



First in First Aid



ST JOHN AMBULANCE AUSTRALIA

The Health Workforce

Submission to the Productivity Commission

July 2005

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St John Ambulance Australia welcomes the opportunity to comment on relevant matters presented in the Productivity Commission Issues Paper, *The Health Workforce*, May 2005.

The comments offered are in the context of St John providing volunteer health services within the community, our organisation as the largest provider of first aid training in Australia and running an Ambulance Service on behalf of the government in WA and the NT.

An overview of our relevant health services is detailed below, followed by comments related to issues in the paper that impact on the business and services of St John Ambulance Australia.

1. ST JOHN AT A GLANCE

St John Ambulance Australia is essentially a self-funding charitable organisation, active in all States and Territories, dedicated to helping people in sickness, distress, suffering or danger. St John has a strong volunteer ethos, is volunteer led and relies heavily on volunteers to undertake its charitable work. A range of goods and services are provided to the community which generate most of our funding and include:

- first aid training;
- first aid services;
- first aid publications, kits and kit servicing
- community care programs; and
- ophthalmic care programs.

Over 2,000 employees and volunteers deliver ambulance services in WA and the NT. These services include remote areas and off shore industrial workplaces. St John also participates as a member of State and Territory Emergency response teams.

Volunteer First Aid Services

St John First Aid volunteers provide a service to the Australian community at all types of events. Around 10,000 Operations Branch volunteers, in their familiar black and white uniform provided almost 600,000 hours of service and treatment for nearly 80,000 casualties in 2004.

Community Care

Community Care is the newest arm of St John Ambulance Australia. It was established in response to needs identified in the community. Dedicated and highly trained Community Care volunteers help a wide range of vulnerable people in many different, less visible ways, throughout Australia. Today there are over 2,400 Community Care volunteers around the country and together they contributed over 192,000 hours of service during 2004. The broad variety of services provided includes:

- visits to hospitals and residential aged care facilities, including LinkAge in New South Wales, the *Volunteer Support Program* in Queensland, and the *Visiting Friends Program* in Victoria;

- visits to elderly, disabled and isolated persons, including the *Neighbourhood Care Program* in South Australia and the work of members in Tasmania and Western Australia;
- telephone support services such as *Silver Cord* in Queensland;
- transport programs such *Transport Access Program* in Queensland;
- youth support programs such as *Project Survival* in the ACT; and
- literacy support programs such as *Program to Aid Literacy (PALs™)* in New South Wales

The St John Ophthalmic Branch

The Ophthalmic Branch engages in fundraising for Australian and international eye health initiatives, as well as providing eye health education for St John members and the community. St John Ambulance Australia will provide over \$160,000 during the next three years to fund an eye screening apprentice in Katherine, Northern Territory. An apprentice will work for Wurli Wurlinjang Aboriginal Health Service. This is an important joint response from St John and Wurli Wurlinjang to address the issue of eye disease within the indigenous communities in and around Katherine.

First Aid Training

St John is a Nationally Registered Training Organisation (RTO) and all courses are delivered to meet government training regulations of the Australian National Training Authority (ANTA) and standards such as the Australia Quality Training Framework (AQTF). In addition, all courses taught by St John are backed by authoritative medical opinion. Casualty management protocols and procedures used have been developed following discussion and scrutiny by recognised experts, including the St John National Medical Committees. Our courses also conform to the guidelines of the Australian Resuscitation Council.

2. PROVIDING HEALTH RELATED SERVICES AS A STAKEHOLDER

The National Health Workforce Strategic Framework Principal 7: Australian health workforce policy Development and planning will be most effective when undertaken collaboratively including all stakeholders.

The overview of services provided by St John Ambulance Australia nationally, demonstrates the extent of our contribution to essential community health needs. These services clearly make a valuable and necessary contribution nationally to the health care and well being of the community, for example:

- First Aid and Pre hospital care is provided at events alleviating the need for many people to seek other care services;
- our work in the area of aged care fills a growing need;
- our capability to provide relevant services as part of State/Territory emergency or disaster plans is well recognised;
- ambulance services in the NT and WA includes responding to diverse needs in rural and remote areas as well as off shore industrial worksites
- the extent and diversity of first aid training to support “saving lives” is continuous and includes tailored courses to meet workplace legislation and client needs
- eye health care programs with the Aboriginal community in the NT address a pressing need.
- Project Heartstart, a successful national defibrillation project in partnership with IAG and the Commonwealth aimed at saving lives in the community. The above

illustrates ways in which St John has responded to a number of areas addressed in the issues paper.

