



Medical Leader	
Medical Expert	<input type="checkbox"/>
Communicator	•
Advocate	•
Scholar	
Professional	
Collaborator	•
Manager	•

Credentialing Paramedics

2013 Q1

You are the sole medical administrator in a regional health service serving a population of around 120,000. The Chief Executive Officer forwards to you a letter from the Director of your jurisdiction's (in NZ, District Health Board's) Ambulance Service requesting that your health service provide clinical placements in the emergency care rooms in a number of your smaller rural hospitals for trainee Extended Care Paramedics (ECPs). The aim of the placement was to allow these trainees to "practice a range of clinical skills such as wound care, pain management, percutaneous endoscopic gastrostomy (PEG) tube and catheter management".

The concept of the program is to train paramedics to render patient care in patients' own homes to minimise the need for transport to a hospital emergency department. However, it appears that the proposal (of which you were not previously aware) also assumes access to, and use of small emergency rooms by paramedics within rural hospitals under your jurisdiction. The letter states that the aim of this program is to relieve patient load on the emergency room in your major hospital.

Your CEO has also not heard of this proposal until this letter arrived and asks you to develop a clinical governance plan around this proposal.

What factors do you need to consider in advising the CEO and how will you go about developing the plan?



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Themes

Clinical governance; Credentialing and scope of practice; Service planning; Introduction of new service or models of care; Accountability and responsibility for the new model; Accountability and responsibility of staff (doctors, nurses) for supervision of paramedics; Actual role and responsibilities in these 'small emergency rooms; Finance - funding of new service; Perception and understanding of patients as to who and what organisation is providing care (including consent issues); Indemnity

Three (3) core requirements for this question

Clinical governance – candidates must identify this as an issue around the introduction of a new model of clinical care

Service planning – this proposal seems to have been developed in isolation from your region's service planning process. Candidates should identify this as an issue and expand on how they would manage this in both the short-term (with this particular proposal) and in the long-term (how to ensure that there is a collaborative cross-service approach to service planning in the future).

What would the candidate need to know before recommending this proposal to the CEO? The candidate should identify some of the human resources, training and ethical requirements that need to be met for clinical service placements.

Clinical placements

Authorising them, including student placement agreements, immunisation screening, criminal record checks, learning objectives, skills assessment, clinical supervision, role of hospital supervisors, role of Ambulance Service supervisors, indemnity, accident insurance, workers compensation, patient consent, scope of practice, use of hospital resources including supervising staff, trainers etc, payment for placements, arrangements if paramedic is sub-standard performer.

Employment issues:

Who employs/pays these people, who is responsible for their orientation, which must include familiarity with and formal acceptance of your organisation's policies, who chooses them to do this work, indemnity, etc What uniform do they wear, and what will patients be told about who is providing their care and why?

In addition, given that we are told that these paramedics will work in "small, rural hospitals ..." a good candidate should mention communication with the communities concerned, and ideally consultation with them before the service is finalised.

Starting point: What is the provenance of this request? If neither you nor your CEO have heard about it, I'd want to go back a step or two and find out where this originated, who has approved it, which other organisations have been involved.

In NZ the Ministry of Health should have been advised, and I would anticipate involvement with the Australasian College of Emergency Medicine. I find it particularly odd that something like this should have sprung up to relieve the load on YOUR main ED, and yet you and your CEO have not been involved. Have your ED staff been taking unsanctioned initiatives?

The paramedics are supposedly to be rendering primary care in your EDs so what is the involvement of your primary care provider organisations in this? In NZ, I'd expect there to have been involvement from the Royal NZ College of GPs, primary care leadership within the Ministry of Health, and the Primary Healthcare Organisations (PHOs) serving these rural communities.

A good question for censors to add in would be around the implications of this change in an isolated indigenous community.