



2. Does any content need to be amended or removed from any of the document?

**Syntax error:**

- demonstrate knowledge Australia's healthcare system

suggest:

- demonstrate knowledge of Australia's healthcare system

**Contemporary nomenclature issues:**

- Infection control risk management:

Contemporary nomenclature in guidelines, qualifications etc uses the wording "infection prevention and control". For example:

Australian Guidelines for the Prevention and Control of Infection in Healthcare:

<https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

The Australasian College for Infection Prevention and Control:

<https://www.acipc.org.au/>

Graduate Certificate in Infection Prevention and Control:

<https://www.griffith.edu.au/study/degrees/graduate-certificate-in-infection-prevention-and-control-3293>

suggest:

- Infection prevention and control risk management:

- The registered paramedic must demonstrate understanding of transmission modes of hospital-acquired infections

Contemporary nomenclature is 'healthcare-associated infections (HAIs), rather than 'hospital-acquired infections': <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection>. This is important in our context as registered paramedics largely practice outside of the hospital environment.

- The registered paramedic must demonstrate understanding of transmission modes of healthcare-associated infections.

- Understand the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

'Understand' is a verb from the lower-order of skills, and is very difficult to evidence. Suggest including a high-order verb, such as 'generates' or 'contributes to'. The registered nurse standards for practice state: "contributes to quality improvement and relevant research". It is important for registered paramedics to actively engaged in the research process, which is fundamental to quality improvement and safer patient care.

Suggest:

- The registered paramedic must actively contribute to the generation of new knowledge through participation in relevant research.
- Audit, reflect on and review practice
- Demonstrate an awareness of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

The issue here is with the word 'audit'. 'Audit' is designed to measures against a predetermined standard, with no change resulting. See these resources:

<https://www.nsft.nhs.uk/Get-involved/Documents/Is%20my%20Project%20Research%20Evaluation%20or%20Audit.pdf>

[https://www.nslhd.health.nsw.gov.au/AboutUs/Research/Office/Documents/HREC\\_Defining\\_Research.pdf](https://www.nslhd.health.nsw.gov.au/AboutUs/Research/Office/Documents/HREC_Defining_Research.pdf)

## Proposed professional capabilities for paramedics

Please provide your responses to any or all questions in the blank boxes to the right of the question

So essentially 'audit' would be:

"We did P, Q, R, S and T. The protocol is P,Q,R,S and T. These match."

But that's where 'audit' stops. Critical reflection goes the next steps (which is where we want registered paramedics to go):

"We did P, Q, R, S and T. The evidence suggests P is good, but Q may result in harm. A recent study says we should give W instead of Q. In future I will... and keep learning about it"

'Audit' is an organisational tool to ensure compliance with a set of pre-set factors e.g. protocols – which are not necessarily evidence based or best practice. This is not critical reflection and does not necessarily result in quality patient care. It is a 'checkbox' process of past practice only. What needs to happen after this is critical reflection – this is where the quality improvement occurs. Audit is important for health services (such as ambulance services), but this is not the same as the professional capabilities of the individual practitioner.

Suggest:

- Critically reflect on and review practice
- Demonstrate an awareness of the role of critical review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

### Proposed professional capabilities for paramedics

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<p>3. Is there important content in these capabilities that is better placed in clinical practice guidelines or in ethical and professional guidelines, and vice versa?</p>	<p>Overall, the document reads very much like a list of 'clinical skills', and there is little consideration for the role of the registered paramedic operating to improve human health indirectly, e.g. registered paramedics working in academia (research or teaching), management, policy development etc.</p>
<p>4. Is the content on cultural safety clear and helpful? Why or why not?</p>	
<p>5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?</p>	<ul style="list-style-type: none"><li>• <b>Patient identification procedures must use at least three recognised patient identifiers</b></li></ul> <p>Not uncommonly, it is not possible for registered paramedics to use any patient identifiers; for example in an case where an unconscious person with no identification is responded to and transported. Care must be delivered when no patient identifiers are known. As it reads, the paramedic must, at all, times, use three patient identifiers. This is not possible and needs to be re-worded, otherwise there is a risk to the paramedic in caring for the obtunded patient.</p> <p>Suggest:</p> <ul style="list-style-type: none"><li>• <u>Where possible</u>, patient identification procedures must use at least three recognised patient identifiers</li></ul>

**Proposed professional capabilities for paramedics**

*Please provide your responses to any or all questions in the blank boxes to the right of the question*

6. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Board should be aware of if these professional capabilities are adopted?

7. Are there implementation issues the Board should be aware of?

## Proposed professional capabilities for paramedics

Please provide your responses to any or all questions in the blank boxes to the right of the question

8. Do you have any other feedback or comments on this consultation paper, process or the proposed draft proposed professional capabilities?

- Operate effectively in an emergency care environment

All of the dot points covered in Domain 4.3 deal with very ambulance/emergency specific requirements of the registered paramedic. A registered paramedic who was employed in a teaching, management, research, health clinic etc environment would have no way to achieve the prescribed competency of “respond to urgent and non-urgent requests for assistance in a low risk manner in accordance with relevant road safety legislation, organisational directives, policies, procedures and guidelines”. Essentially, Domain 3.4 crosses the line between the requirements of a registered healthcare profession (paramedic), and the operation requirements of working for an ambulance service – these are quite different things. Suggest something along the lines of:

- Operate safely and efficiently to preserve and improve health in a range of dynamic health care environments which may include emergency or urgent situations, unscheduled care, or routine primary health care, as well as practice in research, education and management environments.

- Demonstrate the requisite knowledge and skills to participate in mass casualty or major incident situations

Domain 5.5 is again very ambulance/emergency specific. MCI is a very rare and specialised area of knowledge and skill. The dot point “maintain currency with organisational directives, policies, procedures and guidelines relating to major incidents” uses the terminology organisational. That is where the responsibility for 5.5 belongs, with the employing organisation (typically an ambulance service), not in a professional capability for healthcare practitioner (paramedic).

If the professional capabilities were to list off each of the important areas of knowledge and skill of a registered paramedic, MCI would be about last on the list, far higher would be mental health, chronic disease (e.g. diabetes, COPD), geriatric care/falls, palliative care etc.



