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Defining a Regulatory Framework for Paramedics: A Discussion Paper

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The ACAP Board of Directors is seeking input from the membership to inform the study team currently investigating the benefits of paramedic regulation and ways in which a regulatory regime may be progressed. Preliminary work has identified three broadly different models of regulation which are outlined later in this document.

There is no single model for regulatory best practice. However, the UK has been at the forefront of regulatory reform and principles of good regulation have been developed by its Better Regulation Executive (BRE).[1] These principles suggest that regulation must be:

- **proportionate:** regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.
- **accountable:** regulators must be able to justify decisions, and be subject to public scrutiny.
- **consistent:** Government rules and standards must be joined up and implemented fairly.
- **transparent:** regulators should be open, and keep regulations simple and user friendly.
- **targeted:** regulators should be focused on the problem, and minimise side effects.

The UK National Consumer Council (NCC)[2] also lists good practice guidelines for self-regulation as embracing:

- clear objectives and intended outcomes
- the ingredients of regulation (rules; monitoring and enforcement mechanisms including the imposition of sanctions; and a redress mechanism)

[1] *Principles of Good Regulation*, Better Regulation Task Force, Cabinet Office, Whitehall, London, UK http://www.brc.gov.uk/principlesentry.aspx
[2] *Three steps to credible self-regulation*, National Consumer Council, London, UK http://www.ncc.org.uk/regulation/selfreg_three_steps.pdf

- wide consultation with stakeholders
- a dedicated structure outside institutional practices
- independent representation and membership
- processes to monitor compliance
- public accountability through reporting outcomes
- good publicity to ensure visibility
- adequate resources to ensure objectives are not compromised
- well-publicised complaints procedures, and
- effective sanctions that have a meaningful impact.

While these principles provide guidance on the objectives and outcomes of regulation, they leave the mechanisms unstated.

This *Regulatory Framework* paper explores some of the implications of regulation. It outlines a number of scenarios and poses a series of questions to help shape the development of a suitable regulatory model for paramedics. It is not exhaustive.

Your comments are invited and should be forwarded directly to one of the study team members at rbange@bigpond.net.au. or gj.fitzgerald@qut.edu.au.

1. **What should be the key <u>objectives</u> of paramedic regulation? Are there any objectives that are particularly significant or conversely, less important?**
   - Ensuring public safety
   - Ensuring quality of service
   - Ensuring access to services
   - Driving change and innovation
   - Maintaining and enhancing quality standards
   - Providing transparency of operations and practice
   - Facilitating workplace flexibility through mobility and portability
   - Enhancing public confidence
   - Promoting equality, fairness and access to the profession
   - Fostering flexibility in career pathways for paramedics.

2. **What are the key <u>functions</u> to be performed by a regulatory system?**
   - Set minimum entry standards and accredit training
   - Formulate professional standards to which individuals are expected to adhere
   - Define (to some extent) the scope of professional practice
   - Register and monitor individual practitioners
   - Enforce professional roles where necessary
   - Implement a complaints procedure, and

- Implement a disciplinary procedure for individuals who are negligent or breach the professional roles of practice or professional ethics. The disciplinary outcome should have impact and meaning.

3. How do the regulatory objectives affect the regulatory powers and resources?

- Any regulator must be adequately resourced
- Any regulator must avoid the perception of conflict of interest
- The regulator should have real powers to apply strong enforceable sanctions
- The regulator should not rely on weak sanctions e.g. damage to reputation.
- The public interest and proportionality should form the overriding principles for the regulatory actions taken.

4. What aspects of professional ethics are essential to the industry?

- Provision of services based on need, with respect for human dignity, and unaffected by considerations of nationality, race, creed, or status
- Conservation of life, alleviation of suffering, minimisation of harm, and promotion of the highest standards of emergency patient care
- Act always in the best interests of the patient and in the best interest of public welfare
- Use professional skills and knowledge responsibly and in accordance with the law
- Not sustain a real or potential conflict of interest
- Hold confidential all information of a confidential nature unless required by law to divulge such information.
- Take responsibility for defining and upholding standards of professional practice and education
- Assist institutions in developing and accrediting relevant educational programs
- Protect the public by not delegating to a person less qualified any service which requires professional competence
- Raise public awareness and promote the role of ambulance paramedics
- Refuse to participate in unethical procedures
- Assume responsibility for exposing incompetence or unethical conduct to the appropriate authority
- Work harmoniously with and sustain confidence in other emergency medical services staff
- Maintain expertise through a commitment to research and continuing professional development.

