Australasian College of Paramedicine
RESPONSE
WINTER 2024
www.paramedics.org

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NATIONAL OFFICE
PO Box 3229
Umina Beach NSW 2257
1300 730 450
info@paramedics.org
https://paramedics.org
ACN 636 832 061
ISSN 1836-2907

MEMBER ENQUIRIES
members@paramedics.org

EDITOR
Rob Garner
rob.garner@paramedics.org

ADVERTISING ENQUIRIES
Jonathon Tremain
jonathon@tremedia.com.au

RESPONSE is published quarterly by the Australasian College of Paramedicine. Editorial and photographic contributions are welcome and can be submitted to EditorResponse@paramedics.org. All material accepted for publication is subject to editing.

COVER

Royal Flying Doctor Service WA paramedics Matt Pepper and Andy Bell.

The College acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land and sea in which we live and work, we recognise their continuing connection to land, sea and culture and pay our respects to Elders past, present and future.

The College acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

FROM THE CHAIR

A NEW ERA FOR PARAMEDICINE: OPPORTUNITIES AND ADVANCEMENTS IN AUSTRALASIA

with **Ryan Lovett,** College Chair

Welcome to the Winter edition of Response.

The recent communique from the Australian Health Ministers marks a significant milestone in the evolution of paramedicine in Australia (https://www.health.gov.au/sites/default/files/2024-04/health-ministers-meeting-hmm-communique-19-april-2024.pdf).

The decision to establish Area of Practice Endorsements for advanced practice paramedics in critical care and community paramedicine is a testament to the recognition of the impactful areas of specialist practice in paramedicine and the widespread respect that the profession has earned.

This development heralds a new era of clinical advancement for paramedics. The endorsement for advanced practice paramedics will allow them to operate at the forefront of healthcare, providing independently endorsed complex paramedic care. This not only elevates the professional standing of paramedics but also enhances the quality of care that patients receive.

The endorsement for community paramedicine opens up a new avenue for paramedics to make a difference. Community paramedics can play a pivotal role in providing healthcare services to regional, remote and underserved communities, thereby bridging the gap in healthcare accessibility. This expansion of practice contexts will enable paramedics to utilise their capabilities and expertise to their fullest potential, contributing to the overall improvement of public health.

Moreover, the decision to work towards achieving full access to independent prescribing rights outside of state ambulance services is a game-changer. This will empower paramedics with greater autonomy in patient care, enabling them to make critical decisions and administer necessary treatments promptly. This is a significant step towards the professional autonomy of paramedics, and a natural step in the evolution of paramedic practice.

> THIS EXPANSION OF PRACTICE CONTEXTS WILL ENABLE PARAMEDICS TO UTILISE THEIR CAPABILITIES AND EXPERTISE TO THEIR FULLEST POTENTIAL

These advancements also bring about exciting opportunities for career progression. With these endorsements, paramedics from all backgrounds and practice contexts can now aspire to specialise in critical care or community paramedicine, paving the way for a diverse range of career paths within the profession. This will undoubtedly attract more individuals to join the profession, enriching the field with fresh talent and perspectives and, importantly, providing avenues for experienced paramedics to remain in the profession and utilise their knowledge and expertise to serve our communities.

This advancement in Australia mirrors that from Aotearoa New Zealand, where the landscape of paramedicine is also evolving rapidly. Te Kaunihera Manapou Paramedic Council has been working diligently to implement specialist paramedic practice endorsements (https://www.paramediccouncil.org.nz/common/Uploaded%20files/Consult%20PDFs/20240430%20Specialist%20paramedic%20practice%20-%20Progress%20update.pdf). This initiative aims to standardise paramedic titles and descriptors to protect the public. The council sought feedback on this proposal and received an overwhelmingly positive response, with 93.75% of the 147 respondents agreeing that titles and descriptors should be standardised via specialist paramedic practice endorsement.

Te Kaunihera has decided to move forward with specialist paramedic practice endorsement for critical care paramedics and extended care paramedics. This decision will recognise paramedics with additional qualifications and experience, allowing them to use an endorsed specialist paramedic title. This is a significant step towards enhancing the professional standing of paramedics in Aotearoa New Zealand and providing them with new opportunities for career advancement and expansion of practice contexts.

It remains to be seen whether the Paramedicine Board of Australia and Te Kaunihera come together to ensure consistency across Australia and Aotearoa New Zealand, but this would certainly be the preferred outcome for the College and the wider profession.

The recent announcements in Australia and Aotearoa New Zealand are a significant stride forward for paramedics. It not only recognises the invaluable contributions of paramedics to the healthcare system, but also provides them with new opportunities for professional growth and development. As we embrace these changes, we look forward to seeing the positive impact they will have on the profession and the communities we serve. This is indeed an exciting moment for all of us in the paramedic community.

Stay safe.

FROM THE CEO

THE POWER OF EDUCATION IN ADVANCING PARAMEDICINE

with **John Bruning,** College CEO

I echo the sentiments of our Chairperson, Ryan Lovett, on the recent endorsement for advanced practice paramedics and community paramedicine as a significant development. However, it is crucial to highlight the role of advanced and specialist practice education in supporting these developments.

Education is the cornerstone of professional growth. It is the key that unlocks the door to advanced and specialist practice. As our profession evolves, so must our educational programs, at both undergraduate and postgraduate level, as well as micro-credentialling and continuing professional development. Programs must be designed to equip paramedics with the necessary skills to excel in their roles, whether it be as a paramedic in a statutory ambulance service or private practice, critical care or community paramedicine.

