



Australian College of Ambulance Professionals Ltd.

Submission on National Health Care Reform to the National Health and Hospitals Reform Commission Meeting the Challenge - Executive Summary

1. The *Australian College of Ambulance Professionals (ACAP)* is the national body representing more than 4000 practitioners engaged in the delivery of out of hospital emergency health care. ACAP has an abiding professional interest in policy matters that affect the delivery of Emergency Medical Services (EMS) and is uniquely positioned to provide insights into the role of EMS in the continuum of health care.
2. In preparing this submission ACAP has placed a focus on identifying issues of broad policy significance as befits the initial stages of enquiry by the National Health and Hospitals Reform Committee (NHHRC). These should be the topic of further in-depth research culminating in a number of 'white papers' for informed debate and community input for an appropriate period of time before determination of major policies.
3. The submission gives a brief overview of the health care system and the nature of present-day EMS in Australia. It acknowledges the several excellent outcomes of Australian health care policy, and recognises that formidable challenges remain. These include issues of equality and access, demographic change, affordability, safety and quality, workforce issues and the need to redress grave imbalances that apply across particular groups in society.
4. ACAP endorses the decision to establish the NHHRC; the NHHRC Terms of Reference; the philosophical approach to reform as outlined in the 15 NHHRC Principles for Australia's Health System; the general reform agenda and time frame; and the immediate short-term measures to ensure continuity of funding through the Australian Health Care Agreements.
5. The submission notes the long term nature of reform and the importance of appropriate implementation and evaluation processes in achieving the stated goals. To fulfil these objectives it recommends the establishment of a permanent National Health Care Commission.
6. The submission draws attention to several omissions in the terms of reference and immediate funding proposals including the shape of the Australian Health Care Agreements, viz:
 - the absence of any specific reference to the role and funding of out of hospital emergency care and the omission of EMS as a key component of the health care system;
 - the need for a nationally driven policy approach to the provision of EMS under consistent funding and administrative arrangements including universal access and equity principles with base funding provided by the Commonwealth; and
 - the need to better identify and use existing EMS capabilities by a national assessment of available resources – to include the private sector and the physical assets and human resources of medical personnel, nurses and paramedics of the Australian Defence Force.
7. The submission outlines the importance of appropriate health care regulatory regimes and confirms ACAP support for the COAG decision to introduce a national registration scheme for health practitioners and to implement a national course accreditation scheme.
8. ACAP draws attention to the underlying purposes of regulation and notes that the regulatory proposals for health professions initially will be limited to nine occupational groups. It urges the inclusion of other health occupations within the COAG framework and proposes that paramedic practitioners be subject to national regulation as an urgent priority on the grounds that the practice of the profession poses exceptional risks to public health and safety.

9. The submission proposes that matters of long term health policy be integrated with workforce planning which in turn is related to issues such as accreditation and regulation. It recommends that the NHHRC recognise EMS as a distinct field of professional health care and that the education, accreditation and regulation of paramedics be considered in conjunction with other workplace policies intended to provide seamless and cost effective health care.
10. The submission summarises a number of characteristics of EMS in Australia, viz:
 - jurisdiction-bound public sector EMS providers having various administrative arrangements leading to different funding bases, different equipment, different practice standards and different operational metrics resulting in fragmentation when viewed at a national level;
 - lack of coverage by Medicare and a myriad of payment and cost recovery arrangements with potentially inequitable distribution of access and costs to the community;
 - a growing number of private EMS providers that employ paramedics outside the ambit of the traditional ambulance sector without the protection of a nationally accepted regulatory framework for defining the scope of practice and the licensing of paramedics;
 - the relative absence of common equipment and systems, communication resources and other physical assets that would permit greater operational efficiencies and more cost-effective procurement, facilitate interoperability and enable the rapid and smooth aggregation of resources for catastrophic events regardless of location;
 - the absence of any nationally accepted and independent framework for the objective accreditation of EMS service providers (public, private, military and not-for-profit);
 - the absence of a nationally recognised and independent framework for community engagement and complaint mechanisms for service providers and paramedic practitioners;
 - the absence of a nationally recognised external accreditation system for paramedic education within the COAG framework (notwithstanding the CAA/ACAP model);
 - the independence of ADF paramedic personnel from their civilian counterparts and other barriers to workforce mobility occasioned by legislative and operational constraints; and
 - the diversity of educational routes to paramedic qualification and the growth of university-based paramedic education programs.
11. The submission makes a number of recommendations for the NHHRC to examine in overcoming these perceived deficiencies such as:
 - facilitating arrangements to bring funding and administration of EMS under the umbrella of national health care policy with appropriate statistical and performance metrics that enable better assessment of the EMS contribution to the health of the community;
 - establishing funding arrangements for corresponding state and territory service providers on the basis of administration as a primary emergency *health* service;
 - establishing a national accreditation regime for all EMS providers and an independent complaint process with community and practitioner representation for service complaints;
 - facilitating the national regulation of paramedics under the COAG regulatory regime or facilitating an alternative national scheme of regulation (including independent complaint processes with community and professional representation) to protect the public;
 - establishing guidelines and protocols to foster interoperability of EMS providers; and
 - undertaking a national assessment of EMS resources and their distribution to determine whether and how these resources may be better deployed in the national interest for access, equity and homeland protection.