Table 1: Summary table of findings.

Aspect	New Zealand (*Medicines Act 1981* Section 29)	United Kingdom (*Human Medicines Regulations 2012*)	Australia (*Therapeutic Goods Act 1989*)	New Zealand (*Therapeutic Products Act 2023*)
Reporting requirements	Comprehensive and immediate reporting to the director-general required	Streamlined post-event reporting for emergency use	Embedded in health system protocols, allowing retrospective reporting	Reporting exemptions allowed in emergencies under specific declarations by the chief executive
Scope for paramedics	Limited to delegated authority with detailed oversight	Authorised to administer under National Health Service–approved protocols	Permitted under state-based authorisations through the Therapeutic Goods Administration	Provisions for emergency exemptions could enable paramedics to act more independently but remain untested for implementation
Emergency use flexibility	High control; delays real-time emergency interventions	Allows temporary use under structured guidelines	Special access schemes enable rapid response	Emergency declarations under Section 116 allow otherwise restricted activities but require ministerial oversight
Administrative burden	High: each instance requires pre-approval and detailed reporting, delaying timely interventions and increasing workload	Low: emergency-use provisions simplify administration with predefined protocols, reducing paramedics' documentation burden	Medium: reporting requirements exist but are retrospective and aligned with broader state and federal systems	Moderate: emergency declarations simplify requirements but still rely on higher-level administrative action for flexibility
Patient safety vs practicality	High emphasis on safety but may delay treatment	Balanced approach supporting rapid action and oversight	Timely intervention supports safety protocols	Emphasis on safety, but flexibility depends on activating emergency provisions, potentially limiting responsiveness
Health system integration	Less integrated: high administrative burden	Integrated into National Health Service frameworks	Integrated into broader health system with state and federal support	Improved integration promised but lacks specific inclusion of paramedics, particularly critical care roles

NB: More detailed tables are available in the Appendix.

Table 2: Summary of recommendations.

Recommendation	Justification	Expected outcome	Addressed by TPA?
Controlled authorisation	Aligns with practices in the UK and Australia	Expanded paramedic scope, timely care	Partially: TPA allowed certain activities under controlled conditions but did not explicitly expand paramedic scope
Emergency exemption amendment	Reduces delay while maintaining post-event oversight	Faster emergency response, compliance	Yes: TPA included emergency provisions for the chief executive to permit restricted activities
Tiered training and certification	Ensures safety with expanded prescribing rights	High level of trust and patient safety	Not specifically addressed: TPA did not outline training programmes for paramedics
Integrated reporting systems	Simplifies compliance without real-time delays	Efficient reporting, reduced admin burden	Partially: TPA proposed more flexible reporting requirements
Collaborative policy development	Strengthens policy through stakeholder input	Enhanced policy acceptance and effectiveness	Uncertain: TPA development may not have fully engaged all stakeholders, including paramedic associations

TPA = *Therapeutic Products Act 2023*; UK = United Kingdom.