

He pūranga kōrero whakaharatau manapou

Paramedic Practice Profile

Thank you for taking the time to complete this practice profile.

This information will provide Te Kaunihera Paramedic Council (Te Kaunihera) with some helpful detail, context and understanding of your practice as a paramedic.

Consider each question carefully and take your time. We will contact you to discuss the notification and next steps if further action is required following this initial inquiry.

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Section 1: Contact information

Date:	
Your name:	
Address:	
Phone:	
Email:	
Mobile:	

Section 2: Employment information

Are you currently employed as a paramedic?	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed Please list all current employers in the next section.
If not, are you seeking employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your future practice intentions?	

First employer -

Employer's name:	
Address:	
Phone:	

Manager's name:	
Manager's contact email:	
What is your practice environment ¹ ?	
Is your employer aware of your Kaunihera notification ² ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Second employer - please move onto section 3 if you do not have another employer

Employer's name	
Address	
Phone	
Manager's name	
Manager's contact email	
What is your practice environment ¹ ?	
Is your employer aware of your Kaunihera notification ² ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Third employer - please move onto section 3, if you do not have another employer

Employer's name	
Address	

¹ For example - military paramedic, FIFO, offshore, remote, extended care, intensive care/critical care, telephone triage paramedic, academic, research, manager

² Note: Kaunihera is required to notify an employer if a notification meets section 35 of the HPCA Act – Risk of Harm.

Phone	
Manager's name	
Manager's contact email	
What is your practice environment ¹ ?	
Is your employer aware of your Kaunihera notification ² ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Practice setting information where the concerns were raised

These are questions about the practice setting you were working in when the notification was made.

What area of practice were you employed in ¹ ?	
What was your role title?	
How long had you worked in this area of practice?	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 month – 11 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 years
Describe your typical work week when the concerns were raised, including: <ol style="list-style-type: none"> What type of interactions would you have with other staff, or were you working in a solo/remote environment? How many health consumers (patients) would you typically be responsible for, or have contact with? 	
Any other comments?	

Section 4: Your pattern of work in the setting where the concerns were raised

Outline the days and shifts you were working when the notification was made.

Did you work full time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If part time, how many days did you work each week?		
Did you work weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Morning (am) only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Afternoon/Evening (pm) only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nights only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mixed shifts or rotating roster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other hours e.g., extended hours (please specify)		

Section 5: Professional engagement

Do you have support mechanisms available to you during the notification process (e.g. Whānau, employer, peer group, mentor or supervisor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you member of any unions or professional associations e.g. the Australasian College of Paramedicine, New Zealand Ambulance Association, First Union? If yes - please name these.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you participated in a formal Continuing Professional Development programme? This includes any mandatory requirements from your employer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>Please outline any professional development you intend to complete in the next six months.</p>	
<p>Since practicing as a paramedic, are you studying toward, or have you completed a post graduate qualification? If yes, please name the qualification, organisation and year of completion/intended completion.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section 6: Professional engagement

This section is about your paramedic practice.

<p>Have you changed your paramedic position in the last 2 years? If yes, why did you decide to change?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any health issues you would like the Te Kaunihera to consider?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please ensure the following is attached, as requested in notification letter

- a. actual practice hours in last three years
- b. any professional development activities in last three years
- c. any performance appraisals, competence assessments, or clinical audits in last three years
- d. your curriculum vitae of work history in the last five years
- e. your response and reflection on the issues raised in the notification

Please note Kaunihera does not require your original documents, so please send copies of certificates and assessments. Please ensure summary of professional development is verified by your employer or manager.

Section 7: Other information

Is there any further information you would like the Te Kaunihera to consider?

Thank you for completing this profile. You may receive a phone call from Te Kaunihera kaimahi/staff to clarify or seek further information.

If you wish to discuss this information or the competence notification, you are welcome to [contact us](#).