



COLLABORATIVE
AOTEAROA

A Guide for General Practices Employing a Paramedic or Extended Care Paramedic (ECP)

MAY 2024

Forward

This resource has been created to support General Practices when employing a paramedic or Extended Care Paramedic (ECP) into their practice. It has been developed by Collaborative Aotearoa through collaboration with various partners across the health sector, as outlined in Acknowledgments below.

The healthcare landscape is evolving rapidly, with growing demands on General Practices to provide high-quality, accessible care to diverse patient populations. As part of this evolution, the integration of paramedics and ECPs into General Practice teams is emerging as a powerful strategy to enhance service delivery, improve patient outcomes, and alleviate pressures on traditional healthcare roles.

Paramedics and ECPs bring a wealth of skills and experience in acute care, patient assessment, and emergency response. Their inclusion in General Practice settings can significantly bolster the capacity of healthcare teams to manage urgent and unscheduled care, offer comprehensive home visits, and provide tailored care for patients with complex needs.

This toolkit has been developed to support General Practices in successfully employing paramedics and ECPs. It provides practical guidance on the recruitment process, role definition, training requirements, and integration strategies to ensure these professionals can operate effectively within primary care teams. The toolkit also includes case studies, best practices, and templates to aid in the seamless incorporation of paramedics and ECPs into your practice.

By leveraging the unique competencies of paramedics and ECPs, General Practices can enhance patient care, improve workflow efficiency and reduce the burden on general practitioners (GPs) and nursing staff. This collaborative approach promises to deliver a more resilient and responsive healthcare system, capable of meeting the needs of our communities now and into the future.

We hope this toolkit serves as a valuable resource in your efforts to innovate and improve primary care services. Together, we can build a more integrated, efficient, and patient-centred healthcare system.

Ngā manaakitanga,

Collaborative Aotearoa

About Collaborative Aotearoa

Collaborative Aotearoa (the Collaborative) is a national network of primary health care organisations and supporting partners committed to pursuing a vision focused on the health and wellbeing for whānau and communities.

The Collaborative has committed to expanding its reach to support its networks and continue to bring focus to equitable access to more general practices and communities across Aotearoa.

<https://collab.org.nz/>

Contents

Forward	1
Contents	2
Acknowledgement	2
Case Study	3
Paramedics and Extended Care Paramedics Feedback	5
Introduction.....	3
Scope of Practice.....	6
Te Kaunihera Manapou (Paramedic Council).....	6
Roles and Responsibilities	7
Code of Conduct and Cultural Safety	9
Training Pathway to become an Extended Care Paramedic (ECP).....	9
Insurance	9
Safety Checking.....	10
Remuneration.....	10
Standing Orders.....	10
Collecting Data	11
System-related Barriers to ECP Clinical Practice	12
Welcoming an ECP into General Practice.....	13
Coaching through change in the team.....	15
Position Description (PD)	16
ECP Clinical Supervision Policy	19
Glossary	21

Acknowledgement

Collaborative Aotearoa extends their gratitude to the people whose commitment has significantly enriched an array of resources. We would like to express appreciation to the Paramedics in Primary Care Working Group members, Health Care Home Leads and Clinical Leads who have generously shared their time, expertise, and passion to create a comprehensive pool of resources that empower and uplift our communities.

In the development of this document, Collaborative Aotearoa gives credit to the following organisations:

- Aotea Health
- Avon Medical Centre, Stratford
- Dunedin Urgent Doctors
- Fielding Health Centre
- Hato Hone St John
- Te Kaunihera Manapou (Paramedic Council)
- Te Whatu Ora (Health New Zealand) – Primary & Community Care
- THINK Hauora

- Ora Toa Primary Health Organisation
- Pinnacle Midlands Health Network
- ProCare
- Western Bay of Plenty PHO
- Tū Ora Compass Health Network
- Wellington Free Ambulance
- WellSouth PHO



Introduction

The purpose of this guide is to enable General Practice to understand the role of paramedics and ECPs; how they work, where they fit into General Practice and their scope of practice. It is a resource intended to advise General Practice on:

The current **scope of practice** for paramedics and extended care paramedics.

- **Roles and responsibilities** they offer within general practice.
- **Employment and Supervision** recommendations.
- **Tools** to help with employment including a job description.

Paramedics in Aotearoa are a healthcare profession who are regulated and registered through Te Kaunihera Manapou, the Paramedic Council of New Zealand.

Case Study

Avon Medical Centre is a medium-sized medical facility nestled in the heart of Stratford, Taranaki, catering to approximately 7,000 enrolled patients. Like many rural General Practices, Avon Medical faced challenges in recruiting general practitioners (GPs).

