

PROFESSIONALIZATION OF PARAMEDICS

– THE ROLE OF REGULATION AND REGISTRATION

Shane Knox PhD 1,2, Alan M. Batt MSc PhD(c) 3-5

1. National Ambulance Service College, Ireland
2. College of Medicine and Health, University College Cork, Ireland
3. Paramedic Programs, Fanshawe College, Ontario, Canada
4. Paramedic Science Discipline, CQUniversity, Queensland, Australia
5. Department of Community Emergency Health and Paramedic Practice, Monash University, Victoria, Australia.

It is important to acknowledge the establishment of the Paramedicine Board of Australia; after a long and challenging road, national paramedic registration commences in September 2018. It appears from the outset that Australia may have established the ideal structure, legislation and oversight for the Paramedicine Board. The Paramedicine Board of Australia has provided for 'protected title', the Board is chaired by a career paramedic, and they will now work with the Australian Health Practitioner Regulation Agency (AHPRA) to prepare the profession of paramedicine for regulation.

AHPRA is the overarching regulatory body responsible for the implementation of the National Registration and Accreditation Scheme across Australia. The Council of Australian Governments decided in 2008 to establish a single National Registration and Accreditation Scheme for registered health practitioners. By 2012 there were 14 healthcare professional National Boards including nurses, midwives, medical practitioners, physiotherapists etc. Unfortunately, paramedics were not included at that time but will now become the fifteenth profession to be regulated under AHPRA.(1)

Being under the auspices of a national multi-healthcare practitioner regulator allows for standardisation across those professions and provides a national professional identity, similar to the Health and Care Professions Council in the United Kingdom, which regulates sixteen healthcare professions, including paramedics. (2) In Ireland, paramedics are not one of the registered professions under the healthcare practitioner regulatory body, CORU which regulates 14 healthcare professions.(3) Of these fourteen healthcare professions, only half are currently regulated and although paramedicine is a regulated profession in Ireland they are not actually listed as a health and social care profession due to not being included in the legisla-

tion which established CORU, namely the Health and Social Care Professionals Act.(4) All divisions of paramedicine (EMT, paramedic and advanced paramedic) are however regulated by a standalone regulator, the Pre-Hospital Emergency Care Council (PHECC).

National regulation assists any discipline in becoming a recognized profession, but which is the best model? Should regulation be provided by a standalone regulator or a multi-discipline regulator? There is however no doubt that a profession is enhanced when it is regulated, irrespective of where the regulator sits on the regulatory spectrum. In addition the key defining features of a 'profession' should include: expertise in a discrete area of specialist knowledge; autonomous practice; standardized educational preparation, and explicit professional ethics.(5)

The awareness of a changing and indeed developing profession is highlighted in an Australian study (6) which asserts that the paramedic profession is in transition with the nature of paramedic work changing, with increased responsibility for clinical decision-making and treatment. There is now a greater need for paramedics to make decisions about triage, treat and discharge, management and referral of patients to other healthcare professionals/facilities. This study also discusses the change in paramedic education from one of post-employment-based education to university and pre-employment model of education. The combination of changes in the education and role of Australian paramedics, the authors suggest, contribute to the 'professionalisation' of the paramedic discipline. They also link the professional status of a discipline to professional regulation through registration or membership of a professional association. This link is also stated by O'Meara (7): 'professional recognition of paramedics through registration, improving educational standards and integration into the

health system contributes toward the formation of a professional identity'. This is reiterated by Donaghy in his editorial (8) where he suggests that membership of the professional body in parallel with regulation 'further endorses our desire to be acknowledged as professionals'.

So professionalisation is linked to registration and regulation by a national regulator which all contribute to the same goal of protecting the public. The 'primary purpose behind professional registration is occupational regulation: to protect the public interest by ensuring that only suitably trained, competent, qualified and ethical practitioners are registered and permitted to practice' according to the Australian Healthcare Professions Regulator, in Williams, et al.(9)

Establishing a national regulator, introducing registration, closure of title, fitness to practice, code of ethics, licencing etc. are all difficult to establish in a small country, but made even more difficult in larger countries, such as Canada and Australia. Add to that the ever-expanding role of the paramedic and all the sub-specialties within paramedicine such as advanced, community, critical care, extended care and various other types of specialities that exist in many countries. The profession is developing and moving into non-emergency areas of care in addition to their more traditional role and it is important to keep these 'specialist' roles within the realm of paramedicine in order to maintain and enhance our professional standing.