The College recognises this need and the importance to support advanced and specialist practice through educational content. We now deliver bi-annual critical care and primary care conferences, with content recorded for access to members as individual learning courses. We have developed interactive eLearning programs in cardiology, neurology, and wound management. This content is designed to provide paramedics with a deep understanding of complex medical conditions, enabling them to deliver high-quality care to patients.

We are committed to developing further content to support the clinical development of paramedics. Our goal is to prepare paramedics to operate at the forefront of healthcare, making critical decisions and administering necessary treatments promptly. This not only enhances patient outcomes but also elevates the professional standing of paramedics.

The College's recent Primary Care Conference was a wonderful example of the role of the College in driving change through education. The widespread support for, and in the case of Ambulance Tasmania, the reality of, the community paramedicine model is exciting. The discussions held at the conference show the willingness of the profession and the wider health system to embrace the utilisation of paramedics in primary care. Education programs and governance frameworks are now the vital ingredient to opening these opportunities more widely.

The College is undertaking initial consultation with the National Rural Health Commissioner and key stakeholders about creating a National Rural and Remote Paramedicine Framework to support community paramedicine. This would be a timely framework to further support paramedics working in primary care.

EDUCATION IS THE CORNERSTONE OF PROFESSIONAL GROWTH

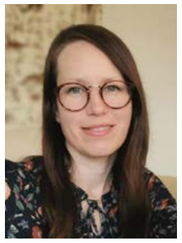
The recent advancements in our profession are indeed exciting. However, it is the power of education that will truly unlock the potential of these advancements. As we embrace these changes, we must also champion the cause of advanced and specialist practice education. It is only through education that we can ensure the continued clinical development of paramedics and the positive impact they have on the profession and the communities we serve.

We are not far away from the College's Research Symposium from 18-19 July at ACU in Brisbane. This conference is designed to support novice and emerging researchers to share their findings and learn from established researchers through six workshops created to enhance different aspects of researcher capability.

Lifting my gaze further ahead, it won't be long before we are gathering for the College's international conference, ACPIC24, in Sydney from 11-13 September. The theme for this year's conference is Paramedicines Evolution – Embracing the New Era, and that is timely given the recent announcements and progression of paramedicine.

Stay safe and well.

ADVOCACY MADE POSSIBLE BY MEMBERS



By **Jemma Altmeier**, College Advocacy and Government Relations Manager

Our role as the peak body representing and supporting paramedics and student paramedics is to advocate for the professional interests of our members. We advocate for recognition of paramedics across health settings, engaging with policymakers, regulators, service providers and media, raising awareness about the unique and integral work paramedics do now and could be doing in the future to improve health workforce shortages, patient access and outcomes. Our goal is to ensure that paramedics are afforded the respect and acknowledgment they - you our members - deserve professionally across Australasian healthcare systems.

We do this by bringing attention to relevant research, data and case studies investigated, written and experienced by our members. Member insights and expertise inform evidence-based policy recommendations. By collaborating with you, our members, we can address sector-specific challenges and propose effective solutions.

This last quarter our advocacy work has taken us across Australasia, where we have engaged in discussions about student issues, workforce challenges, ramping inquires, primary and urgent care opportunities, legislative barriers, patient records technology, care standards, and patient wellbeing. We are continuing to nurture our relationships across healthcare and embarking on new projects to demonstrate interprofessional and multidisciplinary collaborations, which we look forward to sharing with our members in time.

Members are the lifeblood of our advocacy work, demonstrating every single day in every single community across Australasia why paramedics are the most trusted health profession. We encourage members to watch out for announcements, get involved and share your experiences as your stories enrich our advocacy work.

Advocacy in Conversation podcast

We're excited to launch our new podcast series called Advocacy in Conversation. Hosted by our CEO, John Bruning, each episode invites industry experts, influencers, and change-makers to discuss current events, issues, and resources impacting the profession.

Take a listen

https://paramedics.org/podcasts/62

Key activities

Below are just some of the key activities the College has actively engaged in during the last quarter:

Position Statement:

- Urgent support needed for paramedic students experiencing 'placement poverty': https://paramedics.org/news/Urgent-support-needed-for-paramedic-students-experiencing-placement-poverty

Submissions

- Aotearoa New Zealand: Ministry of Business, Innovation and Employment: Proposed changes to ACC regulations for Chinese medicine, paramedics and audiometrists
- Australia: Unleashing the Potential of our Health Workforce: Scope of Practice Review Round 3
- ABS ANZSCO reclassification consultation. Ongoing

Media coverage:

- NZ Herald - Paramedics in primary care: Hawke's Bay GP practice using 'game changer' care mode: https://paramedics.org/news/college-in-the-media-nzherald-paramedics-in-primary-care
- ABC Hobart Drive – John Bruning i/v regarding paramedics in primary care: https://paramedics.org/news/ABC-hobart-drive-john-bruning-paramedics%20in%20primary%20care
- Australian Health Journal - Primary healthcare as a team-based sport: https://paramedics.org/news/college-in-the-media-ahj-primary-healthcare-team-based-sport

Coming soon:

Watch out for these upcoming announcements, opportunities and activities.