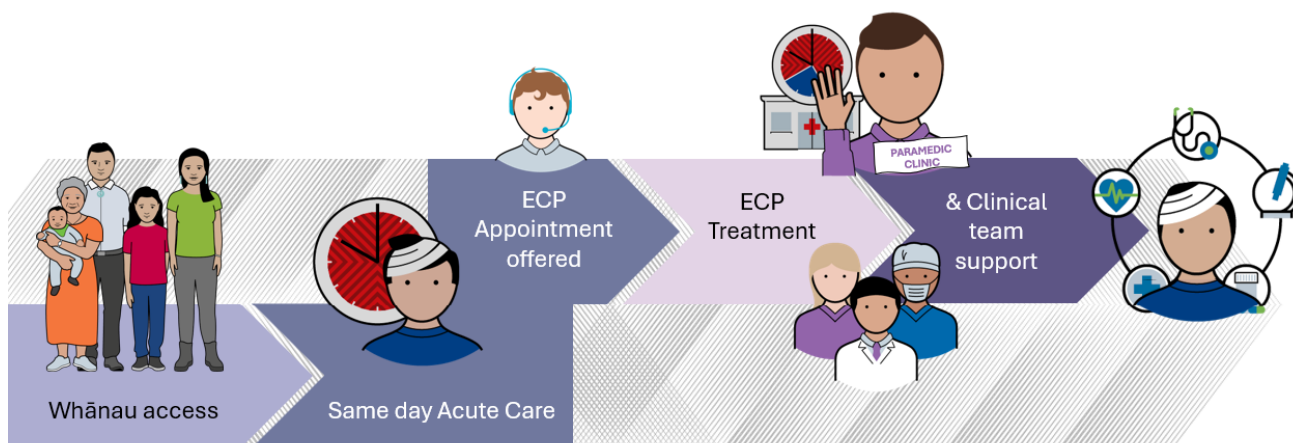
In April 2023, following 10 months of meticulous system design and planning with support from the PHO, the General Practice implemented a groundbreaking solution: hiring paramedics to cover clinical workload within the General Practice. The key to their effectiveness lay in their ability to work autonomously.

Inspired by the community medicine paramedicine model from the UK and other countries, Avon Medical developed its model of care. Initially, the paramedics conducted 30-minute booked appointments, gradually transitioning to acute same-day walk-ins as demand dictated. Depending on demand, and the growing competency and confidence of the paramedic, they could see between 11 and 40 patients daily.

To support the paramedics and other extended workforce members, a GP continues to be available onsite. This arrangement involves reducing GP patient contact appointments to facilitate clinical supervision. However, this model increases the General Practice overall patient appointment capacity.

Effective communication within the care team was deemed crucial. Utilising tools such as Microsoft Teams, Patient Management System (PMS) messaging, and face-to-face check-ins, the General Practice ensured seamless coordination. Both the GP and the paramedics lauded the effectiveness of the team communication.

The graphic below outlines the model of care currently deployed by the Extended Care Paramedics (ECPs) at Avon Medical. It's noteworthy that it took an 18-month period to transition to this level of competency.



Several key considerations were identified by the General Practice, particularly concerning clinical and legal implications. Clear delineation of responsibility was vital, with the General Practice ensuring indemnity insurance coverage for all practitioners, including the ECPs. Additionally, adherence to standing orders and robust clinical supervision protocols were emphasised to ensure safety for all parties involved.

Clinical supervision at Avon Medical evolved to meet the needs of the ECPs, ranging from frequent supervision initially to less frequent, readily available supervision as they gained proficiency. Complex cases were earmarked for in-depth clinical discussions during formal supervisory sessions held periodically.

The partnership between ECPs and traditional General Practice roles, alongside Hato Hone St John services, was characterised as complementary. This collaboration facilitated the integration of primary care roles, leveraging workforce capabilities and offering an alternative career pathway for ECPs. The benefits of this partnership far outweighed any limitations.

Special thanks to Shaun and Jesse for graciously sharing their story.

Scope of Practice

Currently, there is one broad paramedic [Scope of Practice](#) and no limitations on who can use a specialist title to describe their Practice. [Te Kaunihera Manapou | Paramedic Council](#) is aware that, in some contexts, additional descriptors are being added to the 'paramedic' title to further describe the role that paramedics may perform. In part, this has led to Te Kaunihera Manapou progressing work around endorsement for specialist practice.

The extended care paramedic (ECP) descriptor:

An extended care paramedic is a registered paramedic with an expanded scope of paramedic practice specialising in acute primary and preventive care in the community.

An extended care paramedic has advanced knowledge and skills beyond that of a paramedic, with a focus on patients with low acuity and often high-complexity clinical conditions. This includes providing advanced medications and interventions, including (where necessary) invasive procedures below the gingival margin or the surface of the skin, mucous membranes, or teeth.

An extended care paramedic practises with an emphasis on positively impacting health disparities and helping patients/family/whānau navigate the healthcare system and may practise autonomously or collaboratively with other health professionals in various clinical settings.

In order to lawfully practice as a paramedic in Aotearoa New Zealand, a paramedic must hold [registration](#) with Te Kaunihera Manapou and a [practising certificate](#) issued by Te Kaunihera Manapou. To avoid confusion, Te Kaunihera Manapou has created a [definition for a practising paramedic](#). A practising certificate is issued each year and provides the public with an assurance that the paramedic is competent and fit to practise their profession.

To confirm if someone is registered as a paramedic and holds a practising certificate, you can search for their entry on the [public register](#) using their name or registration number.

