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Informing our future: The development of a regulatory framework for registered paramedics in Australia

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Editorial

Informing our future: The development of a regulatory framework for registered paramedics in Australia

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Paramedicine has entered a new phase in the evolution to become a recognised health profession and there is now the need to work precipitously to define our identity or risk it being dictated by others. The decision made by the Federal, State, and Territory Health Ministers at the Council of Australian Governments (COAG) meeting on the 6th November 2015 set the platform for paramedicine to enter the National Registration Accreditation Scheme (NRAS) (1). Recognition as a health profession is the most significant event impacting on paramedicine this generation (2) and will set the stage for the future directions of our profession. The most significant and exigent issues facing registration of the paramedic workforce is that paramedics have the opportunity and responsibility to inform policy that will determine who will be entitled to be called a registered paramedic, the minimum qualification requirements for newly registered paramedics, the minimum education and practice standards for those currently working as paramedics to be part of the scheme (grandparenting clause), and finer details like defining currency of practice and creating pathways for non-clinical paramedics to achieve registration.

Over the next several months, policy and legislative foundations will be established that inform the legal definition of a paramedic and indeed create structures that will shape the identity of paramedicine for the future. It is therefore timely that the voice of the industry assists in informing and developing the regulatory framework.

A project team from the Victoria Department of Health and Human Services (DHHS) has been established to lead the implementation of paramedicine as a nationally registered health profession (3). The project team has identified six primary areas of focus to aid in shaping the legislative amendments required for paramedic registration:

- Name of the Registration Board
- The Board composition
- Grand-parenting framework
- Registration fees
- Cross border practice and mutual recognition (In the event that New South Wales or other jurisdictions opt out)

The project team have set timelines for policy details to be fully established by the end of 2016, the legislation to be prepared and passed by participating jurisdictions by mid-2017, and the national registration of paramedics to be fully implemented for a September 2018 commencement³. Shaping policy is conceivably the most complex and important phase of the process. During this critical phase, the recommendations made by the project team will inform legislation that will govern the paramedic profession. Paramedics Australasia (PA) is well represented on the newly established Paramedic Registration Reference Group (PRRG) which was instituted by the DHHS project team to consult with paramedic experts, inclusive of Executives of PA, Student Paramedics Australasia (SPA), and the Network of Australasian Paramedic Academics (NAPA). The PRRG also has representation from the Australian and New Zealand College of Paramedics, the Council of Ambulance Authorities, the Australian Defence Force, Private Paramedicine Australia, the National Ambulance Education Committee, and the National Council of Ambulance Unions (4).

As such, the PRRG provides a consultative forum for paramedics across the nation, incorporating a wide cross sectorial representation, to facilitate and appropriately inform the future of our industry. Together we must actively participate in the process to express our position on several critical issues, inclusive of:

1. Establishing the minimum qualification for graduate paramedics to be registered under the scheme. It has been suggested that an undergraduate degree is the minimum standard which would then require some jurisdictions to consider the impact this may have on the vocational pathways that may still exist.
2. Determining the eligibility of current pre-hospital care providers, who may not meet the new qualification standards, into a grandparenting clause to enter the national scheme. Is a Diploma or Advanced/Associate Diploma the minimum standard? What level of clinical practice or clinical currency is acceptable, and how should this be determined?
3. Identifying the benchmark for clinical currency for initial registration and re-registration. Should clinical currency be based on total hours worked, number of patient contacts, competencies performed, or a combination of these? Is there a better metric that interrogates alternate means for maintaining clinical currency that have been evidenced?
4. Are the ambulance services, and indeed the paramedic workforce, ready to have two tiers of pre-hospital care providers with one tier being registered paramedics and the other being unregistered technicians? This situation currently exists in the United Kingdom where a paramedic and technician work together but patient care is ultimately the responsibility of the paramedic who is accountable to their registration body. It is conceivable that individuals who do not meet the standard to be grand-parented into a registration scheme will either have to upgrade their education, or stop using the protected title of 'paramedic' and instead work as technicians.

There will be many more questions than these that arise and will require resolution as the regulatory framework is developed. Some are simple, like: What should the new Board be called? Others are much more complex and may not be answered for some years, for example: Should paramedics have prescribing rights?

As has been the case for the past half-century, paramedicine will continue to change and evolve in the ensuing decades. Educational qualifications and clinical practice will continue to advance and the role of the paramedic in the community will continue to respond to the changing landscape and requirements of the health care system. Today, however, it is essential that we all contribute to the debate to share our voice in defining who is to be recognised as a registered paramedic in September 2018. If we don't engage in the process now, others will define paramedicine for us.

Have a voice in informing the future of paramedicine by engaging the leadership of your professional association, like Paramedics Australasia, or your union or other peak body. You can join the conversation on social media on Twitter (<https://twitter.com/search?q=%23ParaRegAU>) (or searching using #ParaRegAU) or on Facebook (www.facebook.com/ParaRegAU).

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