- Aotearoa New Zealand Budget 30 May
- Australasian Paramedicine Workforce Survey report
- Advocacy in Conversation podcast - 'Placement poverty'
- Office of the National Rural Health Commissioner project collaboration
- Clinical Practice Guidelines report

NEW LEARNING MATERIAL FOR PARAMEDICS AT ALL STAGES OF THEIR CAREER

By **Julie Johnson,** College Education Manager

Two years ago, the College introduced a new eLearning platform that allows individuals to learn at their own pace online. In March 2022, we launched the first two eLearning topics, and since then we have developed hundreds of hours of learning materials that cover a wide range of topics related to paramedic practice. Our eLearning platform now boasts an impressive array of 42 learning courses, all available to our members. Additionally, we are pleased to offer 10 of these courses for free, ensuring that everyone has the opportunity to engage with our diverse learning materials.

What's new this year?

Advanced cardiology program

Our professional learning initiatives will be laser-focused on tailoring resources to tackle specific challenges. We are dedicating our efforts to provide comprehensive resources on a range of topics, recognising that the HALO (high acuity low occurrence) skills are critical areas that demand specialised knowledge and skills.

The advanced cardiology program, a bespoke offering for advanced practice clinicians, is now being rolled out. This initiative underscores our unwavering belief in your potential and is designed to enhance your skill set, ensuring you remain at the forefront of patient care, particularly in high-stakes situations. In collaboration with Cardiac Physiology in Practice, we are delivering a meticulously curated programme of learning resources, including live and recorded lectures, to deepen your understanding of electrophysiological concepts related to arrhythmias, cardiac procedures, and echocardiography examinations.

Graduates

We recognise the challenges of stepping from study into practice, and this year you will see an increased focus on resources catered to students and recent paramedic graduates. A comprehensive series of topics will be introduced to provide extensive support for individuals who are entering the field. This initiative will ensure that the incoming workforce is well-equipped with the knowledge required to excel in their respective fields of work. The topics will be relevant and contemporary and will be rolled out in a phased manner to ensure that individuals receive adequate support and guidance as they transition from academia to the workforce. This effort reflects our commitment to fostering a culture of continuous learning and development, and we look forward to the positive impact it will have on the professional growth and development of our future workforce.

Clinical Hub

As part of our commitment to learning, we are simultaneously working on the new clinical hub. This will be a live interactive space using a case-based learning approach. Case-based learning (CBL) is an effective approach used in various fields, including paramedicine, which enables paramedics to apply their knowledge to real-world scenarios. CBL presents specific scenarios that mimic or are similar to real-world situations in a storytelling manner, creating a platform for paramedics to engage in discussions that promote critical thinking and problem-solving skills. CBL utilises collaborative learning, facilitates the integration of new learning, develops intrinsic and extrinsic motivation to learn, encourages learner self-reflection and critical reflection, allows for scientific inquiry, integrates knowledge and practice, and supports the development of various learning skills. With intense interaction between participants, this method is learner-centred and highly interactive, allowing paramedics to build their knowledge base and work together as a team to examine the case.

What would you like to see?

Would you like to suggest a topic or add to our eLearning wish list? We welcome your input! Feel free to email your suggestion to education@paramedics.org. Although we may not be able to address everything at once, we do carefully consider all suggestions and add them to our learning agenda. We will address all of them in due course. Keep them coming!

WHAT'S NEW FROM THE COLLEGE'S RESEARCH COMMITTEE

Research SYMPOSIUM

Australasian College of Paramedicine Research Symposium 2024: Influence and Inspire

The Research Advisory Committee is thrilled to announce the return of the Research Symposium for 2024. Hosted by the Australian Catholic University in Brisbane, the symposium aims to highlight the crucial role of paramedic research in shaping and advancing emergency care, providing an opportunity for novice and emerging paramedicine researchers to share their innovative findings.

We would like to thank all researchers who submitted an abstract and extend our congratulations to the successful Research Symposium 24 applicants. Don't forget to secure your ticket to the symposium, which are now available to purchase on the College website at https://paramedics.org/research-symposium.

ACPIC SYDNEY 2024

Australasian College of Paramedicine International Conference 2024: Paramedicine's Evolution – Embracing the New Era

ACPIC24 is the peak paramedicine event on the Australian calendar, offering a wonderful opportunity for paramedicine researchers to present their research to the broader paramedic community. There will be awards for the best research presentations in different categories, and the winner of the best presentation will be invited to present at the EMS 999 conference in 2025. Abstract submissions close May 31, so don't miss out! Visit https://paramedics.org/events/ACPIC24.

Research Agenda for Australasian Paramedicine

The Research Agenda for Australasian Paramedicine (RAAP) serves as a guide for industry and key stakeholders in their research activities, ultimately contributing to a meaningful and tangible impact within the paramedicine profession. Moving forward, College research activities and opportunities will align with the priorities outlined in the RAAP. We encourage our members and paramedicine researchers to familiarise themselves with the agenda to enhance the impact of their research outputs. The two publications of the project can be found in Paramedicine, the international peer-reviewed journal of the Australasian College of Paramedicine:

Research agenda and priorities for Australian and New Zealand paramedicine: A Delphi consensus study: https://journals.sagepub.com/doi/10.1177/27536386241231666

Barriers and enablers to paramedicine research in Australasia – A cross-sectional survey: https://journals.sagepub.com/doi/full/10.1177/27536386231167590

A shortened report summarising these publications can also be found on the College website under the Research tab at https://paramedics.org/research.

Talking Research Webinar

Hosted by committee member A/Prof Scott Devenish, the first episode of the Talking Research webinar series for 2024, "Mastering the art of successful grant writing", explored the important topic of how to secure grant funding to support your paramedicine research endeavours. Our Australasian and international guest speakers, Dr Wayne Loudon (Queensland University of Technology, Australia), A/Prof Bridget Dicker (Auckland University of Technology, Aotearoa New Zealand) and A/Prof Anders Bremer (Linnaeus University, Sweden), provided valuable insights and essential tips tailored for paramedicine researchers venturing into the world of grant writing.