5. **Are there any reasons why a regulatory system should distinguish between paramedic professionals in state or territory agencies, private agencies, defence forces or independent employment within the commercial sector?**

   - There should be equivalent high standards of practice and conduct when providing paramedic services regardless of the point or source of delivery.
   - Specific fields of application or different paramedic roles may result in differentiation within the profession represented by differences in the scope of practice.
   - The ADF may create an atypical situation in the field, but a common approach to qualifications and recognition that fosters mobility would be a significant positive factor in recruiting and retaining paramedic personnel.
   - The regulatory system should permit differences in the scope of practice between various employment environments.

6. **Is there any reason why a regulatory system should distinguish between full time, fractional time or volunteer paramedic professionals?**

   - While there may be different levels and scope of practice considerations under different employment situations, there seems no reason why these should not be covered by a general regulatory regime that applies to all practitioners.

7. **What might be the main factors in determining whether paramedics regulation is embraced by government?**

   - Determining whether the benefits of regulating a particular profession outweigh the costs normally involves extensive consultation and the consideration of public interest comparators that include economic, political and community value judgements.
   - Implementing regulation will involve consideration of both objective and subjective factors, with the assessment of regulatory benefits based on a public interest perspective. Realising a value for subjective issues may prove difficult.
   - It will always be matter of judgement whether the benefits of regulating paramedic professionals in the public interest will outweigh any additional direct or indirect costs to the community.
   - Key reasons commonly advanced in support of regulation are to ensure quality of service and the implementation of processes that will guarantee protection to the consumer if the level of service falls below reasonable expectations.
   - Public opinion is one of the most powerful forces that drive policy but is difficult to mobilise and direct. Moulding public opinion in a positive manner to support regulation will be one of the challenges facing the ACAP.
   - Wholehearted membership support and the views of other stakeholders will need to be harnessed; particularly the CAA, the various governments, related healthcare professionals and unions.

- A voluntary scheme could become "implied compulsory" if service agencies agreed to employ only those people who are "registered". In this respect, ACAP might identify which agencies are most likely to be receptive to such a policy (and why). CAA support would appear critical for general adoption of this strategy.

8. What might be a preferred regulatory model and what are the advantages and disadvantages of combining or separating regulatory and representative functions?

Three basic regulatory models are suggested and designated A1, A2 and B. Other hybrid models may be proposed and their ramifications explored.

Model A1 assumes that all regulatory functions are carried out by an independent regulator having no allegiance to either the employer group (CAA) or the profession (ACAP). ACAP's primary functions would focus on professional issues and member representation and it would have no specific regulatory role. Implementation of this model may require a shared role with CAA in some regulatory functions such as accreditation, and restructuring of the present ACAP voluntary regulation program.

Advantages of Model A1

- The regulator is independent and is not beholden to a professional body or employer group who may have a vested interest in the outcomes.
- The regulator could perform a wider range of regulatory functions in the event of practice changes and the evolution of new disciplinary areas.
- Regulation by a single national regulator should enhance consistency of best practice across all jurisdictions.
- A single regulator would provide a more "user friendly" point of contact for those who wish to raise issues about the quality or standards of services they have received.
- The creation of a new regulator may provide a catalyst for change. The regulator would be independent from the interests of employee or employer bodies and may adopt innovative regulatory practices.

Disadvantages of Model A1

- There may be significant costs associated with implementing a separate regulatory regime. Who will meet this cost?
- A separate regulator would have wide regulatory responsibility. In a federal environment, it may not be feasible to extend the legislative regulatory function beyond state and territory jurisdictions.
- The single regulator may create another organisation which could itself become unaccountable.
- It may be difficult to recruit and retain staff with the necessary expertise.

- An independent regulator may become divorced from the mainstream of professional practice and service delivery.
- The separation of regulatory functions from professional issues may diminish the level of individual commitment to any professional code of conduct and standards of ethical best practice.
- The regulator may be vulnerable to political and economic influence.