Te Kaunihera Manapou (Paramedic Council)

Te Kaunihera Manapou | Paramedic Council was appointed by the Minister of Health to regulate paramedic services under the [Health Practitioners Competence Assurance Act 2003 \(HPCA Act\)](#) in June 2020.

The HPCA Act protects titles by making it an offence for a person to use any names, words, titles, or descriptions which state or imply that the person is a health practitioner of a particular kind, unless that person is registered as a health practitioner of that kind. This means that the use of the title 'paramedic' is now legally protected.

As the [regulatory authority](#) responsible for the registration of paramedics in Aotearoa New Zealand, their primary function is to protect the health and safety of members of the public by ensuring that paramedics are competent and fit to practise.

As a kaupapa Māori organisation, Te Kaunihera Manapou has made a commitment to put people at the heart of decision making. This means working in ways that honour Te Tiriti o Waitangi and

consciously considering how decisions impact equity, access, and sustainability as it fulfils its purpose under the HPCA Act. The organisation has a clear strategic plan which outlines the values embedded throughout their mahi (work).

Te Kaunihera Manapou values co-design and collaborative approaches as this supports informed decision making and enables the development of positive connections and relationships.

Paramedics are an essential part of the healthcare workforce. It is Te Kaunihera Manapou's desire to see a workforce that reflects the Aotearoa New Zealand population and aligns with [Pae Ora \(Health Futures\) Act 2022](#). The organisation supports the need to break down barriers and address long-standing complex health workforce issues.

The Council's [website](#) is comprehensive with a variety of pages that may be of interest to primary care employers, including:

- [Strategic plan](#)
- [Standards](#) and [guidance statements](#)
- [Employers](#) and [employer obligations \(video\)](#)
- [Employing a paramedic](#)
- [Introduction to regulation \(video\)](#)
- [Continued professional development \(CPD\)](#) and [CPD video](#)
- [Pānui | Newsletters](#)
- [Contact us](#)

Roles and Responsibilities

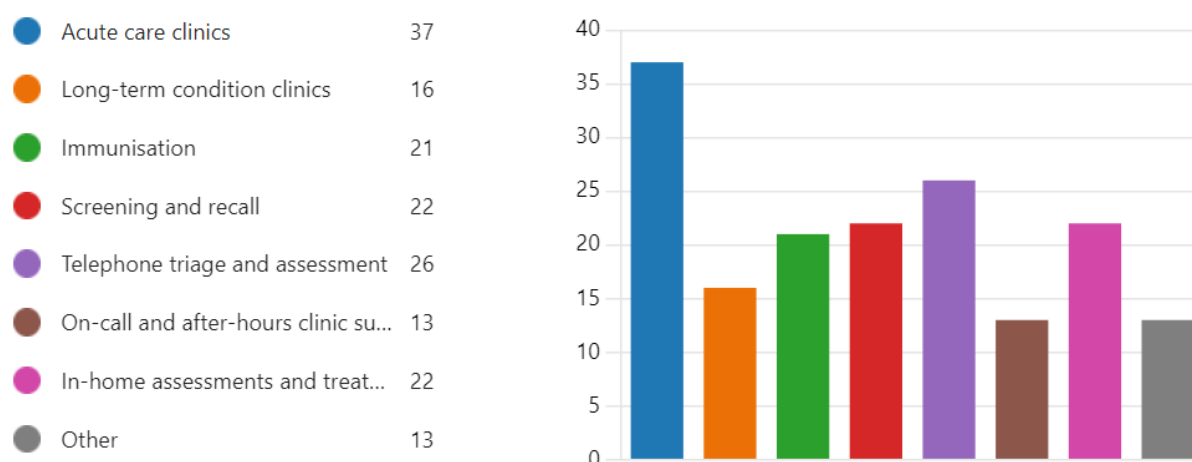
Examples of possible roles and responsibilities of ECPs working in General Practice are listed below. *Note:* most will require appropriate orientation in the use of equipment, processes, and/or specific training (where indicated).

- Undertaking telephone triage to determine which people need to be seen face-to-face, how quickly, and by whom, and managing appropriate clinical problems over the phone.
- Providing comprehensive clinical assessment, for example but not limited to ear, nose, and throat examination, limb assessment, falls risk assessment, and use of appropriate diagnostics.
- Providing same-day appointments and in or out-of-hours acute care, both independently (including treatment, referral, and discharge decisions) and in consultation with a prescribing clinician, as appropriate.
- Providing extended care to support hospital avoidance, such as Primary Options for Acute Care (POAC) or Coordinated Primary Options (CPO) services. For example, urinary catheterisation, wound care and closure, management of constipation, and supply of oral or IV antibiotics (under Standing Orders) for bacterial infection.
- Providing phone and/or video conferencing consultations for people who do not require a face-to-face assessment.
- Supporting clinical processes in the General Practice such as inbox management, including follow up of test results, referral letters and filing documentation that does not require further action, in collaboration with other health practitioners.