Caffrey et al (10) discuss how the role of the paramedic in America has become specialized, and could contribute more broadly to the health care system through integration in more team-based care in non-acute community, inter-facility and tactical response. The study identifies the fragmented approach to specialty certification for paramedics and the authors' note how regulators and other health

care professions influence and regulate the practice of paramedicine. Paramedicine practitioners, they suggest, need to establish a profession-based specialty board to organize and standardize a specialty national certification system.

Similarly, Newton (11) discusses the multiple terms used to describe paramedics in the UK: 'practitioner'; 'specialist' and 'emergency care practitioner' and hopes that paramedics with an extended scope of practice continue to use the designation that contains the professional, and protected, title of 'specialist paramedic'. The introduction of a 'specialist paramedic' is also proposed in an Australian study on industrial paramedics.(12) Here the authors suggest that an 'industrial paramedic' is 'an advanced clinical practitioner in paramedicine with an expanded scope of practice' and that they should hold a specialized tertiary qualification and are committed to maintaining their clinical competency through continuing professional development.


O'Brien et al (13) discuss how the move of healthcare professions education into universities and the higher education sector contributes to the 'legitimation, maturing and as a consequence, 'mainstreaming' of a profession'. Woollard (14) goes further and describes what constitutes professionalism in UK paramedic practice: clinical governance; education and research; continuous professional development; self-regulation through professional bodies and registration with the regulatory body. Woollard concludes that it is how paramedics are viewed externally which will determine whether they are seen as a profession.

Professions have been described as occupations supported and characterized by university education, scholarly research, shared professional knowledge and skills, ethical codes, status in society, autonomy, and accountability to society and the profession.(15, 16) In the field of paramedicine, professionalism has been defined as a set of competencies or observable behaviours that are identified in a national competency profile (17) and 'extends beyond patient care and initial education to foster a particular approach to one's work'.(18)

In the broader context of healthcare there are a number of key principles that should underpin statutory professional regulation, which include safety and quality of care, confidence in providing that care, and assuring professional standards are in place.(19) Along with regulation and CPD, the development of a competency-based workforce is one of the key components of modernising healthcare careers. (20) According to Sir Donald Irvine (British Patient Association), 'professionally-led regulation offers the best chance of securing consistent day-to-day practice, provided it is firmly directed to patients' interests and vigorously

implemented'. Furthermore, he suggests that 'professionalism is at the heart of the doctor-patient relationship'.(21)

Paramedicine has moved from a 'semi-profession' (22) to a fully recognized profession worldwide. Professionalism is further augmented and linked through national regulation, registration, accountability (fitness-to-practice), code of ethics, autonomous practice, tertiary education and the profession's ability to adapt to new practices in the ever-increasing environment of pre-hospital urgent care. With the additional specialities come the challenge for paramedic regulators of adopting a pro-active approach in certification and registration. Yet the one key over-arching principle should be that the speciality is a sub-division of paramedicine and not anything else.

There should be no ambiguity similar to the grades of paramedic in Canada: primary care, advanced care and critical care...but all paramedics. Perhaps it is time for an agreed international nomenclature similar to medicine or nursing? Paramedicine is the discipline, the profession, and every speciality grows from that. Should there be paramedic services instead of ambulance services? Clinical grades of paramedics instead of Emergency Medical Technicians and their various levels, all agreed and accepted internationally? We believe it is time to consolidate the profession of paramedicine, learn from our colleagues in other healthcare professions, and then move to an international standard for paramedic education - but we'll leave that discussion for another time! 

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of their employers or organisations.