Model A2 assumes that all regulatory functions are carried out by a regulator that is independent of ACAP but is associated with the service agencies or employers. ACAP's primary functions would focus on professional issues and member representation but it may negotiate a shared role in some of the regulatory functions.

Advantages of Model A2

- The regulator should be readily acceptable to the service agencies
- The regulator is not perceived as beholden to a professional body
- The assumption of regulatory functions would provide clarity of costing with the costs of regulation met by the service providers (CAA)
- A single regulator would provide a more "user friendly" point of contact for those who wish to raise issues about the quality or standards of services they have received.

Disadvantages of Model A2

- The regulator would suffer from perceptions of conflict of interest and protectionism.
- The regulator would have no direct accountability and thus would not meet the public interest objectives of regulation.
- Restructuring of the present ACAP voluntary regulation program would be required or adaptation of its role to serve a complementary purpose.
- The regulator may become divorced from the mainstream of professional practice and service delivery.
- The separation of regulatory functions from professional issues may diminish the level of individual commitment to any professional code of conduct and standards of ethical best practice.
- The regulator may be vulnerable to political and economic influence.

Model B is essentially a self-regulatory model and assumes that ACAP will have a dual responsibility in both representing and regulating practitioners i.e. combining regulatory functions and professional society roles. This may need to incorporate a shared role with CAA for some regulatory functions e.g. accreditation.

Advantages of Model B

- The expansion of the ACAP role will replace or supplement the existing voluntary regulation program and complement ACAP's other professional activities.
- There is the potential for the results of regulation to inform representation and professional activities (and visa versa).
- If the regulatory role was made accountable by reporting to another external organisation, the enhanced level of accountability should strengthen both regulatory impact and public confidence in the process
- Regulation will be carried out by those persons who should best understand how professional standards should be met.
- Regulation will be undertaken by a national body (ACAP) thus overcoming jurisdictional issues and fostering equivalence of standards, portability and workforce mobility.

Disadvantages of Model B

- There is the risk that ACAP regulation will not be independent and may be affected by internal professional issues
- The regulatory activity may be perceived by employers and the community as being self serving and subject to political and economic influences.
- The combined roles of ACAP could create a perception that the regulatory functions could be compromised because of ACAP commitments to represent the interest of its members. This perception could be minimised by robust transparency and strong promotion of the independence and internal separation of the two functions.
- There may be a perceived conflict between carrying out a regulatory function whilst at the same time representing the interests of members of a relevant professional body.
- The cost to implement a regulatory function may exceed the resources of ACAP.
- The disciplinary powers may be compromised by the voluntary nature of ACAP membership i.e. legislative support would be necessary.

9. Which transparent regulatory model best meets the needs to promote change while protecting the public interest in the delivery of effective pre-hospital care?

- None of the suggested regulatory models directly appears to promote innovation.However, enhancing public awareness through a transparent regulatory regime should lead to objective scrutiny of practices and greater willingness to adopt change and to deliver better services using the professional skills of paramedics.
- Regardless of structure, there will always be some inter-relationship between the handling of complaints and disciplinary matters. Key concerns are the protection of the public, the reputation of the profession and the allocation of costs.

- Any regulatory regime must ensure consumer confidence in the quality of service and the effectiveness of the complaints handling process, whilst having a system which is proportionate (i.e. risk-based) and demonstrably fair to those being regulated.
- The independent regulatory model (i.e. separate from both CAA and ACAP) may provide a better opportunity for other representatives (such as lay representatives or other relevant consumer groups) to have an input into the regulatory process.
- Both of the combined regulatory models (profession or employer-based) are subject to the perception that a single organisation cannot perform both regulatory and representative functions concurrently.
- A fourth (or hybrid) model could be proposed which combines both representative and regulatory functions within ACAP but with a clear internal separation of the two roles. The objective would be to defuse any issues associated with potential conflict. With careful structuring of ACAP and suitable promotion, the model might meet public expectations of independence and accountability.
- A similar hybrid model could also be proposed for an employer-based (CAA) system in which case ACAP would need to negotiate its role and examine the viability or purpose of maintaining any voluntary scheme (the CAP program).
- Functional separation within ACAP (or CAA for that matter) would require that ACAP personnel have discrete regulatory or professional society roles which did not overlap. This would involve specific structural arrangements, independent staffing and management systems that ensured regulatory independence ("Chinese walls"). The result essentially would be ACAP providing common administrative and information services to support two operational units.
- Similar operational arrangements to ensure independence and objectivity would need to be addressed should CAA undertake the regulatory function.