- Providing home visits to people and whānau when clinically appropriate and where transport is a barrier to access. This may also include assessing people post-discharge who are at risk of re-admission and providing treatment to enable them to stay well in their home.
- Provide palliative and end of life care to patients in the General Practice, in aged care residential (ARC) facilities, or at home.
- Providing care to people who present to the General Practice with life-threatening/time-critical conditions, including taking the lead when required.
- Providing informal education and information regarding the management of high acuity clinical conditions to other health practitioners within the General Practice team, and to people and their whānau (as appropriate).
- Provide community-based paramedic-led clinics. Participates in community prevention and screening programmes (including influenza vaccination, chronic disease education, blood pressure checks).
- Host shared medical appointments with a group of patients with similar conditions.
- Ability to support with routine care such as long-term condition management and preventive screening.
- Provide vaccinations to patients (with appropriate training).
- Extend collaboration with other community health providers, including ARC, hospice, acute care, hospital health practitioner, district nursing, frequent presenter groups, and local ambulance services.
- Support remote patient monitoring programmes. These are evolving in Aotearoa, and will continue to grow and have an impact on future healthcare.

For more information about what paramedics and ECPs can do in General Practice see this [article by Shannon et al.](#)

To inform this toolkit, in April 2024, 43 individuals (paramedics and ECPs) working in General Practice were asked what roles and responsibilities they held:



Note: the numbers on the left of the chart indicate the number of respondents who indicated they provided that service within the primary care provider they were employed by.

Code of Conduct and Cultural Safety

Paramedics must meet the minimum [standards](#) set by Te Kaunihera Manapou, which include a [Code of Conduct](#) and [Standards of cultural safety and clinical competence](#).

This aligns with the RNZCGP Foundation Standard for General Practitioners.

Training Pathway to become an Extended Care Paramedic (ECP)

An ECP is commonly characterised as a registered paramedic who has completed a Postgraduate Diploma in Health Science (Paramedicine) with ECP specialisation, or equivalent. Internationally, other titles are used to describe this specialist practice such as Advanced Community Paramedic or Community Care Paramedic.

An ECP is a paramedic who has completed postgraduate qualifications which focus on the primary health care environment. They have the specialist training, skills and knowledge to treat a range of conditions in the community, and have the ability to carry out additional skills such as suturing and prescribing using practice standing orders.

Auckland University of Technology (AUT) is currently the only tertiary education provider in Aotearoa New Zealand to offer the Post Graduate Diploma in Paramedicine. You can learn more about the course and the papers the students complete on their [website](#).

Insurance

It is not a requirement of the HPCA Act that paramedics or ECPs hold indemnity insurance. Requirements for registration are listed under sections 15 and 16 of the Act.

[Authorised vaccinators must have indemnity insurance](#). If the Paramedic or ECP aims to be an authorised vaccinator they will need to obtain insurance. Other than authorised vaccinators, it is an individual decision for each individual Paramedic or ECP as to whether they consider they should hold indemnity insurance.

In Aotearoa, access to indemnity insurance can be useful in the event of a conduct, competence or fitness issue, or disciplinary proceedings against a practitioner. It is suggested all paramedics and ECPs working in General Practice obtain indemnity insurance to the value of \$2m.

Insurance Options:

NZAA – Union	NZAA are a union but all offer indemnity insurance. They support a number of paramedics and ECPs working in primary healthcare and some emergency departments across Aotearoa. Cost is \$11 per week for union services and \$287.50 per annum for indemnity insurance. You do have to be a member of NZAA to access the insurance.
------------------------------	--

	<p>You can learn more about NZAA by contacting secretary@nzambulance.org.nz</p> <p>- Updated 11/5/24</p>
NZMII	<p>NZMII does offer cover for registered paramedics. The cost is \$235.00 per year and you can apply at any time on their website through the Allied Health option.</p> <p>- Updated 13/5/24</p>
Medicus	<p>Medicus does provide Malpractice Liability insurance to paramedics. The insurance company for the Medicus scheme is NZI, a business division of IAG New Zealand Limited.</p> <p>\$437.00 per year</p> <p>- Updated 13/5/24</p>

Further to the above it is understood that First Union Insurance, Medical Protection Society, Aon and Gallagher also offer insurance for paramedics and ECPs.

There are a couple different union options for paramedics or ECPs. It is up to the paramedic or ECP to decide if they would like the support of a union.

Safety Checking

All staff working in General Practice must be police vetted on employment and then updated 3-yearly, including Paramedics or ECPs. The [RNZCGP website](#) has more information.

Remuneration

As paramedics and ECPs evolve into General Practice, Collaborative Aotearoa will start to obtain an understanding of General Practice rates. Practices will make their own determination based on ability to recruit, and availability of resource.

From the Working Group exploration, baseline salaries have been found to be from \$79,000 per annum for paramedics and \$115,000 per annum for ECPs. The salary bands from baseline will be modified based on the individual's knowledge, skills and experience.

Standing Orders

Paramedics can provide medications either under a [standing order](#), or by working to a GP or nurse practitioner's direction.

Paramedics and ECPs have been educated to use the New Zealand Clinical Practice Guidelines ([NZ CPGs](#)). It is suggested General Practices review these guidelines to get familiar with the competencies of these roles.

