

## THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

**Organisation:** Australasian Council of Paramedicine  
**Name:** Mr Andrew McDonell  
**Position:** Executive Director  
**Date received:** 30/07/2008

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# Australasian Council of Paramedicine

28 July 2008

The Hon Robyn Parker MLC  
 Committee Chair  
 Legislative Council  
 General Purpose Standing Committee Number 2  
 Parliament House  
 Macquarie Street  
 SYDNEY NSW 2000  
 (Submitted by Email to Ms Teresa Robinson: [gpscno2@parliament.nsw.gov.au](mailto:gpscno2@parliament.nsw.gov.au))

Dear Ms Parker

**Re: The Management and Operations of the NSW Ambulance Service (Inquiry)**

Please find attached our submission to add to the discussions about the Management and Operations of the NSW Ambulance Service. The key points of our submission are;

#### **Management and Structure of Ambulance Service of New South Wales (ASNSW)**

- The structure of the ASNSW be reviewed and a new structure be developed based on the [former] Rural Ambulance Victoria and Queensland Ambulance Service Structures;
- The ASNSW Operations Divisions be aligned to Area Health Services' Boundaries.
- Any new structure contain a Metropolitan Division and a Rural Division;
- Any future CEO's have a Paramedic background, significant management experience and the relevant tertiary qualification;
- The implementation of a strong and independent Clinical Governance Department;
- Professional Standards and Conduct Unit is modified to deal with customer complaints and internal complaints. That the role of investigating professional behaviour and practice to moved to an independent Paramedic Registration Board (see Registration and Regulation below).

#### **Clinical Governance**

- ASNSW requires a stand alone Clinical Governance Department
- The Head of Clinical Governance be an Intensive Care Paramedic with experience in leadership and has post graduate qualifications in Education, Management or a research qualification;
- Clinical Governance oversee all education, clinical education, infield education/support and audit and reaccréditation;
- A clear Paramedic education career structure is created;
- The Clinical Advisory Committee comes under the auspices of Clinical Governance;
- Clinical Advisory Committee is Chaired by a Senior Intensive Care Paramedic and made up of Paramedics and people from a wide range of health discipline backgrounds;
- The Clinical Advisory Committee drives the clinical practice through clinical leadership, consensus and evidence based research.
- An ASNSW Research Unit is developed to investigate the practice of Paramedicine and pre-hospital care.



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### Registration and Regulation

- Paramedics become registered health professionals;
- A Registration Board replaces the need for the ASNSW Professional Standards and Conduct Unit investigating misconduct or inappropriate standards of professional behaviour and practice;
- Health Services Act 1997 - Section 67a be amended to give a definition of the term "Paramedic" and restrict the use of the term "Paramedic" to persons who have completed the appropriate professional qualification;
- Paramedics are registered under a "health practitioner, health registration Act", to ensure adequate and urgent protection for members of the community, ethical practice and appropriate education.

### Paramedic Education

- That the present in-service Paramedic course be transferred to the University sector;
- The minimum qualification for a Paramedic is a Bachelor degree, an Intensive Care Paramedic is a Graduate Diploma / Masters and a Paramedic Practitioner is a Masters;
- Money saved from the transfer of basic Paramedic education to the University sector be re-directed to continuing education programs, infield education and post-graduate Paramedic programs such as Intensive Care and aeromedicine;
- The Ambulance Education Centre be re-defined as a Centre specialising in Continuing education and research.

### Extended Scope of Practice

- Extended Care Paramedics, continue to be evolved into full Paramedic Practitioners;
- Paramedics change their health service provision in rural and remote communities;
- Paramedics are integrated into the general health service in urban, rural and remote communities;
- Paramedics fast track through other health discipline programs such as nursing, physiotherapy, radiography, occupational therapy and practitioner, allowing Paramedics to meet the health needs of communities more efficiently;
- Undergraduate Paramedic programs are duelled into other disciplines to graduate a practitioner with multiple health competencies (eg. Paramedic-Radiographer).