All our Talking Research webinars are recorded and accessible on the College website at https://paramedics.org/research, counting towards 1.5 hours of interactive CPD.

The next Talking Research topic is "The Research Agenda for Australasian Paramedicine". Join us as we delve into the significance of having a unified Australasian research agenda, exploring the research directions and priorities identified within paramedicine. Don't forget to register for this event on June 5 7.00-8.30pm AET, and read the corresponding article in this issue of Response magazine, "A research agenda and priorities for Australasian paramedicine: what is it and where to from here?" on pages 36-38 at https://paramedics.org/publications/response/pdf/27/Summer%202024.pdf.

Talking Research Podcast

The Research Advisory Committee is delighted to debut our new Talking Research podcast. Crafted to provide easy access to the engaging topics covered in our Talking Research webinars, "Episode 1: Mastering the art of successful grant writing" is now available on the College website and your preferred podcast platform.

Paramedicine Research Mentorship Program

The nine-month program is well underway for 2024, and the first online Mentorship Workshop provided an opportunity for mentors and mentees to meet and gain an understanding of "What mentorship is" from College CEO John Bruning. Participants then heard about Matthew Cook's account of the 2023 program and how this experience equipped him with the tools and knowledge to further pursue his research interests. Mentors and mentees will continue to meet for informal discussions monthly, and we are looking forward to our next workshop in August.

For those interested in learning more about the College's Mentoring Program please visit https://paramedics.org/research/mentoring. We will be recruiting mentors and mentees for the 2025 program later in the year.

Meet the Researcher: Ben Meadley

Ben Meadley is a registered paramedic who commenced his career with Ambulance Victoria in 1998, followed by a period with New South Wales Ambulance from 1999-2003. Returning to Ambulance Victoria, Ben trained as an intensive care paramedic in 2004, and an intensive care (MICA) flight paramedic in 2009. He joined the staff of Monash University in 2003 and has held the positions of Teaching Associate, Lecturer and Unit Coordinator in the undergraduate and postgraduate programs.

Ben completed his PhD at Monash Paramedicine, investigating the physiological and metabolic health of paramedics, as well as human performance in specialist teams, and is now an Adjunct Associate Professor in the department. Ben has developed expertise in pre-hospital critical care, paramedic education, human performance, and paramedic health and wellbeing. His research interests include respiratory and cardiovascular physiology, point of care ultrasound, human performance optimisation, and selection to specialist teams in emergency services.

Ben divides his time between clinical, teaching and research roles. He lives in rural Victoria with his family, and spends much of his spare time cycling, occasionally racing in gravel and off-road endurance events.

COLLEGE LAUNCHES AMBASSADOR | KAIMĀNGAI PROGRAM

By **Alisha McFarlane**,
College Member Engagement Manager

May saw the launch of the College's Ambassador | Kaimāngai program. An ambassador program within the paramedic community serves as a conduit for self-representation and professional development.

Our Ambassadors embody the values, skills, and dedication of their profession and facilitate peer-to-peer mentorship, knowledge-sharing, and a culture of continuous learning. Through this program, we hope that paramedics may see themselves represented inside the College community, empowering paramedics to elevate their practice, cultivating a growing community, and reinforcing our collective identity. In representing paramedics to themselves, this Ambassador | Kaimāngai program contributes to the development of a strong, cohesive professional community dedicated to excellence, resilience, and mutual support.

The program is dually titled to acknowledge and respect the significant contribution of the Māori people of Aotearoa New Zealand to the profession of paramedicine and the broader health community.

"Kaimāngai" embodies the rich cultural heritage and indigenous identity of the Māori people, reflecting our commitment to honouring and embracing the indigenous language and traditions of Aotearoa New Zealand. "Kaimāngai" comprises two elements: "Kai," meaning food or provider, and "Māngai," signifying spokesperson or mouthpiece. Together, these elements encapsulate the essence of the ambassadorial role in the context of Aoteroa New Zealand.

As an Ambassador, the individual serves as a provider of knowledge, connection, and support, fostering relationships and facilitating the exchange of ideas that is akin to nourishing sustenance for collaboration and understanding.

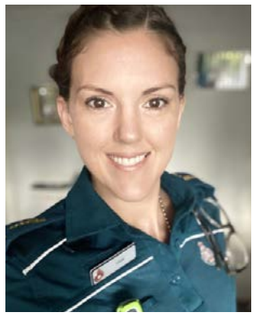
“Kaimāngai” has deep significance within Māori culture, traditionally referring to a guide or leader who navigates and fosters connections between different communities or realms. This aligns with the role of college Ambassador, who serves as a bridge between cultures, facilitating understanding, collaboration, and mutual respect.

By adopting the dual title and term “Kaimāngai”, we aim to promote cultural diversity and inclusivity, acknowledging the importance of Indigenous perspectives and contributions to our profession and College community as a whole.

"Kaimāngai" serves as a powerful representation of the ambassadorial role not only in Aotearoa New Zealand but in Australasia - a role characterised by nurturing relationships, effective communication, and cultural respect, rooted in the rich traditions and values of Māori culture.

Ambassadors

The college formerly introduces its first Ambassadors and looks forward to welcoming more people into the program in the coming 12 months.

