1995, the health care landscape is vastly different, and Paramedic practice and interventions have advanced rapidly.

The community expects better approaches to emergency health care than attitudes mired in doubtful precedents from a previous era.

Moreover, the registration of Paramedics within NSW has previously been considered in a positive light, as noted in the Head Review:[36]

> *"In 2002, the CEO of the Ambulance Service stated that the registration of Paramedics is to be pursued at a national level through the CAA [Council of Ambulance Authorities] …"*

To ignore the considered and unanimous recommendation of the GPSC2 because Paramedics are not currently registered[37] in any other State or Territory, and without independent examination and review of the situation, displays a disturbing lack of responsibility and leadership.

In a remarkable non-sequitur the Government also suggests that ASNSW Paramedics are in some way lesser qualified or no better qualified than those in other jurisdictions, viz:

> *."… Further to this, Paramedics are not registered in any state or territory within Australia. Given this, the Government's view is that Paramedics employed in the NSW Ambulance Service would not meet the prescribed AHMAC criteria…"*

At face value the Government statement is a self-fulfilling prophesy, since registration is a matter which will be determined largely by the position taken by the State and Territory Governments.

In Western Australia, the independent Inquiry into St John Ambulance (WA) Inc (Joyce Inquiry)[38] has taken a decidedly different and much more enlightened view with its unequivocal support for registration of Paramedics.

> *"Recommendation 10*
>
> *DoH pursues, through the Australian Health Workforce Ministerial Council, the national registration of Paramedics."*

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[36] ..NSW Department of Premier and Cabinet, *Performance Review - Ambulance Service of NSW*, June 2008, 'Head Review'.

[37] NSW Government, Response to the Legislative Council General Purpose Standing Committee No.2 Inquiry into the Management and Operations of the Ambulance Service of NSW May 2009

[38] *St John Ambulance Inquiry: Report to the Minister for Health,* Government of Western Australia, Department of Health, October, 2009 (St John Ambulance Inquiry or Joyce Inquiry)

That recommendation has been further supported by public statements made by the Chief Medical Officer of Western Australia (Dr Simon Towler)[39] and by the Chief Executive Officer of The St John Ambulance (WA) Inc.

This positive approach to registration mirrors the earlier decision by the New Zealand Government to proceed with national registration of Paramedics[40] which has Trans-Tasman qualification implications. It also replicates the position in the United Kingdom where Paramedics are registered[41] under the Health Professions Council.

ACAP stresses its concerns for public safety because of the continued absence of an appropriate national system of Paramedic registration. There is no doubt that Paramedic practice is health care[42] and that a rigorous system of regulatory oversight is required to ensure the competency of practitioners in a similar manner to that for other health professionals.

These views are further supported by the statement articulated by the UK Ministry of Health[43] of the key principles that should underpin statutory professional regulation, viz:

> *"First, its overriding interest should be the safety and quality of the care that patients receive from health professionals.*
>
> *Second, professional regulation needs to sustain the confidence of both the public and the professions through demonstrable impartiality. Regulators need to be independent of Government, the professionals themselves, employers, educators and all the other interest groups involved in healthcare.*
>
> *Third, professional regulation should be as much about sustaining, improving and assuring the professional standards of the overwhelming majority of health professionals as it is about identifying and addressing poor practice or bad behaviour.*
>
> *Fourth, professional regulation should not create unnecessary burdens, but be proportionate to the risk it addresses and the benefit it brings.*
>
> *Finally, we need a system that ensures the strength and integrity of health professionals within the United Kingdom, but is sufficiently flexible to work effectively for the different health needs and healthcare approaches within and out with the NHS in England, Scotland, Wales and Northern Ireland and to adapt to future changes."*

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[39] *What's changing in health and what's needed to address health workforce sustainability*, Health Workforce Roundtable, Edith Cowan University, 3 December 2009

[40] Inquiry into the provision of ambulance services in New Zealand, Report of the Health Committee Forty-eighth Parliament, July 2008 http://www.parliament.nz/NR/rdonlyres/EA7A27CE-1581-4C0B-A815-75180664BB5B/86847/DBSCH_SCR_4100_6073.pdf

[41] http://www.hpc-uk.org/aboutregistration/professions/Paramedics/

[42] NSW Department of Health, *Submission to the Legislative Council, General Purpose Standing Committee No.2, The Management and Operations of the Ambulance Service of NSW*, July 2008, NSW Department of Health , Sydney

[43] Secretary of State for Health, *Trust, Assurance and Safety –The Regulation of Health Professionals in the 21st Century*, HMSO, London, February 2007

Of particular concern to Paramedics is that in lieu of supporting such principles, which would result in an independent national regulatory regime with practitioner and community engagement, the NSW Government response is to do nothing.

ACAP rejects this approach as being contrary to the public interest on several grounds, including its departure from the above well-recognised regulatory principles. It notes that:

- there is no set of independently determined and uniform, transparent and nationally accepted standards, protocols or clinical practice guidelines against which the performance and fitness-to-practice of a professional Paramedic is being judged;
- by declining to support a national registration scheme for Paramedics, the ASNSW/Department of Health has chosen to ignore the additional risks that may be posed to members of the community by those persons operating outside the ambit of ASNSW and who may carry ambiguously similar titles e.g. industrial medic;
- the absence of national registration potentially disenfranchises well-qualified Paramedics working for other employers, e.g. Armed Forces, Royal Flying Doctor Service, First Aid companies and universities.
- the existing internal complaint practices are perceived to not hold the confidence of Paramedics that the processes will ensure the separation of professional competence, fitness and impairment issues from matters related to management discipline and provider deficiencies and failings;
- the ASNSW investigatory arrangements are perceived to lack transparency through not effectively engaging the community, not always exhibiting due process and natural justice, and not providing appropriate reporting of outcomes related to practitioner competency;
- there is no single register of practitioners able to be accessed by the public and potential employers; there is no publication of disciplinary actions and outcomes regarding practitioners; and there are inadequate statutory reporting obligations providing operational transparency; and
- EMS management practices across several jurisdictions have given rise to serious allegations of harassment, bullying and other unsatisfactory outcomes.[44, 45] When these claims are combined with the apparent organisational culture in ASNSW, there is great concern that fitness-to-practice issues may be used as coercive and disciplinary tools rather than being considered on their merits in a transparent and objective manner.