### Ambulance Levy

- The present Ambulance Levy be scrapped;
- The Ambulance Levy is replaced by a scheme similar to the Queensland Community Ambulance Cover Levy.

I believe you will find this submission balanced and well considered. I hope you will take the recommendations of our submission seriously when developing the future direction in the Management and Operations of the Ambulance Service of New South Wales.

Yours sincerely

Andrew McDonnell  
Executive Director

PO Box 1177 Kangaroo Flat Victoria Australia 3555  
Email: [admin@councilParamedicine.org](mailto:admin@councilParamedicine.org)  
Web: <http://www.councilParamedicine.org>

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## **Australasian Council of Paramedicine**

### **The Management and Operations of the NSW Ambulance Service (Inquiry)**

#### **Overview**

The Australasian Council of Paramedicine (ACP) aims to be a peak professional organisation and think-tank that represents Paramedics in political and policy forums, and attempts to reflect the views of Paramedics and the community when discussing Paramedic practice.

The Council believes that the New South Wales Government and the relevant Government Departments must address the following items to ensure effective ambulance and Paramedical services to the people of New South Wales, particularly to people who reside in rural areas.

#### **Management and Structure of the Ambulance Service of New South Wales (ASNSW)**

The Council supports a restructure of the New South Wales Ambulance Service to that of other Ambulance Services in Australia.

To the outside observer, the ASNSW seems to have developed into a large bureaucratic organisation with increasing numbers of departments and confusing management structures. It appears that ASNSW is an organisation in conflict with its employees. The Operational Divisions structure of ASNSW does not relate to any of the boundaries of other health or emergency service organisations, or Government Boundaries, particularly the Area Health Services' boundaries.

The Council believes the restructure of ASNSW should be based on the former Rural Ambulance Victoria and the Queensland Ambulance Service structures. Such a structure aligns the Ambulance Service to Area Health Service Boundaries and has an Executive that is made up of members from Operations, Clinical Development (Clinical Governance) and the organisational corporate support units (e.g. Human Resources, Corporate Services etc). Such a structure is relatively flat, which allows contact between the frontline and the Executive. The Council recommends the present Divisional Structure be replaced with a Metropolitan and Rural Divisions with an underlying regional structure, shaped around the Area Health Boundaries thus linking the ASNSW strongly into the general health sector.

The Council believes it is essential that a strong Clinical Governance Division, similar to the structure based in the former Rural Ambulance Victoria, be implemented into the restructure. We suggest that such a Division be headed by an experienced manager with an Intensive Care Paramedic qualification (See below for further information).



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While the Council makes no judgment about the present Chief Executive Officer (CEO), the Council strongly encourages the Government to consider future CEO appointments be a person who is a good communicator, has broad management experience and is qualified as a Paramedic.

Finally, the Council believes that the Professional Standards and Conduct Unit is modified to deal with customer complaints and internal complaints, and, that the role of investigating professional behaviour and practice be moved to an independent Paramedic Registration Board (see Registration and Regulation below).

### ***The Council's key recommendations are that;***

- The Council supports a restructure of the ASNSW
- The structure of the new organisation be based on the [former] Rural Ambulance Victoria and Queensland Ambulance Service Structure;
- The ASNSW's Divisional Boundaries be aligned into the Area Health Services Boundaries.
- The a restructure contain a Metropolitan Division and a Rural Division;
- The Government consider appointing a future CEOs that have broad management experience and a Paramedic background;
- It is essential that a strong and independent Clinical Governance Department be part of the new structure;
- The Professional Standards and Conduct Unit be modified and investigating professional behaviour etc be transferred to an independent Paramedic Registration Board.

### **Clinical Governance**

Ambulance Services are clinical based organisations. It is essential that the audit and review of clinical practice and practitioners is undertaken in an efficient and effective manner. Because Paramedics are presently not registered, Clinical Governance must attempt to oversee the practice of Paramedics, Honorary Officers and volunteers and attempt to protect the public from practitioner misconduct or mal-practice.