A standing order (SO) is a written instruction issued by a medical practitioner, dentist, nurse practitioner or optometrist. It authorises a specified person or class of people (e.g. paramedics,

registered nurses) who do not have prescribing rights to administer and/or supply specified medicines. The intention is for standing orders to be used to improve patients' timely access to medicines; for example, by authorising a paramedic in an emergency or a registered nurse in a primary health care setting.

In the paramedic and ECP survey we conducted prior to creating this toolkit, we asked paramedics and ECPs working in General Practice if they currently operate under standing orders. 83% of survey participants said they did. Below is a starting list of Standing Orders templates the Working Group have developed. This list will continue to grow.

- Acute chest pain
- Antihistamine allergy relief
- Cellulitis (adults)
- Dental abscess
- Minor skin infections
- Moderate Community-acquired pneumonia (CAP)
- Nitrofurantoin treatment for symptomatic/uncomplicated UTI
- Otitis externa
- Otitis media
- Salbutamol for severe acute asthma
- Strep throat
- Urinary tract infection (UTI)

Collaborative Aotearoa is working with Te Whatu Ora (Health New Zealand) and Health Pathways to get a set of Standing Orders commissioned, governed, and published. It is envisaged that these will be ready for use by late 2024. In the interim, Collaborative Aotearoa have a set of *draft* Standing Order templates which have been shared from PHOs and General Practices across Aotearoa. Please contact Collaborative Aotearoa for access to these templates.

Collecting Data

Lessons learnt from other extended care team (ECT) roles have taught the sector the importance of setting up a new provider accurately in the PMS to ensure you are able to correctly monitor their input and impact within the General Practice.

ProCare, in partnership with other PHOs, are creating a ProFusion tool which acts as a professional support tool, guiding the clinical process and capturing the activity and outcome of the paramedic or ECP. When this is available, Collaborative Aotearoa will provide resources on how to obtain access to this form.

Collecting data on patient encounters of paramedics or ECPs can support with simplified auditing processes for standing orders, e.g. providing a quick list of all patients a paramedic has seen and the outcomes of their consultation.

System-related Barriers to ECP Clinical Practice

ACC Cost of Treatment Regulations

Paramedics and ECPs are not currently listed as treatment providers in [ACC Cost of Treatment Regulations](#). Therefore, General Practices cannot claim for treatment provided by ECPs, and ECPs are unable to respond as part of the Primary Response in Medical Emergencies (PRIME) service which is co-funded by ACC. ECPs also cannot refer people for ACC-related investigations (e.g. x-ray for a suspected fracture). ACC is currently considering adding Paramedics to Cost of Treatment Regulations. This process is anticipated to take up to two years.

Workaround

Because paramedics are not included under ACC regulations as Registered Health Professionals (RHPs), they are not protected by the bar on personal injury claims that applies to RHPs. This creates a potential risk of paramedics being sued in civil courts. Therefore, it is recommended that paramedics obtain indemnity insurance to mitigate this risk.

If paramedics were recognized as RHPs under ACC regulations, this issue would be resolved. In scenarios where a paramedic works under a GP's supervision, ACC might consider the treatment as being provided by the GP, potentially accepting claims under the GP's coverage. However, ACC's approach can be unpredictable.

A common workaround is for a nurse to complete the ACC form and involve the Extended Care Paramedic (ECP) in the consultation, allowing the service to be appropriately billed.

Vaccinations

To become an authorised vaccinator, health professionals must complete an Immunisation Advisory Centre (IMAC)-authorised vaccinator course and be approved by the local Medical Officer of Health. There is variability across the country as to whether Medical Officers of Health will approve paramedics to become authorised vaccinators. The Te Whatu Ora National Immunisations Team is currently developing a national pathway for pharmacists to become authorised vaccinators, which will not require local Medical Officer of Health approval. Paramedics may also be included in this pathway.

Workaround

Some regions have pathway solutions under way e.g. Waitaha/Canterbury. However, until this pathway is established, if an ECP is required to administer vaccinations and authorised vaccinator status is not granted by the local Medical Officer of Health, a doctor or NP can issue Standing Orders that include the administration of vaccines.

Requesting laboratory tests

Paramedics are not currently included as [approved referrers](#) in contracts between laboratory providers and Te Whatu Ora. Work is currently underway with the Te Whatu Ora Directors of Allied Health to obtain clinical endorsement for paramedics to be added to laboratory contracts as approved referrers for defined tests. Until paramedics become approved referrers, ECPs working in General Practice can request tests under a GP or Nurse Practitioner (NP).

Once these tests are defined, a process for micro-credentialing a programme will be established to enable paramedics and ECPs to order tests directly.

Workaround

This does vary depending on the district. Connect with your local laboratory provider and see if they will accept requests from your General Practice ECP. There are examples of this happening across the country.