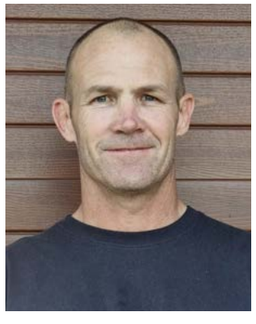


Tash Adams (LD)

James Pearce (SA)

Julie Hughes (QLD)

Alecka Miles (WA)



Stuart Harris (NSW)

Dan Spearing (Aotearoa/NZ)

Fabian Perez (NSW)

PRIMARY CARE CONFERENCE

INAUGURAL PRIMARY CARE CONFERENCE: TRANSFORMATIVE INSIGHTS AND CONNECTIONS

By **Georgia Coetzee**, College Conference and Events Manager

The College's inaugural Primary Care Conference, held on 16-17 May at picturesque Sandy Bay, Tasmania, marked a pivotal moment for healthcare professionals. One-hundred attendees gathered in person at the University of Tasmania and online via live stream for a dynamic exchange of ideas and expertise.

Day 1: Empowering workshops and insightful dialogue

The conference began with an inspiring keynote address by National Rural Health Commissioner Adjunct Professor Ruth Stewart. Her insights set the stage for two immersive workshops, at which participants delved into practical skills and techniques. In-person attendees were treated to a wound care workshop led by Extended Care Paramedic Mel Alexander, and a musculoskeletal disorder assessment workshop hosted by Soft Tissue Occupational Therapist Jordan van der Westhuizen. These sessions provided hands-on experiences, enriching the learning journey of all involved.

Another highlight of the day was the engaging panel discussion on "Where we came from, where we are now, and where we are heading?", a reflective dialogue that explored the evolving landscape of primary care.

As dusk settled, attendees transitioned to a buzzing networking event, building connections over drinks, canapés, and a spirited game of human bingo.

Day 2: A focus on paediatrics, palliative care, and international insights

The second day unfolded with a focus on paediatric care, featuring illuminating presentations by Dr Alaa'n Ibrahim and Mel Alexander. Subsequent sessions delved into the nuanced realms of palliative care and geriatric patients, providing attendees with diverse perspectives and practical knowledge.

Following a much-needed warm lunch (on a chilly 12-degree day), attendees were treated to insightful talks by Jenifer Hampton and Aroha Brett, shedding light on the intricacies of remote and indigenous health, as well as examining the challenges and opportunities for community paramedicine in rural Aotearoa New Zealand

The last thought-provoking panel discussion for the conference, "What's happening internationally in this space?", involved speakers from various parts of the globe sharing their experiences and insights, underscoring the universality of healthcare challenges and the power of collaborative solutions.

The keynote conference closing by Dr Angela Martin highlighted the ongoing battle to advance paramedicine as an integrated health discipline, inspiring attendees to drive positive change within their respective spheres.

A heartfelt thank you

A special thanks to College Advocacy and Government Relations Officer Michelle Murphy ASM, our Master of Ceremonies, for orchestrating the flow of the event and ensuring a seamless experience for all attendees.

I would also like to thank:

- Our esteemed presenters, whose expertise and passion enriched every session.
- All attendees, both online and in person, for their active engagement and contributions.
- The dedicated conference organising committee - Michael Wann, Nicole Foster, Belinda Flanagan, Laura Triffett, Michael McDermott, Levi Karschimkus, Ben Lawson, Paul Reeves, and Fraser Watson - whose tireless efforts brought this vision to fruition.
- Our venue sponsor, UTAS, event sponsor ECU, the Tasmanian Government and Business Events Tasmania for their partnership in making this event a success.
- And lastly, all College staff involved, whose commitment and dedication ensured a wonderful experience for all.

The inaugural Primary Care Conference stands as a testament to the power of knowledge sharing, collaboration, and collective action in shaping the future of primary care. As we depart with newfound insights and connections, let us carry forth the spirit of innovation in our ongoing pursuit of excellence in healthcare.

PRIMARY CARE CONFERENCE

FEATURE

WAY OUT WEST:
THE SKY'S THE LIMIT FOR WA'S RFDS PARAMEDICS

Perth/Boorloo, Whadjuk Nyoongar Country

For close to a century, Western Australia's Royal Flying Doctor Service (RFDS) has been serving communities in regional and remote areas of the state, providing life-saving healthcare for rural and remote communities and industrial operations across the world's largest health jurisdiction.

Synonymous with the delivery of world-class medical services to geographically challenging areas, the RFDS has throughout the years employed a range of health professionals to address the needs of those living and working in some of the country's most isolated locations.

THE PARAMEDICS IN THIS TEAM HAVE AN EXTENDED SCOPE BECAUSE RFDS SEES VALUE IN THAT

In early 2023, paramedicine became entrenched into the organisation with the creation of a Paramedic Team Lead position as part of the organisation's strategic operational shift that is helping to foster greater inter-professional collaboration and breaking down the traditional siloing of medical disciplines.

For former QAS paramedic Andy Bell and NSWA paramedic Matt Pepper, the profession's integration marks a significant area of growth for both paramedicine and the RFDS that is opening new career pathways and opportunities for the profession outside of jurisdictional ambulance services.

Andy was initially employed by RFDS as Paramedicine Lead before changing designations to Industrial Health Lead as the team evolved to include paramedics, nurses, doctors and emergency services officers.

"I've been here almost a year to the day," he said. "When the RFDS made the decision that this was going to be something that they were looking at long-term within the organisation, it made sense to have someone to lead that team as opposed to having the team sitting as an adjunct to the medical team.