Clinical Governance is responsible for the overseeing of clinical practice, ongoing professional education, clinical practice guidelines and standards, remedial training and research.

The Council believes that it is essential that the new organisation has an independent and separate Clinical Governance Division to Operations. Clinical Governance needs to be headed by a General Manager (Senior Manager or whatever term is used) who is an experienced and qualified Intensive Care Paramedic. The Intensive Care Paramedic should have a history of professional practice, experience as a manager and hold post graduate qualifications in education, or management or an appropriate research qualification.





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An important part of clinical governance is the oversight of clinical practice, guidelines/protocols and standards. The Council believes the practice of Paramedicine is multidisciplinary in nature. The Council believes that the governance of clinical practice can not be placed in the hands of a single individual or medical director. The Council supports the development of a Clinical Advisory Committee that is Chaired by a Senior Intensive Care Paramedic and made up of a mix of disciplines, especially Paramedics, medical practitioners and health professionals with the appropriate specialities. The Committee needs to provide clinical recommendations based on evidence based practice and consensus.

Research is a developing field within Paramedicine. The Council believes that the Ambulance Service needs to be research focused and evidence based. This would require the creation of a dedicated Paramedical Research Unit. The Council would foresee the Research Unit to be a leader in innovation, independent, but associated with Universities, and would foster research to be performed by Paramedics and provide Paramedics with pathways to academic qualifications such as Masters by Research and Doctorate qualifications. Overall the Research Unit would analyse the practice of Paramedicine and pre-hospital care while working towards providing the best possible care for users of the service.

### ***The Council's key recommendations are that;***

- ASNSW requires a stand alone Clinical Governance Department
- The Head of Clinical Governance is a Intensive Care Paramedic with experience in leadership and has post graduate qualifications in Education, Management or a research qualification
- The Clinical Standards Committee comes under the auspices of Clinical Governance;
- Medical Standards Committee is Chaired by a Senior Intensive Care Paramedic and made up of Paramedics and people from a wide range of health discipline backgrounds;
- Clinical Standards Committee drives the clinical practice through clinical leadership, consensus and evidence based research.
- A ASNSW Research Unit is developed to investigate the practice of Paramedicine and pre-hospital care.

### **Registration and Regulation**

The Council believes that presently the NSW Community is not adequately protected and that Paramedics should be immediately registered and a professional registration board be legislated. Paramedics work in a number of clinical practices including the Ambulance Service, Private Patient Transport Services, Private Practice etc. The Council is greatly concerned that Paramedics or the term "Paramedic" is not adequately protected in the Health Services Act 1997.





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The Council believes that the private or public sectors are presently unable to be fully monitored / audited or that there is adequate control or regulation over the practice of Paramedicine or people qualified to be Paramedics (or support roles such as Patient Transport Officer). The Council believes that the present situation puts members of the community, particularly people suffering an acute health crisis, at risk.

The Council Strongly recommends that Paramedics are registered under the Health Professions Act 2005 and that an independent registration board is formed to monitor the practice of the profession.

***The Council's key recommendations are that;***

- Health Service Act be amended to give a definition of the term "Paramedic" and restrict the use of the term "Paramedic" to persons who have completed the appropriate professional qualification;
- That Paramedics are registered under the Health Services Act 1997 and Health Professions Act 2005 to ensure adequate and urgent protection for members of the community.

### **Paramedic Education**

The major training of Paramedics in NSW is conducted by the Ambulance Education Centre. The ASNSW is a Registered Training Organisation conducting a vocational Diploma of Paramedical Sciences – for Paramedics and the Advanced Diploma of Paramedical Sciences – for Intensive Care Paramedics. Students are employed during their traineeship.