Requesting radiology

In most areas of Aotearoa New Zealand paramedics are not able to refer people for basic radiology such as ultrasound and plain film x-ray. Approved referrers are listed in a mix of community radiology contracts between Te Whatu Ora and radiology providers, Health Pathways, hospital clinical policies (e.g. for nurse-initiated x-ray), and ACC Cost of Treatment

Regulations. Until paramedics and ECPs are enabled to refer people for basic radiology, paramedics and ECPs can refer people for imaging under a doctor or NP.

Workaround

This does vary depending on the district. Connect with your local laboratory provider and see if they will accept requests from your General Practice ECP. There are examples of this happening across the country. Notably mainly for chest x-ray as ACC will require the above workaround. Some POAC/CPO services that are contracted through PHOs enable ECPs to order tests. Please check with your local PHO POAC or CPO team for more information.

Welcoming an ECP into General Practice

The successful integration of a new employee into General Practice is crucial to get the most out of the new – and existing – staff. A smooth transition with clear communication, a workspace that is set up and all required equipment available will support a positive, welcoming impression.

A well-structured onboarding program provides a clear outline for the ECP's first week. This includes introductions to key team members and a comprehensive overview of the General Practice, its values, and key aspects of service delivery and community it serves.

See Example induction/orientation checklist below.

This checklist is designed to assist the integration of ECPs moving into Comprehensive Primary and Community care Teams (CPCTs). It can be tailored to the specific CPCT and/or used in addition to the General Practice's usual induction/ orientation.

Induction and orientation	
<i>Role within the primary care team</i>	
	The role of each clinician within the primary care team
	ECP's clinical role and responsibilities within the team
	Interacting, referring to, and seeking support from other health practitioners and professionals
	General practices huddles and communication pathways
<i>Clinical General Practice and models of care</i>	
	Models of care and services provided by the General Practice
	Health Pathways
	Standing Orders, including any training and assessment of competence required
	Point of care diagnostics (i-STAT, Emerald)
	Referring to other health providers
	Requesting imaging and laboratory tests and reading test results
	Process for arranging a prescription in consultation with a prescriber
	Phone triage/consultations
<i>Patient management system (PMS) and documentation</i>	
	Introduction to PMS
	Opening patient files, adding notes, and recording vital signs
	Documenting interventions
	Documenting administered/supplied medications
	Documenting the authority under which medicines are given
	Completing ACC M45
	Accessing discharge summaries, laboratory results and imaging
<i>Clinical supervision, support, and training</i>	
	Clinical supervisor
	Introduction to practices standing order policy and training on SO as required.
	Protected time for teaching, mentoring, audit, and case review
	Seeking clinical advice and support
	Any required additional training or micro-credentialing (e.g. fracture casting, wound care, interpreting lab results)

	Ongoing professional development and General Practice teaching sessions
	Clinical audit
<i>Information technology</i>	
	<p>Full clinical access rights and logons to all relevant clinical systems (including remote access if required), e.g.</p> <ul style="list-style-type: none"> • Shared care record systems • E-referral systems • Health Pathways • Patient portals • NZ Formulary and other decision support tools

Coaching through change in the team

Change may have an unsettling impact on employees. A survey completed by paramedics across Aotearoa (n=43, April 2024) had a wide range of experiences entering a General Practice Team.

For many paramedics, the General Practice team were *“happy to help; incredibly supportive”* and *“GPs include us in their professional discussion groups.”*

For others, the transition was challenging:

“...Not a well understood profession; I feel like an outsider. GPs and nurses mostly found it hard to incorporate the role; some were unsure of my capabilities”.

“I was astounded at how little the RN/NP’s/GP knew about the ECP skill set. This made it quite difficult initially to work at even a basic level of autonomy. As time moved on this has changed for the better, although the standing orders still constrain the full potential of the ECP scope. Because the ECP skillset is a specialisation in acute and urgent care presentations it offers a separate service that does not step on the toes of other health practitioner in the General Practice.”

Through thoughtful planning, effective communication, and engaging new and existing staff during the onboarding of paramedics, the General Practice Team can become cohesive, provide opportunities for professional growth. Value-add is provided for the paramedic and other members of the interdisciplinary team as well as for both the business sustainability and for the patient, whānau and community it serves.

Themes from Paramedics on value-add

Through the survey, paramedics and ECPs were asked what General Practices should be aware of when employing this profession. The following insights were provided, from their perspective:

- We like to work in a team environment.
- Sharing with the team training and ability we have to assess, diagnose, and treat autonomously.

- We are used to rolling our sleeves up and never know what we will be exposed to daily, so are willing to see anything and do our best to make a safe plan for each patient.
- Our role within a clinic is a complimentary one to the health practitioner, especially around their high acuity patients, and in the urgent care setting being able to manage their triage and oversight of the waiting room to see any potential deteriorating patients.
- We are trained to work from worst case scenario down to minor ailments... not the other way around.
- We are not trying to be doctors or nurses – we have a different skill set.
- We can assess & treat low acuity ACC patients to help reduce workload on Dr's.
- Teach us certain skills, tests, and procedures to reduce the backlog of GP tasks.
- We are triage specialists, but we prefer to be hands on. Let us work at our level and have standing orders that allow us to work alongside you.
- We are a great asset in your clinic on the times you are presented with an emergency – especially in rural settings.