A further benefit of national registration would be the integration of Paramedic practice into the proposals by the NHHRC for universal electronic health records.

[44] New South Wales Parliament. Legislative Council. General Purpose Standing Committee No. 2 The *management and operations of the NSW Ambulance Service, Report No 27* October 2008., NSW Parliament, Sydney NSW, ISBN 978192128285 http://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/7E1C5F2F6AD04129CA25744A000801E5

[45] http://www.news.com.au/couriermail/story/0,23739,25986043-3102,00.html

Clearly, special safeguards will be needed in the implementation of that system to ensure the capture of relevant information, enable access by authorised personnel and to prevent identity fraud and other misuse of data.[46]

Paramedics are among the health professionals who can take direct advantage of reliable patient health records because of the frequent need for speedy interventions under emergency conditions. The availability of up-to-date health details could be invaluable in making critical decisions on the most appropriate course of action to take and thereby enhance the quality and safety of EMS care.

There are several practical implications to be considered when it comes to health workers whose contact with a patient might be driven by an emergency need outside the usual hospital and clinic settings rather than as part of a considered data access and approval process.

An appropriate safeguard would be for Paramedics to be registered on a national database of practitioners so that the strict requirements of practitioner competence and adherence to ethical practice standards are assured.

Recognising EMS as a distinct field of professional practice immediately draws attention to scope of practice issues and the fundamental roles of the Paramedic (primary problem identification and patient management) and other EMS provider functions (transport, communication, infrastructure).

ACAP strongly contends that only a mandatory national regulatory scheme would have the scope and objectivity to realise the desirable managerial, governance and regulatory objectives and facilitate the recognition of international qualifications and experience. This registration should cover all Paramedics whether operating as full time, fractional time or volunteers.

In the face of these underlying reasons and developments in other jurisdictions, ACAP recommends that the GPSC2 reiterate its view regarding national practitioner registration and call on the NSW Government to support that position.

Recommendation 18

That NSW Health increase the number of Ambulance Service of NSW staff to meet Minimum Officer Levels, as determined by the NSW Industrial Relations Commission

There are persistent reports that staffing levels within ASNSW appear to be falling due to a reduction in intake numbers in late 2009 and it is proving difficult to fill identified needs (or vacated positions) especially outside major metropolitan areas. This outcome is variously ascribed to being a result of the NSW Government's direction that all departments reduce expenditure, although it was believed that this was not to affect Paramedic appointments to ASNSW.

ACAP notes these developments which, if true, are likely to have an adverse effect on the level of EMS provision throughout NSW. It supports the GPSC2 recommendation which acknowledges the importance of maintaining and improving access to high quality EMS.

[46] Pam Dixon, *MEDICAL IDENTITY THEFT: The Information Crime that Can Kill You*, World Privacy Forum, May 3, 2006 http://www.worldprivacyforum.org/pdf/wpf_medicalidtheft2006.pdf

This is especially important for communities which, for various reasons of remoteness or socioeconomic circumstance, are currently underserved through the absence of advanced care Paramedics within their catchment area.

Funding and other resource constraints play a pivotal role in determining the quality and extent of service delivery. There is no uniform approach to the funding of EMS in Australia[47] and funding has been identified as a key issue[48] in successive reviews in various States.

The variability in funding arrangements has several causes but is perceived to stem from the federal jurisdictional system, the historical development of EMS and the hybrid emergency and clinical roles which have led to inadequate integration of EMS into the Australian health care system.

For example, Medicare does not presently cover EMS although many of the interventions performed by Paramedics would qualify for Medicare coverage were they undertaken by another health professional with a provider number.

Research has suggested a number of options[49] for reforming Australian EMS funding systems. The Australian Institute for Primary Care has noted:[50]

> *"Australia does not have a nationally consistent approach to the funding and delivery of Ambulance services. There are significant risks to the medium and long-term capacity of Ambulance services to meet demand pressures. There are, however, significant opportunities to introduce a national reform program to improve the sustainability and performance of Ambulance services. This program should involve development of an equitable activity based funding model, backed by agreement on a national system of funding. For example, imposition of an additional Medicare levy component of 0.3% would provide sufficient funds for all Australian Ambulance services, at a cost of about $3.30 per week for a person on average all-time weekly earnings".*

The PC reports[51] that the total revenue of ambulance service organisations was $1.75 billion in 2007-08. The primary funding sources were revenue from State and Territory Governments, transport fees (from Government hospitals, private citizens and insurance) and other revenue (subscriptions, donations and miscellaneous revenue) (Figure 9.21).

On equity grounds, it is difficult to see any reason why EMS should remain outside the shared funding arrangements between the Commonwealth and the States and Territories, given that any policy covering the delivery of health care at a community level is likely to have significant impacts on EMS providers.