References

1. Australian Health Practitioner Regulation Agency. Information about the National Scheme 2018 (20th July 2018). Available from: http://www.ahpra.gov.au/~link.aspx?_id=D4E5EF420D-3C4EAB8B247FDB72CA6E0A&_z=z.
2. Health and Care Professions Council (UK). Registration 2016 (20th July 2018). Available from: <http://hpc-uk.org/aboutregistration/professions/>.
3. CORU- Health and Social Care Professions Council. CORU2018 (20th July 2018). Available from: http://www.coru.ie/en/about_us/what_is_coru.
4. Health and Social Care Professionals Act, Ireland 2005 (Available from: http://coru.ie/uploads/documents/HSCP_Act_2005.pdf).
5. Palmer GR, Short SD. Health care and public policy: an Australian analysis. South Yarra: MacMillan; 2000.
6. Joyce CM, Wainer J, Archer F, Wyatt A, Pitermann L: Trends in the paramedic workforce: a profession in transition. Aust Health Rev 2009, 33:533-540.
7. O' Meara P: So how can we frame our identity? Journal of Paramedic Practice 2011, 3:57-57.
8. Donaghy J: Is regulation a necessary evil? Journal of Paramedic Practice 2011, 3:109-109.

9. Williams B, Fielder C, Strong G, Acker J, Thompson S: Are paramedic students ready to be professional? An international comparison study. Int Emerg Nur. ([http://www.internationalemergencynursing.com/article/15755-599X\(14\)00249-3/abstract](http://www.internationalemergencynursing.com/article/15755-599X(14)00249-3/abstract))
10. Caffrey SM, Clark JR, Bourn S, Cole J, Cole JS, Mandt M, Murray J, Sibold H, Stuhlmiller D, Swanson ER: Paramedic Specialization: A Strategy for Better Out-of-Hospital Care. Air Med J 2014, 33:265-273.
11. Newton A: Specialist practice for paramedics: a bright future? Journal of Paramedic Practice 2011, 3:58-61.
12. Acker J, Johnston T, Lazarsfeld-Jensen A, Acker J: Industrial paramedics, out on site but not out of mind. Rural Remote Health 2014, 14, No. 2856
13. O'Brien K, Moore A, Dawson DA, Hartley PR: An Australian story: paramedic education and practice in transition. Australasian Journal of Paramedicine 2014, 11:1-13.
14. Woollard M: Professionalism in UK paramedic practice. J Emerg Prim Health Care 2012, 7:9.
15. Health Information and Quality Authority: Review of pre-hospital emergency care services. (<http://www.hiqa.ie/publications/review-pre-hospital-emergency-care-services>)
16. Mahony K: The Politics of Professionalism: Some implications for the occupation of ambulance paramedics in Australia. J Prim Health Care 2003, 1
17. National occupational competency profile for paramedics. (<http://paramedic.ca/wp-content/uploads/2012/12/2011-10-31-Approved-NOCP-English-Master.pdf>)
18. Bowles R: From learning activities to the meaning of life: fostering professionalism in Canadian paramedic education. J Emerg Prim Health Care 2009, 7:8p.
19. Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century. (<http://www.officialdocuments.gov.uk/document/cm70/7013/7013.pdf>)
20. Copnell G: Modernising allied health professions careers: Attacking the foundations of the professions? J Interprof Care 2010, 24:63-69.
21. Irvine D: The changing relationship between the public and the medical profession. J R Soc Med 2001, 94:162-169.
22. Williams B, Onsmann A, Brown T: From stretcher-bearer to paramedic: the Australian paramedics' move towards professionalisation. J Emerg Prim Health Care. 2009;7(4):12p.

Note: The authors wish to express their condolences to the family and friends of Prof. Malcolm Woollard, who died recently in the UK. A true visionary for the development of the paramedic profession, his loss to the paramedic community is immeasurable. May he rest in peace.

AUTHORS



Dr. Shane Knox is Assistant Chief Ambulance Officer (Education Manager) with the National Ambulance Service College in Ireland, and Adjunct Clinical Professor of Emergency Medicine in University College Cork. Twitter: @shaneknox1



Alan M. Batt is faculty in the Paramedic Programs at Fanshawe College. Twitter: @alan_batt