10. What powers should the regulator have?

- The integrity of regulation relies strongly on the perception of regulatory independence. The objective should be to have an effective regulator and not just another level of bureaucracy.
- Regulation should protect the public interest by providing transparency through reporting to government in some manner (Parliament?). In this respect Government's role as a regulator of ambulance services is complicated by jurisdictional issues and Government's role as a primary service provider.
- An independent regulator should have wide powers to carry out the necessary functions with minimal Government interference. The regulator should have adequate staff, appropriate resources and suitable enforcement powers.
- Because of inherent conflicts of interest that are no less material than for ACAP, the regulatory role should not be a direct responsibility of the employing authorities.

11. What powers should the Government have?

- Government may be unwilling to take any legislative action to promote regulation preferring to rely on "quasi-regulation" through restrictive employment practices exercised by the service providers.
- To ensure public confidence in the regulatory independence, Government should take no direct role in normal regulatory operations.
- External motivators to promote regulation e.g. public opinion, professional representations (lobbying), union action, highlighting of recruitment, stress and genuine service problems etc. may be necessary to provide a catalyst for change.
- Overt and highly visible self-regulatory actions by ACAP at a national level may provide a potential catalyst for attitudinal change (towards regulation) within government (in response to such professional initiatives).
- In a legislated environment, Government would have power to determine the scope of regulation and to alter the objectives and duties of the regulator through primary legislation. That (legislation) might specify in what situations the Government could issue directions for the regulator to carry out particular investigations.

12. What are the international ramifications of regulation?

- An effective regulatory framework should take account of international standards and the movement of personnel into and out of the Australian workforce. Harmonisation of standards and professional recognition would be needed.
- The regulator should maintain an appropriate information database and be empowered to enter into appropriate undertakings in relation to paramedic qualifications and professional recognition gained outside Australia.
- The regulator should develop suitable methodologies to assess foreign credentials and competencies.
- Monitoring and regulating professional standards and quality of services is more difficult if there are different arrangements in different state and territory jurisdictions. A national regulator would provide a single point of contact and a seamless process of evaluation and recognition under consistent standards.
- A national regulatory scheme should enhance local and international practitioner mobility of particular significance in offshore relief and other humanitarian activities.

13. Should service complaints be separated from professional conduct and disciplinary issues (which are centred on the practitioners)?

- Separation of service complaints from professional disciplinary matters is likely to be preferable given that service factors are normally the province of the employing agency.
- Service and individual complaints often overlap and persistent service complaints may indicate there is a professional conduct or disciplinary issue.

- Information gathered from dealing with service complaints could inform and improve professional practice and regulatory monitoring.
- If the service and disciplinary complaint roles are split, formal links should be developed to make sure that related issues are not ignored through process barriers and that each activity is suitably informed by the outcomes of the other.
- Providing a single point of contact for both service and disciplinary complaint mechanisms in the form of a "one-stop-shop" appears desirable to simplify the complaint process and make it easier for the user or patient.
- An independent complaint mechanism may be perceived as better meeting community needs by being more user-focused, rather than being based on the profession or service agencies.
- Consumers may perceive the complaints system as biased if ACAP is responsible for dealing with complaints unless the process is operationally transparent and strongly promoted as an independent and objective function.
- There is little likelihood that the employing agencies would accept an ACAP-based mechanism as a complaints body for service-related issues.

14. What are the advantages and disadvantages of having a completely separate disciplinary process or complaints organisation, independent of ACAP or CAA?