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[47] Submission to The Department of Health and Ageing relating to the Inquiry into Health Funding, The Australian Council of Ambulance Authorities, Flinders Park, South Australia, August 2006, (Table 1 p7) http://www.aph.gov.au/house/committee/haa/healthfunding/subs/sub148.pdf

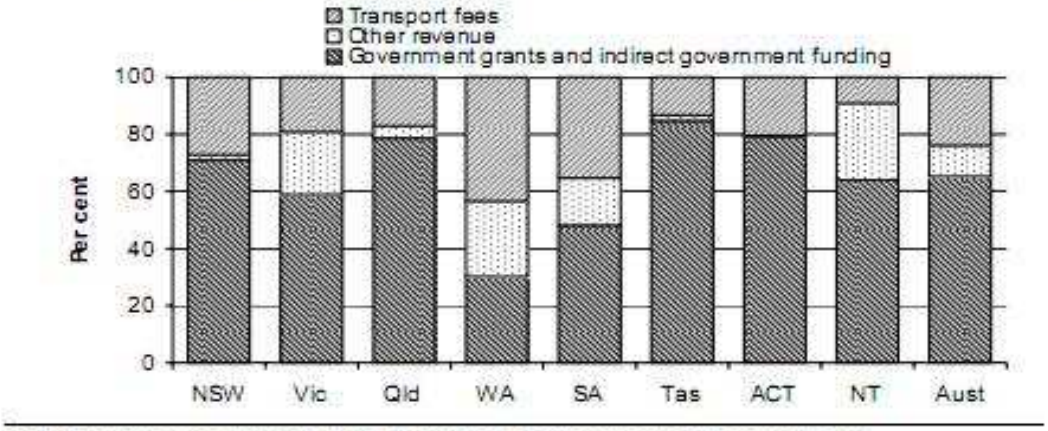
[48] Queensland Audit Office, Queensland Ambulance Service Audit Report, Brisbane, December 2007

[49] Australian Institute for Primary Care, *Factors in Ambulance demand: options for funding and forecasting*, La Trobe University, April 2007

[50] Ibid

[51] Steering Committee for the Review of Government Services Provision (SCRGSP), *Report on Government Services 2009*, Productivity Commission, Melbourne 2009. (9.5 Ambulance Events)

Figure 9.21 **Major sources of ambulance service organisation revenue, 2007-08[a]**



[a] Other revenue is equal to the sum of subscriptions, donations and miscellaneous revenue.

Source: State and Territory governments (unpublished); table 9A.22.

The myriad of funding arrangements for EMS should be harmonised under consistent funding yardsticks and incorporate the principles of equity and universal access. Emergency events hold no respect for location or jurisdictional boundaries, and EMS funding ultimately should have a national focus with base funding provided by the Commonwealth.

ACAP therefore recommends that in the interests of providing appropriate levels of Paramedic support to the community, the GPSC2 review the present staffing situation and funding implications to ensure that the future recruitment and deployment of Paramedics are given priority when allocating available funds.

In addition, ACAP recommends that the GPSC2 urge the NSW Government to make representations for the funding of EMS through a stream of national funding financed from general revenue or by a national levy in the form of an increased Medicare contribution.

Recommendation 19

That the NSW Government update and complete its review of operational numbers required for the Central Coast and Hunter by October 2009, and that the results be made public.

Good management dictates effective forward planning, and ACAP endorses the underlying objectives of this recommendation across the Service, including the principle of public disclosure.

Recommendation 20

That the Ambulance Service of NSW should rely less on external consultants for planning by establishing an internal planning unit to provide long-term strategic planning. The unit should be operational before the end of 2009.

This recommendation deals primarily with operational matters, but, in principle, ACAP supports initiatives that ensure an internal capacity to research and develop long term strategies to optimise the delivery of EMS.

While benefits may be gained through the use of external consultants in certain areas (e.g. procurement, asset allocation, demographic analysis, research), a more open staff engagement policy (see Recommendation 9) would do much to introduce fresh outlooks into the Service.

In concert with a reinvigorated workforce, an internal team of suitably qualified and experienced personnel is essential to assist and complement a revamped senior management group in implementing change and providing service outcomes that will benefit the public.

Recommendation 21

That the Ambulance Service of NSW amend its Suitable Alternative Duties policy to allow Paramedics the choice to undertake alternative duties at their home station, where travel to other stations may generate health and safety concerns.

No specific comment is offered beyond the observation that the provision of suitable and meaningful options which hold positive work value is desirable to support staff in need. The outcome should be the retention of these persons and their valuable experience in an industry that is experiencing considerable personnel churn across Australia.

In addition these Paramedics might also be offered the option of self or distance education or other clinical/research duties that can be conducted remotely.

Recommendation 22

That the Ambulance Service of NSW investigate the feasibility of rural recruitment drives

ACAP agrees with the GPSC2 identification of rural Paramedic workforce demand and deployment as significant issues to be resolved.

At the same time, ACAP believes that the advertising of positions in newspapers and ad-hoc recruitment drives are not effective ways to address the problem of providing and maintaining appropriately trained and experienced staff in rural and remote areas.

ACAP notes the introduction of the Rural Incentive Policy (SOP2009-019) by ASNSW in June 2009. The policy is intended to provide incentives for rural and remote locations and is based on:

- rental relief offered at identified locations;
- Higher Education Loan Program (HELP); and
- implementation of clinical enhancements to Paramedic Specialists, Paramedic Interns or Paramedics in response to community needs.

As a stand-alone program this policy is welcomed and may have positive outcomes. ACAP currently has no data on the extent of program take up.

However, the policy is ambiguous in relation to the HELP component, since it carries the same title as the Commonwealth Higher Education Loan Programme (HELP) introduced on 1 January 2005 and administered by the Department of Education, Employment and Workplace Relations (DEEWR), the Tax Office, and higher education providers.