"Nurses have a nursing lead, and doctors have a lead, so it makes sense to have a paramedicine lead as well, particularly as they see this as a significant area of growth for the organisation moving forward. There's been a large move in the strategic direction of RFDS; it's happening as we speak, and certainly paramedics are playing and will continue to play a fairly significant role in that evolution."

RFDS Paramedic Educator Matt works both with the industrial health team and the clinical education team.

"While my role does work in with Andy and I do report to him, it's also more broadly about doing clinical education across the whole organisation, breaking down the boundaries, running education for nurses and doctors. That's a really big thing for us to have.

"It's a big thing for our industry, but it's also a big thing for RFDS to have that pre-hospital emergency clinician input into what the rest of the organisation is doing. It's been really positive and we've broken down a lot of barriers through education, and we're certainly feeling a lot more collaboration across the entire space, so it's been great."

The professional opportunities afforded to RFDS paramedics are myriad and encompass a growing number of placements in different clinical practice settings, from offshore work on oil and gas rigs to onshore industrial and community paramedicine and, most recently, rotary flight retrieval.

However, given the vast expanse of the Western Australian outback and the distances involved, paramedics are often working autonomously in extremely remote locations and are operating under expanded scopes of practice, with specific skills and attributes required for such environments.

Andy said the work spanned the health continuum, from the higher-acuity level through to primary healthcare. For offshore work, the emphasis is on keeping the people working on those platforms and sites safe and healthy.

"It's extremely expensive and very difficult to get people on and off these sites," he said. "Our role is to try and keep them there if possible, but also to be able to do the big jobs and make the big decisions when required. That lends itself to changes in the scope of practice, because one of the one of things that needs to be very clear is that scope of practice is determined not by the title that you have but by the choices that the organisation makes for you. The paramedics in this team have an extended scope because RFDS sees value in that.

"One of the beauties of the team and the way we're building it is that, across the board, different professions and levels operate under the same clinical guidelines. Some might use a particular skill set and some people might not unless it's under consult, but they are still there within the guidelines and it affords an understanding of each other's role, and that's part of building continuity in this team."

In a shift away from more conventional hierarchical healthcare structures, the RFDS's multidisciplinary team operates with an ethos of professional equality and a culture of flexibility and adaptability. In meetings and trainings, everyone has the opportunity to speak and contribute, everyone's opinion is valued, ideas are shared and discussed, and the leadership role is assumed by the person best suited for the particular situation or individual case requirement.

They are also ensuring that paramedics are given opportunities to work across the different RFDS work environments to better understand how the organisation operates, learn from other clinicians, and prevent professional siloing in one sphere of practice.

"We've got many different types of paramedics," Matt said. "One of the keys to what Andy's trying to do with the team is to make sure that people are able to work across those different work domains so that we're not siloing people into 'you work on an offshore platform and that's all you do', but trying to give people opportunities to work across those different domains and also work with the rest of the organisation as well."

WE VALUE ALL OF THEIR SKILL SETS AND THAT EVERYBODY HAS SOMETHING TO CONTRIBUTE

And while some paramedics may work on site-specific contracts, they will undertake group workshops and trainings alongside other RFDS health practitioners. A recent three-day in-house workshop brought together people from across the different sites, irrespective of their qualifications and profession.

"Doctors, nurses and paramedics all did the exact same training, there was no difference between them," Matt said. "The whole idea is to show them that we value all of their skill sets and that everybody has something to contribute. This is one of the reasons Andy and I were attracted to these roles at RFDS, because there are not that many opportunities to be able to do what we're doing at the moment."

RFDS paramedics initially come in on a contract basis and following that are employed on a full-time basis, although there are other employment options. The service also offers reliever positions and both short and long-term contracts, offering flexibility for those looking for a change of pace or a new career opportunity and for those who might not want to commit to a full-time position in an area of practice with which they are unfamiliar.

The biggest challenge for incoming RFDS paramedics is the austere environments in which they will work, requiring situational awareness, effective communication, the ability to problem- solve, and psychological readiness.

"You have to come with some experience," Andy said. "But what we're really looking for - far above the number of letters behind your name and whether or not you're an Intensive Care, Critical Care, or Extended Paramedic or anything else - is, are you the kind of person who is able to solve problems and maintain a calm demeanour? Are you able to lead in those environments where the resources are limited? Those are the kinds of characteristics we're looking for.

"Finding good staff is like finding gold, and we want to show them that when they come to us, that we value them and that we do everything we can to support them."

FEATURE

BROADENING THEIR HORIZONS: UK WAS THE FIRST STOP FOR FORMER CSU GRADUATE PARAMEDICS

Kirikiriroa/Hamilton, Aotearoa New Zealand

When Annalise Wilson and Jack Phillips graduated from Charles Sturt University in 2019, their first stop as newly minted paramedics was thousands of miles away in England.

The couple, who both share a love of travel and an interest in seeing the world, had applied initially for jobs in Australia during their final year of study, but on realising that their qualifications were recognised in the UK, and with support from CSU educators who originally hailed from the area, they landed jobs with the East Midlands Ambulance Service (EMAS) in Leicester, serving a population of 4.9 million people.

Eschewing the hustle and bustle of London, Annalise said the lure of a less-urbanised environment, the professional growth opportunities the service provided, and the ability to travel widely throughout the UK and Europe on their days off were the main drawcards of the EMAS.