PMS training for new staff

Many paramedics and ECPs haven't used a practice management system (PMS) like the ones utilised in General Practice. It is important to give new staff good training resources and enable them to have a buddy within the practice for the first couple weeks as a person they ask questions to.

Some training options are as follows:

- [Medtech Master E- Learning](#)
- [Indici: Course categories](#)
- [Training / User Groups – MyPractice](#)

Position Description (PD)

Below is an example of a PD template for an ECP/Paramedic working in General Practice. Aotea Medical Centre kindly shared this example PD. Alternatively, the Comprehensive Primary Care Team ECP role description from Te Whatu Ora can be [found here](#).

Position description	
Role	Extended Care Paramedic / Paramedic
Reports to	
Internal relationships	Reception and administrative staff Directors Nurses, NP, Doctors Pharmacist
External relationships	Patients Visitors Other health professionals Practice Extended Care Teams (including Health Improvement Practitioners – HIPs and Health Coaches) Community Services Providers including Whānau Ora providers Primary Health Organisation

	Iwi and Hapu Emergency Ambulance Services (EAS)
Purpose of the role	<p>A Paramedic or ECP is a qualified and registered health practitioner with knowledge and skills to provide personal, family, whānau and community orientated comprehensive primary care to individuals. As part of the General Practice team, they are responsible for providing patient-centered, culturally appropriate, and individual holistic care to a defined population. Patients should feel that they have been dealt with in a professional, friendly, and courteous manner. The Paramedic or ECP provides primarily urgent and/or unscheduled clinical care, in collaboration with other health professionals as part of an integrated clinical team.</p> <p>XYZ Medical Centre is committed to the principles of Te Tiriti o Waitangi and the overarching objectives of the New Zealand Health and Disability strategies.</p> <p>Click here to view the paramedic Scope of Practice.</p>
Key Tasks	<p>Triage</p> <p>Undertake phone and/or video conferencing triage to determine which patients need to be seen face-to face, how quickly, and by whom.</p> <p>Undertake face-to-face clinical triage using triage guidelines.</p> <p>Perform initial clinical assessment, prior to patient being seen by GP/NP – determine clinical problem and immediate treatment needs.</p> <p>Clinical care</p> <p>Assist in urgent medical situations to provide care to patients (including resuscitation, stabilisation and assessment) – Take the lead when required.</p> <p>In the setting of reduced capacity, temporize the patient with appropriate medications/treatment under Standing Order and clear pathways until the patient can be seen by the appropriate health practitioner.</p> <p>Assist in non-urgent medical situations to provide care to patients (including xx, xx and xx) – Take the lead when required.</p> <p>Work alongside and in consultation with other health practitioners and professionals to provide clinical care.</p> <p>Support other health practitioners and professionals with clinical tasks e.g., ECG, IV cannulation, setting up IV infusions, fracture casting, patient monitoring.</p> <p>Administer/supply medication following General Practice standing orders.</p> <p>Administer immunisations as outlined in National Immunisation Schedule following authorised vaccinator training.</p> <p>Provide community health screening in patients home or marae setting.</p> <p>Provide home visits on behalf of/in conjunction with other health practitioner.</p>

	<p>Use telehealth to connect patients with their GP/NP If applicable, support rural health ambulance and/or PRIME responses where required.</p> <p>Improving Patient Health Participate in recall process and screening programmes Health promotion to the General Practices' enrolled population, linking to public health programmes at a national, regional and local level and utilising such programmes to target specific populations. Health education, and information provision about how to improve health and prevent disease and interventions or treatments that treat risk factors.</p> <p>Treaty of Waitangi/Te Tiriti o Waitangi Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand. Provides healthcare in accordance with the Te Kaunihera Manapou cultural safety guidelines. Demonstrates knowledge of differing health and socio-economic status of Māori and non-Māori. Apply the Treaty of Waitangi/Te Tiriti o Waitangi to your General Practice.</p> <p>Health Equity Work to ensure that services are delivered in a culturally safe, appropriate, and competent manner, ensuring that the integrity of each individual's culture is acknowledged and respected and that the particular needs of the community are catered for. Culture is broad and may include age, gender, sexual orientation, ethnicity, culture, disability, or beliefs. Assist patients to gain appropriate support and representation from those who understand the patient's culture, needs and preference. Work with management team to develop/review health equity policy.</p> <p>Social determinants Understand the inequities that lead to poor health outcomes. Investigate and use programmes, policies that are available to address inequities. Consider alternative ways to provide services to reach vulnerable patient populations.</p>
Business Operations	<p>Invoicing Ensure all patient services undertaken are charged out in accordance with appropriate protocols.</p> <p>Compliance When claiming subsidies from any funding agency, all compliance clauses must be adhered to.</p> <p>Other Assist with provision of information for General Practice reporting requirements, as requested.</p>