- A separate disciplinary body may be perceived as fairer because of its independence from the profession or the employing agencies.
- A separate body or process may reduce the emphasis given to in-house complaints procedures and immediate resolution of issues by management.
- There would still need to be significant representation by the profession to ensure that the disciplinary body was fully aware of practice-related issues.
- Separate complaint processes may distance ACAP from its professional and representative roles and make it more difficult to learn from complaints.
- A separate body may foster processes and procedures that enhance equality and diversity and minimise the potential for ingrained attitudes and existing roles to be perpetuated i.e. it may foster change.

15. If ACAP was responsible for practitioner complaints, should there be any form of additional regulatory oversight?

- Public concern with the oversight of professional practice has grown rapidly and is supported by consumer movements locally and internationally. This concern is now being reflected from a number of sources beyond the consumer bodies including Government agencies such as the Competition Commission.

- If the regulatory function is developed through legislation, then administrative decisions are likely to come within the purview of various Ombudsman bodies within each state and territory (or equivalent review bodies). An Ombudsman normally can recommend a review of a matter and may (depending on legislation) have the power to investigate the original complaint.
- One approach could be for service-related complaints to be dealt with by a separate body, with ACAP being responsible only for practitioner complaints involving professional negligence and misconduct.
- To ensure transparency and protect the public interest, both complaint processes could be supervised by a single independent board with substantial lay membership.
- The independent oversight body could provide the initial point of contact for all complaints, which are then referred to the relevant service complaints body or ACAP. The peak body also might ensure the linkages to inform the two complaint processes including the handling of any overlapping matters.

16. How should the general regulatory process be funded?

- Introduction of a regulatory regime will inevitably generate costs that are not contained within the present unregulated situation.
- National level regulation may create savings through consolidation of operations, providing a consistent and simplified mechanism and enhancing opportunities for developing best practice and practitioner mobility.
- One approach to funding would be for the ambulance authorities to meet the cost of regulation on the basis that this is a legitimate overhead of operating a regulated service industry.
- Regulation has several components and not all costs may need to be treated equally. For example, accreditation is a function that may result in a sharing of costs between the accrediting body and the institution (course) being accredited.
- Processing of individual applications and the maintenance of any formal register of practitioners may be a general cost that falls on the regulator (however funded). For example, registration may involve an annual fee that covers the costs of administration.
- Depending on ACAP's role, the cost of registration might be incorporated into the professional membership fee as a separate cost element.

17. How should the complaints process be funded?

- Complaints handling is likely to prove one of the more difficult areas to resolve – both for the mechanisms to adopt and for their funding. In principle, a complainant should not be required to bear the cost of any complaint that is not frivolous or vexatious.
- Funding of complaints might be considered apart from other aspects of regulation. Service-based complaints might attract a service fee from the relevant authority.

Professional misconduct cases might operate on a similar basis with the individual practitioner being made responsible for the costs where a complaint is upheld.

- If the profession handles complaints then it should also be responsible for funding matters. Similarly if the complaints mechanism is based on a government body, the general costs should be funded by the State.
- Regardless of the funding scheme there will need to be enforcement remedies should a fee, charge or levy not be paid e.g. removal of an individual's right to professional membership or to practice.

18. How should the professional disciplinary processes be funded?

- The profession should fund the disciplinary processes if they are handled by the professional body (ACAP). Government bodies should be funded by the State.

19. What form might the regulator take?

- The public interest and the needs of the community should form the basic rationale for the adoption of a regulatory system. To meet these objectives, the complaints process should be seen as independent of the interest of the profession or service providers and be representative of the users.
- A regulatory board structure appears desirable to ensure accountability and to provide sufficient scope of practice background and breadth of representation.
- Regulatory processes at an operational level should be managed by a suitably qualified and experienced senior executive (or chief executive) with a discrete and independent focus on the regulatory role. A full-time chief executive would appear necessary for a separately constituted regulatory body.

20. What should be the structure of the regulatory Board?

- To protect the public interest, the Board should have a strong lay content, with the Chair being a person not likely to be perceived as having any current direct involvement in the industry. Someone with significant experience of a regulatory or quality assurance regime (perhaps in another industry or enforcement agency) or having a consumer interest background may be suitable.
- The Board may consist of (say) 9 or 12 members with representation drawn from the profession, service agencies and related bodies. The members from outside the profession should come from a variety of backgrounds with relevant experience e.g. those representing other related professions (medicine, nursing) and consumer groups or related peak associations. The practitioner members should be selected on individual merit based on qualifications and experience.
- The final composition of the board should reflect both practitioners and the public with a spread of membership to ensure quality, diversity and objectivity.