IT WAS LIKE A WHOLE NEW REALM OF LEARNING

"I think London was going to be too much for me because I'm a bit of a country kid, so that was probably going to be quite overwhelming, and I'd never travelled before, I'd never been on a plane before," she said. "The draw of being able to travel was quite big for me, but I just didn't want to be too overwhelmed."

The pair started their jobs at the beginning of 2020 in the lead-up to COVID-19 and decided to stay on as the pandemic swept the country, presenting them with both challenges and opportunities for personal and professional growth.

"It was interesting; it was very sink or swim, but thankfully it was all swim."

The pair ended up staying with the EMAS for three-and-a-half years. The initial application and induction process proved to be seamless; they applied for registration in the same manner they would for Ahpra, provided proof they had completed their university degrees, and were then employed for the first two years as newly qualified paramedics.

"You're still doing pretty much all of the same scope of practice as a fully qualified paramedic, you just get paid a little bit less and have a bit more support" Jack said. Another bonus was EMAS work sponsorship, which, unlike many other services in the UK, didn't require dual citizenship - as Jack said, it was "a no-brainer".

Because paramedics have long been working in primary healthcare across the health sector in the UK, the role encompassed a diversity of practice settings and hands-on experience in out-of-hospital and community paramedicine.

"They've been registered for years, they've had paramedics in GP practices for years, they have paramedics working in EDs for years - they've realised how useful it is because of the scope of practice and the skills and knowledge that we have," Jack said.

Unlike many of their peers in Australia, the pair found themselves handling a significant volume of low-acuity cases, refining their assessment and diagnostic skills. They experienced innovative pathways for patient care, from liaising directly with GPs to accessing specialist support services for mental health crises and geriatric care.

Their tenure with EMAS wasn't just about honing their clinical skills; it was about embracing a holistic approach to patient care. They witnessed first-hand the importance of community engagement and preventative measures in alleviating the strain on hospital staff and resources. Through initiatives such as direct referrals to mental health hubs and collaboration with social services, they were able to ensure patients were safe and supported in their own homes.

WE'RE DEFINITELY BETTER PARAMEDICS BECAUSE OF IT

"We got really good at discharging people and utilising all their different pathways, because they were well established," Annalise said. "I can easily identify a patient who can potentially stay at home now, and I'm a lot more confident in leaving patients at home now because we did so much of it in the UK."

"That was a weak point for both of us when we first came over. They were all so used to discharging patients and using all those pathways, but it was like a whole new realm of learning and getting comfortable with leaving patients at home, because for us it was alien."

The extensive network of social services provided a robust safety net for both patients and clinicians, and enabled direct access to crisis care, fall referrals, and community nurses and palliative care teams.

"The goal they kept trying to promote was to avoid unnecessary ED admissions," Jack said.

However, despite the safety nets, paramedics' professional autonomy and the many referral pathways available, the internationally renowned National Health Service is buckling under pressure from arising multiple systemic issues - challenges that were exacerbated during the pandemic. As in Australia, ramping and ambulance response times have increased. In winter, the pair would often be queueing at hospitals for hours.

"That got a little bit tiresome, where you'd go to work knowing you'd have your first patient and you'd be waiting three, four hours, sometimes up to 12 hours, with the one patient," Jack said.

"And that patient has probably been waiting for an ambulance for up to 12 hours," Annalise added.

After three-and-a-half years with EMAS, the pair decided the time was right to move closer to family and friends, and in September began working with Hato Hone St John in Aotearoa New Zealand. Working for the service ticked all their boxes; it afforded them new professional opportunities and enabled them to travel and explore new areas.

"The experience we gained from the UK allowed us to feel better prepared and to integrate into a new service. Hato Hone St John has been extremely welcoming, supportive, and has already had a positive impact on our practice."

Annalise said both moves have been life-changing.

"We're definitely better paramedics because of it. Learning from so many different people, different clinicians, different situations, different practices, culture, everything. All of that was really fantastic learning. And we're still learning."

FEATURE

PARAMEDICINE UNDERWATER: **AN EMERGING PARAMEDIC ROLE**

By **Sunny Whitfield** FRGS
FAWM FHEA
FACPara RP WEMT

I came up with the concept of this article while I was kneeling on the sandy ocean floor attempting to hold my position in one place. But the neutral buoyancy and the ever-so-slight underwater current made my lame attempt to hold myself in one place somewhat challenging and I kept drifting backwards.

Just in front of me is my partner Dan, a cinematographer filming for Discovery+, and just in front of Dan are three great white sharks. Not the average variety either. These white sharks are enormous. The problem (apart from trying to hold my position) is that just before we left the safety confines of the cage, I counted five white sharks. Now we are missing two of them. Interestingly, this is a paramedic shift.

Paramedicine underwater

My job on this expedition is somewhat varied but I am going to do my best to explain the role of an expedition paramedic. To be clear, my main role is to act as the crew paramedic, but my role doubles as an underwater medic (only basic care underwater), topside dive medic (gets technical), and rescue swimmer. But that's the clinical aspects of the role. The role also requires doubling as a cage technician, shark wrangler, camera assistant, pole camera, gaffer, safety spotter and official lunchbox carrier.

MY ROLE ON THIS EXPEDITION IS A UNIQUE EXAMPLE OF THE GROWING LIST OF OPPORTUNITIES FOR REGISTERED PARAMEDICS

Although this particular dive with Dan was not deep or technical in nature, it was planned to capture some shark behaviour which comes with some risk. But due to the bulky nature of the cinematic camera and dive gear, Dan can only really look one way, forwards. His peripheral vision is also blinded while he aims to capture the perfect shot.

