The Country Ambulance model that St John WA run is sick and in need of vast restructuring. There are, in my opinion, three critical flaws in the country ambulance model.

1. **Poor initial and ongoing training of volunteers**
2. **Un-operational volunteers being allowed to stay operational**
3. **Deceptively similar uniforms and titles between the lowest qualified volunteers and paramedics.**

To be abundantly clear, this submission is not intended to be negative towards Volunteer Ambulance Officers themselves. I intend to highlight the potential negligence that St John WA has been getting away with for far too long in the regional parts of our state.

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Poor initial and ongoing training of volunteers

INITIAL TRAINING

Initial training for Emergency Medical Assistants is four days. Sometimes Paramedics (Paramedic Training Officers) from the College of Pre-Hospital Care (CPHC) deliver this training. I am aware that many, if not all, Paramedic Training Officers seconded to Volunteer Education have asked for longer courses because the content that is covered cannot be properly taught and assessed over this timeframe. St John CPHC have repeatedly denied the request of these trainers saying it is unnecessary and will cost too much. As a comparison, the lowest grade employed Ambulance Officer in Metro receives a minimum nine (9) week induction – regional WA must accept volunteers with less than 10% of that training.

Not all volunteers are taught by Paramedics, or even staff members of St John. A recurrent theme in this submission will be the inappropriateness of St John WA allowing volunteers to train and assess other volunteers without adequate oversight. These 'Volunteer Development Officers' or VDOs can qualify by completing two years of volunteering and completing a one-day training course. VDOs are then authorised to *independently* organise, run and assess any training course a volunteer can undertake, including initial training. I have seen firsthand how (to put it bluntly) inept many of these VDOs are.

EMERGENCY DRIVING

Emergency driving is taught informally in a classroom for a couple of hours, then there is *usually* a practical component that involves a couple of hours of regular driving. This is, in my opinion, hugely lacking and opens the volunteer, St John WA and the WA public up to a huge liability. Many volunteers do not have a solid understanding of the rights and responsibilities that section 281 of the Road Traffic Code affords them as it is not properly taught. Moreover, the soft skills involved in priority driving are not taught effectively.

	Passing Learner plates test	St John authorising you to use lights and sirens, **speed 40kp/h over the limit, break red lights, drive on the wrong side of the road**
Time learning	>50 hours[1]	<8 hours, of which maybe 2 are practical
Fail rate	>50%[2]	<0.5%

ONGOING TRAINING

Volunteers are required to complete a Continuing Education Program (CEP) each year. This curriculum is set by the College of Pre-Hospital Care in Belmont. CEP contains an in-person and online component. The failures come in two flavours.

1. Online CEP allows infinite attempts at a tiny and non-relevant question base. As a result, there is no actual assessment of skills (including critical skills such as medication dosages/contraindications). As a result, volunteers are assessed as competent even though some are unable to recall correct dosages and contraindications. It should be noted that previously St John mandated legitimate tests of medication understanding but for a reason unknown to me (perhaps because not enough people were passing) in the last five years, the medication quiz has become infinitely easier and now no one can fail. I would suggest with 60 minutes, a note pad, and a pen any of them members of this enquiry could pass the medication assessment with no previous training.
2. Volunteer's of the rank of VDO can assess other volunteers and sign off their CEP. This leads to a situation of 'blind leading the blind'. I have seen firsthand on many occasions false and misleading information being taught to new volunteers because these 'trainers' (who are also Volunteers) think they know the content they are teaching far more than they do.

Un-operational volunteers being allowed to stay operational

UNABLE TO PERFORM CPR

Personal experience: During a training session while I was a volunteer was involved in many simulated exercises (SimEx). During multiple SimExs, I

[1] https://www.transport.wa.gov.au/mediaFiles/licensing/DVS_P_DL_6StepsGetting.pdf
[2] https://www.watoday.com.au/national/western-australia/where-s-the-hardest-place-to-pass-your-driving-test-in-perth-20200317-p54b42.html

noticed a non-zero number of volunteers unable to kneel on the ground for 2 minutes and perform CPR. While this was a mandatory assessment item, these volunteers were marked as competent under the reasoning of “any volunteer is better than no volunteer”. St John has allowed ambulance response in regional areas of WA with volunteers who cannot physically perform the most basic interventions necessary to save lives and call this model “adequate”. It is anything but.

UNABLE TO DRIVE AT NIGHT

[redacted]

FAILED AUDITS MARKED COMPLIANT – NIL RETRAINING

Personal experience: When I first started volunteering, I recall attending an obstetric emergency that required emergency (P1) transport to an obstetric centre. At the time, being the junior member, I was told to adopt the driver position. [redacted]

The ultimate audit outcome was marked as compliant with both documentation standards and Clinical Practice Guidelines. This assessment was nothing short of a lie, the case documentation and clinical skills were abysmal, the auditor noted this but declined to mark it as such regardless. I can only speculate as to the reasons for the auditor's deception but I would guess it has something to do with KPI’s and little to no oversight.

FAILING LIFE EXTINCT

Personal experience: I am aware of multiple cases where life extinct (effectively a certification of death) checks have been improperly or not performed by volunteers. Prior to ‘life extinct’ being certified a number of clinical checks need to be conducted to confirm the heart, lungs and brain have all stopped working. In one specific case after a Motor Vehicle Accident where one patient received a head injury ‘Life Extinct’ was certified on sight alone, with no pulse or ECG check conducted. It was only approximately 30 minutes later when a Critical Care Paramedic (CCP) from the Rescue Helicopter arrived, noted that this had incorrectly been assumed and they performed the checks – at this time the patient was deceased but no one can know what the case was 30 minutes prior. To my understanding the CCP alerted to Community Paramedic (CP) to this massive clinical oversight. To my knowledge to CP covered up the error and the volunteers responsible conducted less than 30mins of informal training and were allowed to remain operational and unsupervised. These same members are considered ‘senior’ and ‘knowledgeable’ within the subcentre they work and, while not VDOs themselves, they assist in the ongoing training of other volunteers and consider themselves highly knowledgeable in certain areas. Both members have declared life extinct multiple times in the past and since, to my knowledge there was no review to see how large this issue was.