It is recommended that there is scope for St John to be recognised as a stakeholder in providing future collaborative or related health services which reflect our organisational ethos and community needs.

3. NATIONAL PROTOCOLS FOR ADVANCED /PRE-HOSPITAL CARE

Over the last 10 years there has been an increasing demand to provide services beyond standard first aid at some events. Initially, this was met by several States adopting advanced care protocols, involving health care professionals and others trained specifically in certain skills. What has evolved is a more extensive provision of pre-hospital services which are currently under review and will culminate with the acceptance of a national Scope of Practice. Such a task means:

- accommodating cross border nurse registration variations
- ensuring we maintain the appropriate indemnity for St John which entails being transparent in describing our services provided by volunteer health professionals to insurers and providing and retaining a Good Samaritan indemnity endorsement to cover them in emergency situations
- working within the Medical Indemnity Act.

It is recommended that cross border registration be addressed.

4. PROFESSIONAL INDEMNITY ENVIRONMENT

Throughout the Professional Indemnity crises, St John experienced a very difficult time, but was able to maintain continuous cover using an overseas insurer, underwritten by Lloyds of London. This had to include a Service of Suit Clause (Australia) for dispute resolution, an Australian Medical Defence Organisation Clause and Proportional Liability. The pressure placed on doctors volunteering was extreme, with doctors having to declare if their private cover included volunteering to meet policy terms. This obligation had cost implications as well as decreasing the number of doctors volunteering for St John duties. Furthermore, it presented a problem for doctors employed in hospitals who had no personal cover. St John could not expect volunteers to incur such costs, nor could St John purchase additional cover as the organisation is not an employer of medical practitioners. There were no similar terms placed on other health professionals. However, the immediate impact was a reduction in other health professionals volunteering. The fall out has left uncertainty and misinformation amongst some health professionals which we are still addressing. The experience created a nervousness and reluctance to be involved for fear of being held personally liable.

The cost for purchasing national Professional Indemnity cover has increased 398.5% over the last 5 years. The most significant annual increase was for the calendar year 2002 – 2003 when we incurred a 125.5% increase. At that time we had no choice but to purchase cover overseas, and of two interested underwriters, only one was prepared to offer terms in time to meet our renewal deadlines. For the calendar year 2004 – 2005, favourable cover was once again available with an Australian insurer and came in at a 1.9% premium increase. Without professional indemnity cover St John will not be able to deliver our existing services.

5. GOOD SAMARITAN LEGISLATION IN AUSTRALIA

The extent of State/Territory Good Samaritan legislation does not provide appropriate cover for organisations, except in Queensland where an organisation, can be specifically listed in the regulations as an “entity that provides services to enhance public safety” applies (Ref: Civil Liability Act 2003, QLD). St John (QLD) has this listed status. Despite the recommendation of the Ipp Committee not introduce Good Samaritan legislation; it exists in all States/Territories except Tasmania. While there is a sameness of intent it creates an unnecessary complexity to use nationally.

It is recommended that protection nationally for organisations such as St John Ambulance Australia who provide services that enhance public safety should have this status; and

The existing legislation be rationalised and have national relevance.

I would also like to take up the matter raised in *Emergency Law* by M Eburn (2nd edition, Jan 2005, p48) regarding legislation that states a Good Samaritan must be “acting without expectation of payment or other reward.” Clarification as to how this applies to health care professionals sent to deal with emergencies or disasters which in our case might well apply to paid ambulance staff.

This matter should also be considered as part of reviewing consistent legislation, recognising State/Territory Emergency Services regulations.

6. SUMMARY OF RECOMMENDATIONS

- (a) St John to be recognised as a stakeholder in providing future collaborative or related health services which reflect our organisational ethos and community needs.
- (b) Cross border nurse registration variations are addressed to facilitate national engagement.
- (c) Good Samaritan Legislation
 - (i) Legislate nationally to provide professional indemnity for organisations such as St John when providing recognised health services enhancing community safety (ref: QLD legislation);
 - (ii) Review existing State/Territory Good Samaritan legislation in order to reach consensus on a consistent set of principles to apply nationally. This could also include clarification of definitions pertaining to the legislation, for example, paid health professionals deployed for emergency situations.
- (d) Review the possibility of special circumstances whereby the Medical Indemnity Act facilitates the use of medical practitioners to be proactive in providing services as a volunteer for organisations such as St John, especially when servicing mass gatherings of large and difficult event locations.

Note: For further clarification or information please contact Jenny Leeson (author of this document) on 02 6239 9204.

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