The detailed criteria within the policy say (inter alia) that:

- Claims under HELP are capped at $2,000 per year and are only for HELP fees, not any other costs associated with undertaking studies.
- Claims for HELP must be supported with proof the employee has successfully completed their course requirements or relevant transcripts if course is incomplete.
- This scheme is not accumulative and can only be accessed once each calendar year whilst located at the nominated remote rural station.

On closer examination the HELP component of the policy appears to be a non-refundable grant from ASNSW to help defray repayments under the Commonwealth HELP scheme. There is an unfortunate ambiguity between whether the incentive embodies an obligation for repayment under a separate loan system or provides access to a supplementary grant from ASNSW.

This confusion may dissuade potential applicants from even seeking further advice and exploring the options for support, and ACAP recommends that the policy be clarified to ensure its potential worthwhile benefits are realised.

The issue of sustainable staffing in more remote areas has fundamental roots extending to the inexplicable omission of Paramedic practice from the list of recognised and registered health professions or allied health professions (AHP's) at the State and Commonwealth level.

As a consequence, Paramedics do not share in the incentive programs available to medical training or nursing training - or the various support systems designed to encourage study and eventual entry to the medical, nursing or AHP's generally.

The SARRAH programs[52] that provide education resources and interactive training modules for AHP's moving to, working in or contemplating taking up, practice in remote and rural Australia do not include Paramedic practice. The various rural-oriented scholarship[53] and other schemes also exclude Paramedics.

The underlying need is for ASNSW to work in concert with the Federal Government (and other jurisdictions) to recognise EMS as a discrete field of allied health care and Paramedics as the professional level practitioners in that field. An integrated and inclusive approach is needed that will place EMS firmly within the continuum of health care - but with its own unique operational characteristics.

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[52] Services For Australian Rural and Remote Allied Health (SARRAH) http://www.sarrahtraining.com.au/site/index.cfm

[53] http://www.sarrah.org.au/site/index.cfm?display=75720

Secondly, the current reliance on internal vocational training to meet urgent staffing needs is likely to perpetuate a system of inadequate preparation for the professional EMS practitioners of the future. Rather than pursuing parallel primary training, ASNSW should work closely with the university sector to recruit more students into tertiary Paramedic courses who (if recognised as members of an AHP) may then participate in the programs designed to develop a sustainable workforce and enhance rural and remote care, where the need is greatest.

The existing initiatives provided by the Commonwealth for other health professions provide a good example of what needs to occur. In 2008-2009 SARRAH administered the Allied Health Clinical Placement Scholarship (AHCPS) Scheme which processed 857 applications and offered 137 scholarships.

SARRAH also administered the Australian Rural and Remote Health Professional Scholarship (ARRHPS) Scheme to provide scholarships to access continuing professional development courses (e.g. attend short-term postgraduate studies and conferences to upgrade clinical skills) processing 300 application and offering 87 scholarships.

Yet another support scheme denied Paramedics is the Rural Allied Health Undergraduate Scholarship [RAHUS] Scheme for which 532 applications were received in 2008-2009 and 99 scholarships offered.

Basic ASNSW recruitment activities are currently managed from a metropolitan and centralised perspective. Under the current vocational training model rural candidates must make a number of visits to Sydney to undertake the preliminary psychometric and other screening tests applied by the Service before even entering the workforce. There is little attempt to recruit from rural areas despite having staff in rural centres who could facilitate recruitment activities on a regional basis.

Based on experience elsewhere, positive steps to use incentive and support programs and regional recruitment of students who already have an affinity with the rural environment would enhance both recruitment and retention rates.[54]

Since these issues are not being adequately addressed, ACAP recommends that some of the available measures designed to achieve a sustainable health workforce be further explored and applied to Paramedics.

An integrated approach is needed comprising recognition of EMS at Government policy levels as a discrete field of Allied Health; recognition of Paramedics as the professional level practitioners in that field; national registration of Paramedics; and inclusion of Paramedics within the Federal Government incentive and support schemes available through SARRAH (and other initiatives that may be developed to provide better health care for rural and regional Australia).

Recommendation 23

That the Ambulance Service of NSW provide Intensive Care Paramedic training in additional rural locations.

The distribution of ICP's appears problematic, with many larger communities in NSW not listed as Intensive Care Paramedic (ICP) stations and patients therefore unable to access the higher level of care needed for severe and complicated cases.

[54] Robyn Adams, *Leading from the Bush: a decade of Rural Allied Links Pays Dividends*, SARRAH, February 2003

The basis for ICP allocation is not always transparent, and should be multi-factorial, taking into account ASNSW servicing data, the potential for severity, remoteness from other tertiary services and lack of local infrastructure.

Smaller community hospital services often suffer from limited or no access to local medical practitioner(s) and a wider distribution of ICP staff would enhance their emergency care capability. While the baseline skills of Paramedics have improved dramatically, there are areas where the capabilities of an ICP would be warranted.

ACAP believes the Service underestimates the incentive created by the prospect of being able to employ higher level skills and participating in further training and self-development. These are among the reasons why a Paramedic may be motivated to seek a transfer to a rural location.

Looking at the supply side, a major impediment in the availability of ICP's throughout the Service is the combination of personnel entering the workforce with lower level VET training with the need for later in-house courses that requires rural and remote students to spend lengthy periods of time in Sydney.

One option is to reduce the post vocational training demand by employing more highly educated university graduates, while another option is to foster the greater use of existing University Distance Education programs accessible by all staff.