Deceptively similar uniforms and titles between the lowest qualified volunteers and paramedics

The above outlines the issues with having volunteers who complete minimal training and have no real assessments or reassessments of their competence. It has been

discussed that even the most inept and dangerous volunteers are allowed to keep their uniform, keep administering schedule 4 medications and keep driving 40kp/h over the posted speed limit. In 2019 St John WA changed the name of some of its volunteers' scope.

Old name	New name
Level 2 Volunteer Ambulance Officer	Emergency Medical Technician
Level 1 Volunteer Ambulance Officer	Emergency Medical Assistant
No previous equivalent	Emergency Medical Responder

During this name change, it is important to note that there was NO change in training or Scope of Practice. I believe that St John completed this change to fool the public and other medical professionals into believing they were receiving a higher standard of care than they were.

In countries other than Australia (especially the UK and US), 'Emergency Medical Technician' is reserved for staff who have completed, on average, 12 to 18 month[3]. In WA, St John will give you this title after nine (9) DAYS of training. It should be noted that this training is VERY difficult to fail. St John are taking advantage of the connotations of the rank 'Emergency Medical Technician' to convince the general public and medical professionals that they are receiving a higher standard of care than they are. St John has done nothing to teach medical professionals about this change. Just last month I had an off senior RFDS doctor ask me what level an Emergency Medical Technician was and "if they had a higher scope than Paramedics".

This name change is not only deceptive but also dangerous. For the public, they expect a certain level of care form people that arrive in an ambulance in identical uniform to full-time degree-qualified paramedics. This is not nearly the level of care that volunteers can provide and people may choose to stay and wait for an ambulance where a far better option would be to get someone else to drive them to

[3] https://www.healthcareers.nhs.uk/explore-roles/ambulance-service-team/roles-ambulance-service/associate-ambulance-practitioneremergency-medical-technician/entry-and-training-associate

hospital immediately. Other professional emergency services such as the Police may make decisions based on the recommendations of these volunteers thinking they were trained medical professionals. For other medical professionals, they may (dare I say, probably have) authorised transfers of critically unwell patients with a volunteer crew not understanding the difference in scope between these Volunteer Emergency Medical Technician crews and Paramedics. These volunteer crews would be unable to perform the same interventions en route to the receiving facility and should the patient's condition take a turn for the worse the risk of deterioration would be far higher than if a Paramedic were tasked with the job in the first place.

Conclusion

In regional WA, St John have been allowed to;

- Cover up volunteers making massive clinical errors, such as declaring someone deceased without checking correctly
- Train Volunteers for less that 10% of the time given to Metropolitan Ambulance Officers
- Allow Volunteers to train other Volunteers (why pay a qualified trainer?)
- Allowed volunteers who cannot do CPR, kneel or drive at night to remain on the front line of Pre-Hospital care
- Have these same volunteers wear the same uniform that Paramedics complete 4 years of university attaining
- Change Volunteers ranks to not include the word 'Volunteer' and change the rank names to those internationally kept for someone with 12-18 months of training.

RECOMMENDATIONS

1. Country Ambulance volunteers initial training is to be suitably long to develop them to be able to provide high-quality pre-hospital care. Recommend considering a minimum of 14 days for the lowest rank and increase from there.
2. Country Ambulance volunteers are ONLY allowed to be trained and assessed by Paramedics. Both CEP and initial training. St John staff members who are not Paramedics would not be included.
3. Assessors must be able to have confidence that they will be supported if they mark a participant as ‘not yet competent' and not pass participants.
4. The rank of ‘Volunteer Development Officer’ is disbanded, or as a minimum their ability to assess be retracted.
5. Oversight of training and assessment so that volunteers who do not meet the most basic requirements (2 mins of CPR, being able to drive at night) are not allowed to remain operational and leave the public at risk.
6. Oversight of Community Paramedics to develop their volunteers, audit them truthfully and force retraining when indicated.
7. Volunteers who fail audits have mandatory retraining with senior paramedics and not be able to complete operational shifts until marked competent.
8. St John makes clear uniform differences between Volunteers and Paramedics. Recommend something clear and visible from a distance (different coloured shirt, clear large writing on the front and back of uniform).
9. St John makes an education campaign for the public and a separate one for medical facilities detailing the different ranks and large differences in standard of care.

Can you spot the difference?

			
Volunteer **Country**	**Staff** **Metro**	**Volunteer** **Country**	**Staff** **Metro**
EMT	*Ambulance Officer (Paramedic in training)*	*EMT*	*Paramedic*
CAN'T cannulate	Can cannulate (under supervision)	**CAN'T** cannulate	Can cannulate
CAN'T secure an airway	Can secure an airway (under supervision)	**CAN'T** secure an airway	Can secure an airway
CAN'T give thrombolytics for a heart attack	Can give thrombolytics for a heart attack (under supervision)	**CAN'T** give thrombolytics for a heart attack	Can give thrombolytics for a heart attack
Has **2** forms of pain relief	Has **5** forms of pain relief (under supervision)	Has **2** forms of pain relief	Has **5** forms of pain relief
Between 4- and 10-days training total	>1 and <4 years training	Between 4- and 10-days training total	>4 years of training