21. Who should appoint the regulator? How might the appointment of Board members be made? What qualities should Board members have?

- While the regulator's authority may stem from government, greater credibility and public confidence will be generated if the regulator is seen as independent of government, ACAP and CAA.
- International practice has placed increasing emphasis on a public and transparent process of nomination and election of community stakeholders in the appointment of members to regulatory Boards.
- The appointment of the regulator and Board members without involving government and the profession does not appear feasible.
- An appointments board could be set up for the nomination and selection of Board members with the mandate to consult widely and recommend appointment of the Chair and other members based on the widely accepted Nolan principles.[3]
- Jurisdictional matters may create significant impediments to a national scheme.

22. For how long should members be appointed? What should be their security of tenure and how or why might members be removed from office?

- A degree of continuity and longevity should apply to regulatory Board membership. The Chair might be appointed for a period of (say) three to five years (renewable) with members serving a three-year appointment with a possible renewal of a further three years. Appointment should be phased with a proportion of the membership (say 1/3) retiring each year to ensure continuity and turnover.
- The requirements for independence, stability and long term leadership would appear to restrict the involvement of current ACAP or CAA office-bearers from membership of the Board. These requirements also strengthen the case for operational separation if ACAP were to be involved in the regulatory process. Past office-bearers may provide a good source of professional membership.
- There should be provision for the removal of Board members for good cause or in specified circumstances e.g. criminal conviction, bankruptcy, conflict of interest, professional misconduct or themselves facing disciplinary procedures.

23. What accountability mechanisms might apply to the regulator?

- At the least, the regulator should publish an annual report on how it has discharged its functions which can be laid before Parliament as representatives of the public interest.

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3 Committee on Standards in Public Life, London UK
http://www.public-standards.gov.uk/about_us/the_seven_principles_of_life.aspx

- Transparency through posting of regulatory matters, member registers and outcomes of complaints and disciplinary matters on the Internet would be desirable and in line with best practice.
- The regulator should formally consult on a regular basis with representative and employer bodies (ACAP and CAA).
- The Board Chair and responsible senior executive (e.g. CEO) might also be called to appear before a Parliamentary Committee if necessary. Jurisdictional issues would need to be considered.
- Regular consultation with public interest groups would help to instil public confidence in the regulatory framework as would the holding of public meetings of the regulatory Board and publication of Minutes of formal meetings.

24. What consultation arrangements should the regulator adopt?

- The form of consultation followed by the regulator will depend on the regulatory framework and enabling legislation. For example, there could be a statutory duty to consult with practitioners, employers and consumer panels.
- It would appear implicit that the regulator must consult with a wide range of relevant bodies including ACAP and CAA in exercising its powers.

25. Should there be any right of appeal against decisions made by the regulator?

- If the regulator was a truly independent body, any right of appeal should be limited. There might be grounds for review if there is clear evidence that the Regulator was wrong or there was new evidence or an administrative error such as might be remedied through an Ombudsman process.
- In the absence of a legislative base that defines the review powers, any form of self (industry based) regulation would be subject to normal civil legal action.

26. Should the Government have power to determine what paramedic practices should be included in the regulatory framework?

- Primary legislation for regulation should provide suitably broad definitions of the services and professional role of paramedics.
- The details (such as scope of practice) should be covered in secondary legislation that can be amended relatively easily to cater for change (also see item 29).

27. How would the regulatory framework cater for emerging fields and new paramedic practices?

- Any regulatory framework must be flexible enough to respond to changes in professional practices, emerging technologies and new forms of service delivery e.g. private providers and industrial employment, as they develop.
- The regulator should have a duty to consult with relevant parties (including ACAP and CAA) concerning whether or not new or developing practices come within the remit of regulation.
- Model A1 facilitates flexibility through its direct regulatory power and therefore should be able to encompass new and emerging areas independently of the professional body or CAA (both of which may be viewed as protectionist).
- Model A2 appears to offer no particular benefits and may tend to restrict professional innovation and change especially if these deliver practices that are disruptive to the "status quo".
- Model B (regulation involving ACAP) also may inhibit change and innovation through a bias towards maintaining existing professional practices. Ring-fencing (separation) of the regulatory and representative functions may prove unworkable.