For example, the Charles Sturt University Post Graduate Certificate in ICP Studies covers more theoretical content than the in-house program (which is pitched at an undergraduate standard). Unlike the vocational level ICP course, the PG Cert ICP qualification also articulates into a Masters degree, thus providing further pathways for professional development.

The CSU program was established in 2005 at the request of ASNSW and there are now as many students from other states in the program as there are from NSW. The less than expected support for the program from NSW raises the prospect that the course will be discontinued through inadequate demand, which would be a great loss to the community and other EMS providers throughout Australia.

ACAP recommends that the above matters be considered by the GPSC2 in any further proposals designed to improve the availability of appropriately trained ICP's at strategically located community centres.

Recommendation 24

That the Ambulance Service of NSW reinstate training to Advanced Life Support level for Paramedics in rural and remote areas. Rural officers should be given priority of training.

Similar factors apply to this recommendation as for the preceding Recommendation No 23, with the exception of Advanced Life Support (ALS) upgrading to ICP.

ALS training ceased many years ago, and those that underwent ALS training in rural areas were senior Paramedics, many of whom have now retired, or will retire in the next few years, and will not undertake ALS to ICP training.

The fundamental issue to be overcome is the current dearth of Paramedics with advanced level skills in rural and regional areas.

The lack of ALS (or higher) qualified Officers has been compounded by general Paramedic staffing constraints which have necessitated the continuation of the internal training course, in addition to recruitment from the degree programs for Graduate Paramedics (see earlier).

Up-skilling pathways would be helpful, and Diploma qualified Officers might be sponsored through a degree conversion program to increase the number of more highly qualified Paramedics. Adoption of the strategies outlined by ACAP under Recommendations 11, 22 and 23 would offer a practical solution to overcome this deficit, albeit some time will be required for the situation to improve.

Recommendation 25

That the NSW Government increase the capital works budget for the upgrades and repairs of Ambulance Service stations across NSW.

ACAP makes no specific comment except to note that capital and recurrent funding provisions should be considered within the context of a national stream of funding for EMS (Recommendation 18).

Recommendation 26

That the Ambulance Service of NSW develop procedures to provide information to officers about potential violence when responding to call-outs.

It comes as no surprise to Paramedics that the health industry is the most violent industry in Australia.[55] The incidence of violence is of real concern because individual Paramedics may sustain not only a physical injury, but also suffer long term harm ranging from psychological trauma and social dislocation to post-traumatic stress disorder.

Nationally there is an increase in the incidence of workplace violence within healthcare, often as a result of alcohol or drug use and/or acute mental health episodes. Within these groups there is also often a debatable question as to the person's ability to give or refuse informed consent - further confounding a Paramedic's determination of the limits to the duty of care.

Paramedics operate consistently in physically vulnerable venues. Their goal is to help and assist, even when this may place them in the way of physical harm. They operate in an uncontrolled environment often without any backup, and few tools to facilitate safety and restraint. They do not have the protection of an established health facility and a well structured workplace violence prevention strategy.

As noted in the submission[56] to the *Inquiry into Alcohol related Violence*, submitted by the Queensland Nurses Union in October 2009:

[55] Perrone, S. (1999), *Violence in the Workplace,* Australian Institute of Criminology Research and Public Policy Series, vol 22, Government Printers, Canberra.

[56] Queensland Nurses Union, *QNU Submission to the Law, Justice and Safety Committee, Qld Parliament in response to the Alcohol-related Violence Inquiry*, Brisbane, October 2009

"...the key to successful intervention is a strong preventative orientation that looks for high risk indicators, and may extend to active physical and behavioural screening."

Among the available preventive and avoidance measures are risk identification and assessment, educational programs to assist staff in handling an escalating or violent situation, and formal reporting mechanisms including unsafe conditions.

The provision of information on the putative risk of violence in any given situation clearly falls within the ambit of risk identification and assessment, and should be provided to Paramedics to the extent feasible as part of situational reporting.

ACAP endorses the GPSC2 recommendation and highlights the need to implement practical training in early identification of threatening situations. Adopting approved strategies for managing such encounters (including avoidance, de-escalation, availability of duress alarms and reporting) must be considered a fundamental management obligation and form part of Occupational Health and Safety training.

In addition, ASNSW needs to ensure there is a well funded and structured support program to help deal with the aftermath of a violent episode.

ACAP also supports suitable legislative provisions that determine and administer severe penalties on the perpetrators of violence against Paramedics - not only on the grounds of the personal assault but also because of the risks posed to the delivery of care to all parties who may be involved.

Recommendation 27

That the Ambulance Service of NSW modify its new uniform so as to clearly identify its on-road staff as Paramedics.

ACAP has received negative comment on the current uniform, based on recent advice from practitioners who include those who work at night and come into contact with drug or alcohol-affected people.

Some time ago ASNSW uniforms were changed to white shirts from the previous light blue shirt and navy pants. This was done to minimise the likelihood of any confusion between Paramedics and Police.

The most recent change has seen the introduction of a dark blue uniform shirt and pants with the addition of the word ‘Ambulance’ across the back, which seems a misnomer in lieu of Paramedic. The colour choice apparently was made in consultation with Service staff.

The complaints from members relate to intoxicated and drug-affected patients who don’t respond to words or smaller complex logos on shoulder flashes or epaulettes; but distinguish persons more significantly by colour, shape and sound. Separate complaints have also been raised about the fabric quality, and the finishing and fitting/design of the uniform.