The Council believes that the present mode of Paramedic Education in NSW is inappropriate, expensive and outdated. Australia wide, Paramedic education is being transferred into the University sector. The minimum qualifications being a Bachelor degree for Paramedics and a Post Graduate Diploma for Intensive Care Paramedics. Other Paramedic programs such as aeromedicine are conducted at Post Graduate level.

The Council strongly supports the phasing out of in-service vocational Paramedic education and the transferring of Paramedic Education to the University Sector. Such a transfer would align NSW with other states of Australia. Transferring basic Paramedic education is cost effective and would make considerable savings for the ASNSW. Student Paramedics on the other hand would be educated with other health professionals, at a higher level resulting in the alignment of qualifications and access to ongoing higher education courses. The outcome would be a better service delivery model.

The result of a transfer of Paramedic Education to the University sector would free up and fund the Ambulance Education Centre to conduct continuing education programs, specialist short courses and to become a hub for Paramedic research.



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### ***The Council's key recommendations are that;***

- That the present in-service Paramedic course be transferred to the University sector;
- The minimum qualification for a Paramedic is a Bachelor degree, an Intensive Care Paramedic is a Graduate Diploma / Masters and a Paramedic Practitioner is a Masters;
- Money saved from the transfer of basic Paramedic education to the University sector be re-directed to continuing education programs, infield education and post-graduate Paramedic programs such as Intensive Care and aeromedicine;
- The Ambulance Education Centre be re-defined as a Centre specialising in Continuing education and research

### **Extended Scope of Practice**

The Council believes that the practice of Paramedics in urban rural and remote communities need to change from a reactive service to a responsive service. This would mean that Paramedics would be more integrated into the general health service and provide a range of services. In addition to ambulance work, Paramedics could provide;

- Radiography
- Physiotherapy
- Occupational Therapy
- Practitioner Services (e.g. Physician Assistant / Medical Practitioner / Paramedic Practitioner)
- Retrieval Services
- Patient Visits
- Preventative Health Services (Health education, immunisation etc)

Paramedics would need to undertake further education and training to be able to perform these tasks.

The ASNSW has commenced an Extended Care Paramedic Program. The Council fully supports this program; however, the Council believes the program should be developed into a full Paramedic Practitioner program based on the United Kingdom's Medical Care Practitioner model. The Council would encourage the level of education in this program to be at Masters level and be conducted in a University.

The Council believes that fast tracking Paramedics through Graduate training programs in co-operation with tertiary education institutions could be achieved quickly resulting in improved community health outcomes. The Council also believes that Universities could offer dual Paramedic degrees with other health degrees to graduate a practitioner with multiple qualifications and practices.





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### *The Council's key recommendations are that;*

- Paramedics change their health service provision in the urban, rural and remote communities;
- Paramedics are integrated into the general health service in rural and remote communities;
- Paramedics fast track through other health programs such as physiotherapy, radiography, occupational therapy and practitioner, allowing Paramedics to meet the health needs of communities more efficiently;
- Extended Care Paramedic is expanded into a full Paramedic Practitioner program based on the UK Medical Care Practitioner and be conducted by a University;
- Undergraduate Paramedic programs are duelled into other disciplines to graduate a practitioner with multiple health competencies (eg. Paramedic-Radiographer).

### **Ambulance Levy**

The funding of Ambulance Services come from a number of sources, however the major funding comes from Government, Ambulance Levy (sourced from Private Health Insurers) and Charges for service.

The Ambulance Insurance traces its history back to early "Ambulance Funds" or "Subscription Schemes" some set up as early as 1901. "Members /Subscribers" are treated and receive medical transport free of charge. NSW levies private health funds and has a policy of 100% cost recovery for use of the ambulance service. People not covered by Levy are charged a fee for service. Pensioners or health card holders are transported free.

The Council believes that the Ambulance Levy is inappropriate, discriminates against low income working families and interstate visitors, and does not provide a secure funding source.

The Council recommends that the present Ambulance Subscription Scheme be scrapped immediately and replaced with a Community Ambulance Levy similar to the scheme used in Queensland.