28. What other regulatory models might be envisaged?

- The public interest is served by practitioners taking an effective role in the self regulation of members, but in a modern society, there is a strong expectation that regulatory functions must be subject to public scrutiny.
- The regulatory regime should incorporate a complaints system that is well publicised, directly accessible, free to complainants and quick and easy to use.
- It can be extremely difficult to know where things have gone wrong and to whom an aggrieved party should complain.
- The best way to build consumer confidence in the system and make it more efficient is likely to be a one-stop-shop, independent of employers and the professional body and handling all complaints once the consumer has exhausted the normal agency complaints system.
- An idealised regulatory regime thus might provide for an independent regulatory body (with powers that are adequate and proportionate to its task), continued professional autonomy and an independent complaints-handling organisation.

29. What might be the broad responsibilities and powers of an ideal regulator?

- Develop and disseminate appropriate standards for paramedic services in co-operation with the major stakeholders.
- monitor practitioner compliance with regulatory standards.
- establish performance targets for any independent complaint mechanism
- co-operate with the profession in establishing ethical conduct rules

- co-operate with the profession in establishing self development programs
- monitor and report on the standards and performance of complaints handling and the professional bodies, and to benchmark their work
- raise public awareness and develop a strong public education role
- maintain and provide public access to registers of service providers and practitioners through public access mechanisms (Internet)
- undertake, commission and monitor relevant research and report regularly on issues of public interest
- prepare an Annual Report on the operation of the regulatory arrangements

30. Should the regulatory process provide redress or award compensation?

- Since a primary objective of regulation is to assure non-expert users that the professional paramedic or supplier of services is competent and to provide redress if things go wrong, natural justice would appear to call for some form of compensation as part of the regulatory outcomes for a regulated profession.
- Compensation findings may need to be separated in the same way that service complaints should be kept separate from professional disciplinary issues. However, there need to be clear arrangements between service and individual practice issues to ensure expedited referrals and prevent the patient/consumer having to make the same complaint twice.
- The powers of the regulatory system in relation to compensation would depend on legislative support. There is a range of remedies available to the public through existing legal processes which may attract compensation.

31. Should the regulatory process identify and protect practitioner titles?

- One of the potential benefits of a regulated profession might be the identification and protection of specific titles such as "paramedic" or "ambulance paramedic"
- An advantage of a protected title is that only registered members could use that title, thus providing assurance to the public that anyone using the title complies with a Code of ethics and is regulated and accountable. This aspect could form part of the strategic positioning by the profession to identify a "need" for regulation.

Regulation[4]

Regulation is broadly defined as imposition of rules by government, backed by the use of penalties that are intended specifically to modify the economic behaviour of individuals and firms in the private sector. Various regulatory instruments or targets exist. Prices, output, rate of return (in the form of profits, margins or commissions), disclosure of information, standards and ownership ceilings are among those frequently used.

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4 *Glossary of Industrial Organisation Economics And Competition Law*, Organisation for Economic Co-operation and Development (OECD), Paris, France
http://www.oecd.org/dataoecd/8/61/2376087.pdf
http://stats.oecd.org/glossary/detail.asp?ID=3295

Context:

Different rationales for economic regulation have been put forward. One is to curb potential market power and increase efficiency or avoid duplication of facilities in cases of natural monopoly. Another is to protect consumers and maintain quality and other standards including ethical standards in the case of professional services provided by doctors, lawyers, etc. Regulations may also be enacted to prevent excessive competition and protect suppliers from unstable output and low price conditions, to promote employment and more equitable distribution of income.

Not all forms of regulation have to be mandated or imposed by government. Many professions adopt self-regulation, i.e., develop and self-enforce rules commonly arrived at for the mutual benefit of members. Self-regulation may be adopted in order to maintain professional reputation, education and ethical standards. They may also act as a vehicle to set prices, restrict entry and ban certain practices (e.g., advertising in order to restrict competition).