While uniform designs are more usually an industrial matter and to be raised in that forum, ACAP supports measures designed to ensure quick and accurate identification of a Paramedic, insofar as it may have clinical implications affecting the quality of care,

ACAP notes that when uniforms are worn by Paramedics, they should be devoid of decorative embellishments and handholds; be made of superior quality fabrics in colours that conform to internationally recognised standards; ensure high day and night visibility; and have a distinctive design that sets the wearer apart from other personnel such as Emergency Services and Police.

ACAP recommends that these matters be raised by the GPSC2 with the objective that the design of service uniforms be reviewed, and if found to be deficient on the basis of on-site experience, that they be modified in due course.

Recommendation 28

That the Ambulance Service of NSW provide OH&S guidelines to ambulance officers to maintain their health, strength and fitness.

No specific comment is offered. The maintenance of good health and fitness is clearly of benefit to everyone, and some employers place considerable emphasis on wellness programs.

ACAP accepts that there is a responsibility on the employee to maintain their own fitness levels similar to their competency levels, and just as the ASNSW assists with maintaining clinical competency levels there are genuine grounds for assistance with fitness standards.

Recommendation 29

That the Ambulance Service of NSW explain to all staff why formal critical incident stress debriefing is no longer recommended, and encourage employees to utilise the Service's existing support services after traumatic incidents.

Good communications are a hallmark of good management and foster improved performance on the part of both management and other personnel.

Communications should be couched in terms that acknowledge the expertise and skills of staff, and where relevant (especially with professional staff) should include the rationale for change and the evidentiary base and expected outcomes.

ACAP notes the advice provided by the Australian Centre for Posttraumatic Mental Health[57] that initial assistance should comprise practical and emotional support, information and ongoing monitoring tailored to individual needs, and that structured psychological debriefing should not be offered on a routine basis.

There is no standard recipe for how people cope with trauma. Each person has a unique way of recovering. They should be supported in using strategies and resources that suit them, and that are readily available. If people seek professional support immediately following a traumatic event, it is likely that a health practitioner will take a practical approach that meets the person's immediate needs and helps them cope with their distress.

[57] http://www.acpmh.unimelb.edu.au/trauma/first_response.html

The *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder*[58] recommend against routine debriefing. While no one should be forced to talk about what they have been through or seen, those who wish to discuss the experience and can manage their distress should be supported in doing so.

Recommendation 30

That the Ambulance Service of NSW examine provision for special leave for officers following traumatic incidents as part of the forthcoming review of staff support services.

This provision has not been made, or if it has been implemented, the fact has not been publicised effectively throughout the Service. Also see Recommendation 29.

Recommendation 31

That the Ambulance Service of NSW establish a database to record traumatic incidents, and a formal system to ensure all major incidents are notified to peer support officers within 48 hours.

If this has been implemented, the fact has not been publicised effectively throughout the Service.

Recommendation 32

That the Ambulance Service of NSW examine how to support and reward peer support officers as part of the forthcoming review of staff support services.

ACAP endorses this recommendation and also draws attention to the observations made under Recommendation 8.

No change has been evident since the GPSC2 review, although in December 2009 a project officer was appointed on secondment for six months to review the support services to peers who volunteer for this role.

The outcome of this initiative is yet to be assessed and ACAP recommends further evaluation in due course.

Recommendation 33

That all rescue incidents require Paramedics to be involved in the coordinated response.

ACAP notes that the rescue effort should have a patient-centric focus with an appropriate level of clinical expertise available to suit the particular circumstances. The NSW State Rescue Policy 3rd Edition 2007[59] already stipulates Call-off and Scene Control requirements (page 12, s 2.17 and page 13, s 2.20).

[58] http://www.acpmh.unimelb.edu.au/resources/resources-guidelines.html

[59] http://www.emergency.nsw.gov.au/media/381.pdf

Recommendation 34

That the Ambulance Service of NSW undertake further community education programs as a priority. The Service should consider successful communication strategies used by other Ambulance Services, such as the London Ambulance Service, in the development of its future programs.

Government faces a challenge in building the demand, awareness, and capacity of stakeholders to participate effectively in the regulatory process of EMS to the extent that it meets the standards of other areas of health care.

The actions taken to date by ASNSW are significant but do not address these broader governance and operational aspects.

ACAP recommends that strategies to heighten public awareness of the functions and regulation of EMS be developed and implemented under the same conditions as proposed by the NHHRC (NHHRC Principles 2, 3 and 12).

Recommendation 35

That should NSW Health continue the Extended Care Paramedic program, it increase the level of recurrent funding for the program and provide additional staffing to the Ambulance Service of NSW.

The role of Paramedics has evolved swiftly until today they are recognised by the community as the primary practitioners in the delivery of EMS.

As the benefits of appropriate interventions have come to be better recognised and supported by evidence-based practice, the educational and practice requirements likewise have expanded to keep pace with new procedures and advances in technology.

The evaluation of the ASNSW ECP program has not been made widely available, meaning that universities that may wish to develop suitable university level courses have received no guidance on their educational needs outside of overseas reports and peer reviewed articles.

By way of contrast, the Wellington Free Ambulance in New Zealand has produced an ECP Curriculum Specification and called for tenders from universities.

ACAP does not see the need for additional resources to support the current internal course which appears to have no recognition outside ASNSW. Jurisdictionally-bound and proprietary programs of education highlight one of the reasons why pedagogical activities should be undertaken in an educational environment that aggregates learning resources and facilitates research and programs that provide for ultimate graduate mobility.

ACAP strongly supports additional funding through the Commonwealth for the education of these potentially important staff at a level comparable to that provided for Nurse Practitioners – i.e. Masters level. ACAP believes that the provision of such courses should be collocated with programs for other health professions, thus providing a multidisciplinary ethos and optimising the provision of educational resources, facilities and staff.