The Queensland scheme;

"The Community Ambulance Cover levy helps provide a secure funding base for the Queensland Ambulance Service. The levy is collected by electricity retailers & suppliers on behalf of the Queensland Government and is generally based on the billing arrangements for the supply of electricity to your home or business, measured by a meter....The levy is currently a daily amount of 26.773 cents, equating to \$97.99 for a full financial year.



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Community Ambulance Cover is not a 'user-pays' system for ambulance services. No Matter who pays for the electricity supplied to your business or household, every Queenslander is automatically covered for the cost of ambulance services nationwide" (Queensland Ambulance Service (2008)  
<http://www.ambul ance.qld.gov.au/about/default.asp>).

***The Council's key recommendations are that;***

- The present Ambulance Levy Scheme be scrapped
- The Ambulance Levy applied to private health insurance is replaced by a scheme similar to the Queensland Community Ambulance Cover Levy.

Submitted for and on behalf of the Australasian Council of Paramedicine

Andrew McDonnell  
Executive Director





## Australasian Council of Paramedicine

20 July 2008

The Hon Reba Meagher MP  
Minister for Health  
Level 1, Governor MacQuarie Tower  
1 Farrar Place  
SYDNEY NSW 2000

Dear Minister Meagher

### **Re: Performance Review – Ambulance Service of New South Wales June 2008**

The Australasian Council of Paramedicine (ACP or Council) aims to be a peak professional organisation and “think tank” that represents Paramedics in political and policy forums. The Council attempts to reflect the views of Paramedics and the community when discussing Paramedic practice and health care provision.

The Council would congratulate the reviewers on their efforts in producing such a report. The Council strongly supports the ongoing professional development of Paramedics, particularly the further development of the Extended Care Paramedic (Page 55). While supporting the extended scope of practice, the Council believes that the development of such a Paramedic Practitioner should be based on a Medical Care Assistant Model (United Kingdom NHS) and practitioners should be Intensive Care Paramedics and educated within the Higher Education Sector (i.e. Universities).

The Council does not agree with the comments and conclusions in the report related to the “Registration and Certification of Paramedics” (Page 91) and “Initial Training and Graduate Entry” of Paramedics (Page 84). Our views are expressed below.

### **Registration of Paramedics**

The Council supports the concerns of Nurses who were interviewed by the Review team, “Although supportive of the work of the Ambulance Service, they expressed concerns that Paramedics were not a registered profession.....” (Page 54). The Council advocates that Paramedics need to be immediately registered by the state and legislation.

Paramedics are a specialist health care professional who responds to requests for assistance and attends people suffering acute health crises of any nature. Paramedics provide health assessment, initial diagnosis, design a treatment plan and manage the patient’s crisis. The Paramedic may provide adequate treatment that may resolve the crisis and may or may not refer the patient onto another health professional. The Paramedic may continue treatment and provide patient transfer to an appropriate health care facility for ongoing referral and patient care. Many of the practices of a Paramedic are performed at the same level as a medical practitioner.



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The review provided the following arguments to dismiss Paramedic registration;

- “..the community is educated to become aware of the function of the Ambulance Service and the training and skills needed to undertake the work of a Paramedic;
- There is a higher degree of professional decision making in the treatment of patients; and
- There is significant confidence from the community and the Ambulance Service management in the clinical skills of all Paramedics in NSW, so that there can be a relaxation of the current restrictive protocols that ultimately force Paramedics to transport patients to hospital regardless of their professional opinion.” (Page 91)

The Council strongly rejects the argument that Paramedics can not be registered until the community and the management of the Ambulance Service accepts Paramedics as “professionals”. In fact the Council would argue the very points given above form a significant case and basis for registration of Paramedics in New South Wales. The Council would like to emphasise that not all Paramedics work and practice in Ambulance Services. The community is entitled to a registration scheme that would ensure their protection when dealing with Paramedics working inside and outside of the Ambulance Service.