IT System Management	Accuracy of information All information you enter into the PMS system is accurate, appropriate and in accordance with agreed protocols.
PHO Management	Patient PHO enrolment Supporting other staff by assisting in promoting the benefits of enrolling in the PHO, to patients. Ensure patient information in the patient register is correct and up to date to ensure funding opportunities are maximised. Ensuring reports are completed within agreed timeframes.
Communication	External Professional liaison with other health practitioners and professionals is maintained. Internal All staff are informed, as appropriate, about anything that they should be aware of regarding a patient, or regarding the internal workings of the General Practice. Staff and team meetings are attended as requested.
Quality	All patient consultations must be accurately recorded in the clinical patient notes within 24 hours of seeing the patient. Ongoing continued professional development (CPD) is maintained at the minimum level required by Te Kaunihera. Participate in in-house education sessions and share areas of clinical expertise and teach skills to the wider clinical team. Attendance at regular peer review meetings. This can be within the clinical General Practice team or with external peers. Participation in clinical audits as required. Participate in the Significant Event Management process in place in the General Practice. Participate in General Practice accreditation or other quality improvement systems. Participation in Te Kaunihera CPD audits as required.
Other duties	Hours of work are set out in the Employment Agreement, however there may be times when you are required to undertake other duties outside of these hours as requested. This may involve attendance at meetings, staff meetings or training sessions.
Delegations	
Signed / Date	

ECP Clinical Supervision Policy

Extended Care Paramedic: Clinical Supervision policy – Credit to Tū Ora Compass

To be read with the Extended Care Paramedic (ECP) Position Description

Supervision Definition: A process of professional learning and development that enables individuals to reflect on, expand and develop their knowledge, skills, and maintain their competence, through agreed and regular support with another professional (HCPC, 2021).

Clinical supervision of the ECP: The ECP must have a clinical supervisor who is a registered health professional with a scope of practice that enables them to supervise. EG: General Practitioner, Nurse Practitioner.

Responsibility of the clinical supervisor: The clinical supervisor is responsible for providing ongoing support and clinical supervision to the ECP. The role of the clinical supervisor must be clearly outlined to the ECP and supervising GP during the orientation process. This includes the process by which supervision will occur.

The clinical supervisor must ensure that the ECP:

- Has regular support available and ongoing meetings have been organised.
- Knows how to escalate patient presentations to a GP when this exceeds the ECP's scope of General Practice or capabilities.
- Knows how to competently use the PMS system including ordering tests, receiving results and the result management process.
- Maintains and extends competence within their General Practice.

This could take the form of:

- Regular meetings.
- Participation in peer review groups.
- Audit of a random selection of patient records for which the ECP has treated and discharged.
- Engaging in case study discussions.

Responsibility of the ECP:

1. The ECP is accountable for their own scope of General Practice including any conditions on their scope of General Practice.
2. The ECP is accountable for maintaining their registration requirements including maintaining and extending competence through professional development.
3. Where clinical guidelines state 'refer to primary care' the ECP is responsible to refer to the patient's registered GP or their supervising GP.
4. The ECP is to maintain up to date with current guidelines and standing orders and attend regular training sessions when required.

Monitoring and Evaluation: Once per week, the clinical supervisor should be meeting with the ECP to ensure they are managing within the General Practice and enabling time for case studies and discussion. Any instances in which the ECP feels they need to develop their General Practice; this is to be addressed with further training and additional supervision. This should be documented by the clinical supervisor so that the actions taken are clearly understood.

The employer of the ECP must:

5. Ensure that the General Practice has a documented escalation protocol for the ECP.
6. Ensure the clinical team at the General Practice is aware of the escalation framework and their responsibilities within this.
7. Ensure there is a named clinical supervisor within the General Practice for the ECP who is available on a regular basis to provide support, training, and advice.
8. Ensure the clinical supervisor and ECP have allocated time available for regular meetings.
9. Ensure the ECP is a member of the team and encourage a team approach.
10. Enable opportunity for professional development.

Escalation protocol: The process for escalation must be clearly documented and understood by both the full clinical team at the General Practice employing the ECP as well as the ECP and clinical supervisor.

References

HCPC. (2021). *What is Supervision?* Retrieved from Health and Care Professions Council: <https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/what-is-supervision/>

Glossary

ACC	Accident Compensation Corporation
ARC	Aged Residential Care
CAP	Community-acquired pneumonia
COPD	Chronic Obstructive Pulmonary Disease
CPCT	Comprehensive Primary and Community care Teams
CPO	Coordinated Primary Options
EAS	Emergency Ambulance Services
ECP	Extended Care Paramedic
ECT	Extended care team
GAS	Group A Streptococcus
HIPs	Health Improvement Practitioners
IMAC	Immunisation Advisory Centre
NP	Nurse Practitioner
PHO	Primary Health Organisation
PMS	Patient management system
POAC	Primary Options for Acute Care
PRIME	Primary Response in Medical Emergencies
RHPs	Registered Health Professionals
RNZCGP	Royal New Zealand College of General Practitioners
SO	Standing Order/s
UTI	Urinary tract infection

For any updates, comments, or suggestions to improve this toolkit, please contact Collaborative Aotearoa at admin@collab.org.nz.

Ngā mihi



**COLLABORATIVE
AOTEAROA**



HEALTH CARE HOME