ACAP recommends that in addition to seeking national funding for EMS, that ASNSW be advised to work in partnership with relevant universities in identifying needs and provide (where needed) supplementary and complementary support to the tertiary education sector in the provision of these educational pathways.

Recommendation 36

That the Ambulance Service of NSW ensure that all on-duty crews in the Hunter region consist of two ambulance officers by 30 June 2009.

While this position may have been achieved in the Hunter, it is understood there are other areas where single officers are still used.

There are many ways to provide emergency healthcare, such as the use of Operational Support Unit officers, Rapid responders and Extended Care Paramedics who may provide an initial response to treat patients but do not have the facility to transport.

Under an appropriate regulatory regime for practitioner registration, emergency out of hospital care also might be provided through the services of a Community Paramedic[60] complementing the role of Nurse Practitioners, Medical Practitioners and other Allied Health Professionals.

ACAP reserves its opinion on such operational matters without further investigation, since community Paramedics or single-response vehicles may be more effective in certain circumstances. Multiple attendances may not always deliver improved results[61] and crewing of ambulances should be based on the evidence and specific needs.

Recommendation 37

That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover.

This is a managerial and operational issue and no specific comment is offered. See also Recommendation 36.

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[60] O'Meara, Walker, Stirling, Pedlar, Tourie, Davis, Jennings, Mulholland, Wray, *The rural and regional ambulance Paramedic: moving beyond emergency response,* Report to the Council of Ambulance Authorities Inc., School of Public Health, Charles Sturt University, March 2006 ISBN 1 86467 180 7
http://ircp.info/LinkClick.aspx?fileticket=2Szq%2b%2fGltSo%3d&tabid=263&mid=754

[61] Eschmann, N M, Pirrallo, R G, Aufderheide, T P, Lerner, E B, 2009, *The association between emergency medical services staffing patterns and out-of-hospital cardiac arrest survival*. Prehospital Emergency Care, Vol 14 No 1, August 2009, pp 71-77.

Recommendation 38

That the Ambulance Service of NSW review its proposed site for the new station at Nelson Bay and consider whether it is the best location to respond to the existing (and future) community.

ACP makes no specific comment on this operational matter other than to note that such issues should be subject to appropriate planning and staffing arrangements (see Recommendation 20).

Recommendation 39

That the Ambulance Service of NSW review its procedures in relation to Schedule 8 drugs, to identify how to improve the supply, delivery and secure handling of these drugs. The findings of this review should be reported by the end of June 2009.

ACAP endorses this recommendation as being critical to safety and part of the necessary secure management regime for powerful medications that should apply to all health and allied health professionals.

ASNSW released a substantially revised *Standard Operating Policy on Medications Management* (SOP2010-003) on 20 January 2010 which changes the authorisation and control of medications within the Service to comply with the *Poisons and Therapeutic Goods Regulation 2008 (NSW).* ACAP has yet to evaluate this mandatory policy.

Recommendation 40

That all Ambulance vehicles be equipped with Satellite Navigation Units by the end of 2009.

This recommendation is being implemented with the issue of units to individuals. Unfortunately, ACAP is in receipt of complaints that the equipment being supplied is of poor quality, not user friendly, and given the lack of accuracy in rural areas, is likely to bring about its own problems.

There is no one solution to the problem of mapping and location and a common-sense cross-referencing procedure using structured call taking should satisfy all but the most intractable situations within an appropriate time frame.

No electronic mapping device can accommodate wrong or incomplete directions and adequate call taking procedures remain essential as well as paper mapping in certain rural areas.

Nonetheless, in the light of the negative observations received, ACAP recommends that the GPSC2 seek independent advice on the quality and effectiveness of the GPS location equipment being supplied to ASNSW.

Recommendation 41

That the Ambulance Service of NSW provide portable radios for all ambulance officers by the end of 2009.

ACAP endorses this recommendation as a means of improving operational communications and patient care, and as a safety tool for Paramedics by enabling timely situation reporting both on site and in transit.

Recommendation 42

That NSW Health address the operational issues raised in Chapter 8 and incorporate them into the current changes to operations and performance review processes.

No specific comment is offered beyond the overall observations of this submission.

Recommendation 43

That the Ambulance Service of NSW report directly to the NSW Minister of Health.

This has not happened and appears unlikely to occur. ACAP is aware that as a subset of the Health Department there are many general policy documents and procedures that apply to other operating areas that are either impracticable to apply or not relevant to EMS.

Recommendation 44

That the NSW Government re-establish an Ambulance Service of NSW Board of Directors based on the former Board of Directors. The new Board should include at least one director who has been directly elected by members of the Ambulance Service.

No specific comment is offered.

Recommendation 45

That the NSW Government introduce a new Ambulance Services Act to provide comprehensive regulation of the Ambulance Service of NSW. The following provisions should be considered for inclusion:

- a direct reporting line from the Chief Executive to the Minister for Health
- a Board of Directors
- management and conduct of performance provisions that apply to the Chief Executive
- clear definitions and prescriptive provisions
- registration of Paramedics.

No specific comment is offered other than this recommendation encapsulates a number of issues covered within the previous recommendations.

Glossary

The following terms are used in this paper.