During 2006 the Council of Australian Governments (COAG) proposed a national registration scheme for health professionals. ACP supports this scheme and strongly argues for the inclusion of Paramedics in this scheme. The key reason given by COAG for registration is to “provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered”. (COAG (2008) *Intergovernmental Agreement For A National Registration And Accreditation Scheme For The Health Professions*. Page 3)

The Council finds it ironic that this report dismisses registration for Paramedics, where as, the New Zealand Government (July 2008), after a review of the provision of their Ambulance Service (where the vast majority of ambulance officers are volunteers and practice at a lower clinical level than Australian Paramedics) recommended;

- Registration of Paramedics (State Registration under the [NZ] Health Professionals Registration Act)
- Introduction of Emergency Care Practitioners (Paramedic Practitioners)
- Standardisation of Paramedic Education through the country at degree level or higher level
- Formation of a Nation wide professional Paramedic organisation
- Double Crewing of ambulances throughout the country
- Controls and standard training of Volunteers

*(Inquiry into the provisions of ambulance Services in New Zealand Report of the Health Committee [Sue Kedgley, Chairperson] House of Representatives July 2008)*

The Council believes that Paramedics in New South Wales and Australia need to be registered to ensure the community is protected and Paramedics continue to be appropriately educated to perform their clinical practice. The Council believes that a body external to the Ambulance Service is the only reasonable solution in further developing the clinical practice of Paramedics in New South Wales and adequately monitoring the individual practice of practitioners .





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### Education and Training of Paramedics

ACP strongly supports University based Paramedic Education and that the minimum qualification of a Paramedic to be at the level of a Bachelor Degree or a Post Graduate Qualification.

The role of the Paramedic is continuing to rapidly change and evolve with new knowledge and technology, and the scope of practice is thus expanding. Contemporary Paramedicine is practiced in a wider range of clinical settings including;

- Ambulance Services
- Private Ambulance Services and Non-Emergency Transport Services
- Private Practice
- Aeromedical Services including fixed wing and rotary wing
- Adult, Paediatric and Neonatal Retrieval Services
- Medical Clinics
- Onsite Paramedical provision (e.g. Major Public or Sporting Events)
- Industry such as;
  - o Mining, Exploration and Resource Industry and Construction sites
  - o Off-shore Drilling and Seismic sites
  - o Manufacturing
- Rural and remote practices such as;
  - o Isolated communities
  - o Islands, game parks, cruise tourism and transport shipping sectors
- Emergency management, disaster emergency response and repatriation
- Homeland defence, counter terrorism support and USAR teams

The traditional in-service vocational education model and content provided by the Ambulance Service of NSW is inadequate and out-dated. The Council believes that New South Wales needs to go beyond the "development of a policy by the end of January 2009 concerning the minimum educational requirements for new Paramedic recruits and ongoing training needs for the existing workforce." (Page 85) and follow the rest of Australia by moving Paramedic education into the University sector with the minimum qualification being at the level of a Bachelor Degree..

### Recommendations

The Council would like to recommend to the Minister the following;

- The state registration of Paramedics in New South Wales in order to provide protection of the community and to ensure only safe and ethical people practice as Paramedics;
- The Government of New South Wales support the development of a National Registration Board for Paramedics through COAG;
- The Government of New South Wales supports and actively advocates for the transfer of Paramedic Education into the University sector;
- That the transfer of Paramedic Education into the University Sector at Bachelor degree level or higher be commenced no later than 2009.



## Australasian Council of Paramedicine

The Council believes our submission is constructive and would benefit the community of New South Wales. We strongly encourage you to support and implement our recommendations.

Yours and on behalf the Australasian Council of Paramedicine

A handwritten signature in black ink, appearing to read "Andrew McDonnell".

Andrew McDonnell  
Executive Director

CC Mr Greg Rochford, CEO, Ambulance Service of NSW  
Mr Frank Greathead, Performance Review Unit, Department of Premier and Cabinet