ACAP	Australian College of Ambulance Professionals
AHMAC	Australian Health Ministers Advisory Council
AHP(s)	Allied Health Professional(s)
ASNSW	Ambulance Service of New South Wales
CAA	The Council (Convention) of Ambulance Authorities
COAG	Council of Australian Governments
CSU	Charles Sturt University
EMS	Emergency Medical Services
GCO	Grievance Contact Officer
GREAT	Government and Related Employee Appeals Tribunal
ICP	Intensive Care Paramedic
IMMS	Incident Information Management System
IRC	Industrial Relations Commission
KPI	Key Performance Indicator
NHHRC	National Health and Hospitals Reform Commission
NHWT	National Health Workforce Taskforce
Paramedic	A professional person whose education, training and skills enable them to provide a range of out of hospital emergency procedures and medical care
PC	Productivity Commission Australia
PCSU	Professional Standards and Conduct Unit
PSO	Peer Support Officer
RPL	Recognition of Prior Learning
SARRAH	Services for Australian Rural and Remote Allied Health

Appendix 1 – GPSC2 Membership and Inquiry terms of reference

COMMITTEE MEMBERS

Hon Robyn Parker MLC (Chair)	*Liberal Party*
Hon Christine Robertson MLC (Deputy Chair)	*Australian Labor Party*
Hon Tony Catanzariti MLC	*Australian Labor Party*
Hon Greg Donnelly MLC	*Australian Labor Party*
Hon Marie Ficarra MLC	*Liberal Party*
Reverend the Hon Dr Gordon Moyes MLC	*Christian Democrat Party*
Ms Lee Rhiannon MLC	*The Greens*

TERMS OF REFERENCE

MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

That the General Purpose Standing Committee No. 2 inquire into and report on the management and operations of the NSW Ambulance Service, and in particular:

a) management structure and staff responsibilities

(b) staff recruitment, training and retention;

(c) staff occupational health and safety issues;

(d) operational health and safety issues; and

(e) any other related matter

Legislative Council, Minutes No. 14, Thursday 15 May 2008, Item 4, page 605

Appendix 2 – Summary of public complaint access mechanisms

Members of the public carry an expectation that matters involving the operation of Government-sponsored services will be available through service websites. One significant matter of public interest is the transparency of communication and complaint channels. An assessment of the publicly available information based on a normal search (not a forensic examination) of EMS service provider websites yields the following information (information shown is at the time of website access).

WA

There is no information on the St John Ambulance (WA) Inc. website regarding the lodgement of a complaint. However, complaints about health services – including ambulance services – can be made through the WA Office of Health Review: www.healthreview.wa.gov.au.

As a private contractor St John Ambulance (WA) Inc. does not come within the remit of the CCC nor is it covered by the Ombudsman's Office at this time. When Health Department officials were questioned about their involvement in complaint processes, the observation was made that the contract for service was between the patient and the provider St John Ambulance (WA) Inc.) and that the Health Department played no role.

NT

There is no information on the St John Ambulance NT website regarding the lodging of a complaint. Complaints can be made to the Health and Community Services Complaints Commission, an independent statutory body located within the Office of the Ombudsman for the Northern Territory: http://www.nt.gov.au/omb_hcscc/ombudsman/

Reports of complaints and outcomes (including those involving ambulance officers) are available at: http://www.nt.gov.au/omb_hcscc/ombudsman/

NSW

Ambulance Service of NSW website states that an individual can lodge a complaint by phone or email to one of the complaint co-ordinators in each of the four ambulance divisions within NSW. If the complainant is unhappy with the management of the complaint or the outcome they can contact the ASNSW Professional Standards and Conduct Unit. If the complainant is unhappy with the outcome they can complain to the Health Care Complaints Commission, which is an independent body set up to investigate complaints about health services.

However, while the Health Care Complaints Commission lists tribunal decisions for several health professions, there is no mention of Paramedics. Unlike the other health professions covered by the Health Care Complaints Act 1993 there is no public listing of outcomes of complaints against Paramedics. http://www.hccc.nsw.gov.au/html/tribunal.htm

QLD

There is no information on the QAS website regarding the lodgement of a complaint. While the Queensland Health Quality and Complaints Commission is able to investigate complaints in relation to health services, it is not clear that this would apply to the QAS which is within another Ministerial portfolio. However, volunteers acting in emergencies appear to be outside the Commission's jurisdiction. See website: http://www.hqcc.qld.gov.au/home/default.asp

VIC

Ambulance Victoria has a complaints link on its website that clearly explains the process for lodging a complaint. The complaint is dealt with internally, and if the complainant is not satisfied with the outcome that are advised to contact the Ambulance Victoria Manager of Professional Standards. No advice about external complaint or appeals processes appears on the AV website. It appears that complaints can also be made to the Victorian Department of Human Services, though this is not clear. Outcomes are not publicly reported. For example, the AV 2007-08 annual report did not discuss complaints about the service or individual Paramedics.

ACT

Information about how to make a complaint is hidden under the "community feedback" link on the ACT Ambulance website: http://www.esa.act.gov.au/ESAWebsite/content_actas/community_feedback/community_feedback/community_feedback.html

No information about appeals processes or external complaints management processes are provided on the website. It appears that complaints may also be made to the ACT Ombudsman. There is no evidence of outcomes re complaints about the ambulance service or Paramedics employed by the service. The ACT Department of Justice & Community Safety describes an "Ambulance Complaints Data Base", but no further information is available.

SA

There is no information on the SAAS website regarding the lodging of a complaint. The South Australian Ombudsman appears to be able to investigate complaints about the SAAS as there is one report of a complaint of "Unprofessional conduct by staff" available through the Ombudsman website: http://www.ombudsman.sa.gov.au/

TAS

The Tasmanian Ambulance Service does not have its own website (although the volunteer ambulance officers have a website). Complaints about health services (which presumably include the Ambulance service and Paramedics) can be made through the Department of Health and Human Services: http://www.dhhs.tas.gov.au/hospitals/launceston_general/contact/complaints__and__compliments