That's where I come in. As the crew paramedic, I double as the safety diver, which means I am the cameraman's peripheral vision and I maintain underwater comms with the topside crew through full face mask. Coupled with that, I am responsible for the dive profile including the maximum depths, the ascent rates, and the dive times.

I carry a shark shield (every diver has one attached to them) but they are not switched on because at this moment we want to attract the sharks (stupid right? It gets worse.) If the shark's mood changes, we switch them on ... yep. Can you imagine asking a great white shark to chill out while I find the on switch. Shark shields may work, but just in case that fails I also carry a shark wand. A shark wand is a very technical name for what is essentially a wooden stick with PVC housing used to fend off a curious shark (it would be no use in fending off an angry shark).

Paramedic topside

Back on top of the water (topside), the crew rotate through positions to manage fatigue and dive intervals. This means that when I am topside, my role changes as soon as our dive gear is reset. Topside, I am primarily responsible for the health and safety of our crew. This includes their wellbeing, hence every morning I have made it my responsibility to get the lunchboxes. The medical kits are fairly comprehensive and hold all of the emergency medicine capability you would expect with added primary healthcare interventions due to long evacuations.

But being on a vessel with limited space means everyone fills multiple rolls. When not managing medical complications or health and safety, I am also a deckhand, cage wrangler and underwater comms operator. And this folks is the reality of being a paramedic working on a marine/dive expedition. It's an exciting and evolving part of paramedicine.

The expedition

This particular expedition has taken our crew of twelve souls several thousand kilometres off the Australian coast where there is no easily accessible health service or hospital. We are way past the point of helicopter evacuations, which means if we suffer an unfortunate event, there will be a very long evacuation time. This creates a very dynamic role for a paramedic but one that I repeatedly pinch myself that I get paid to do. Our crew is located in the middle of the ocean in rough seas and sub-zero temperatures, and I'm diving with scientists, film-makers and, most importantly, megafauna.

Back to our current situation, we were now missing two white sharks and the ones we could see were starting to get aggressive with each other. Dan and I made eye contact and we both nodded in acknowledgement. This situation was no longer safe so we returned to the cage to begin our ascent.

Parting word

While expedition medicine is a rapidly evolving field in the healthcare sector, several sub-specialities of expedition medicine are also emerging. Mountain medicine, altitude medicine, desert medicine, tropical medicine, ocean medicine, alpine medicine, diving and hyperbaric medicine.

I have been fortunate to work in almost every sub-speciality thanks to a unique set of what I call non-clinical technical skills. These sub-specialities all require elements of emergency and primary healthcare, but each requires the clinician to possess non-clinical professional and technical skills such as diving, sailing, climbing, rappelling, etc.,

THIS IS BY FAR ONE OF THE MOST EXCITING ASPECTS OF PROFESSIONALISING PARAMEDICINE

Non-traditional role expansion

When I became a paramedic, I figured that I was destined for the street life of an ambulance crew. But the professionalisation of paramedicine has led to the diversification of the paramedic role. My role on this expedition is a unique example of the growing list of opportunities for registered paramedics to fill.

Paramedics working within expeditionary roles quickly find there exists a dramatic difference from the more traditional ambulance roles. Paramedics on expeditionary teams are a highly visible member of the leadership team and are often required to practice outside of the "silo" of healthcare, which is paramount in further developing the role of the expedition paramedic. If we put the clinical aspect of the role of paramedic aside, you find that a paramedic on an expedition must also be able to work proficiently in logistics, administration, risk management and expedition planning.

which brings me to one piece of advice to paramedics who seek expeditionary experiences: Go out and learn a non-clinical professional skill. These skills linked with your paramedicine qualifications will make you a tremendous asset to an expedition team and you to will pinch yourself when you're being paid to explore the Himalayas, cross the Gobi Desert or dive with white sharks. This is by far one of the most exciting aspects of professionalising paramedicine, but it is not taught in university.

Keen to know more, check out www.exploramedicine.com.au. You can also contact Sunny at sunny@exploramedicine.com.au.

Adapted from an article originally published in The Shift Extension

ISLAND HOPPING: QUEENSLAND ICP LEADS PARAMEDICINE'S DEVELOPMENT IN VANUATU

Port Vila, Vanuatu

When QAS Intensive Care Paramedic Ben Elliott stepped in to cover for a close friend who was working with ProMedical in Vanuatu as part of the Australian Volunteers Program, he didn't realise it would evolve into a full-time career in the small island nation.

And while joining the Australian Volunteer Program (AVP) had been on his mind since completing his master's degree, it wasn't until his friend, who had lost a family member, needed to travel back to Australia that he signed on as a volunteer, initially for a one-month relief period.

Returning to Queensland, he worked on road for another 18 months before re-joining the program and heading back to Vanuatu for the next two years, from 2019 to 2021.

"Essentially, we had 30 Australian volunteers in country in Vanuatu prior to COVID, and then when COVID hit, everyone was repatriated back to Australia except for myself, an emergency physician and a few other key health volunteers who were here on the Volunteer Program as well. We stayed on."

MY TENTACLES GOT STUCK IN VANUATU AND I HAVEN'T REALLY LEFT

He then headed home again and worked on road for another year when a full-time position with ProMedical as Clinical Manager opened up. He applied, was successful, and has been there ever since. He and his Ni-Vanuatu partner have recently welcomed their first child and have put down roots in the capital, Port Vila.

"My tentacles got stuck in Vanuatu and I haven't really left. I do go back to Australia, but my heart and home is here. I'm here for the foreseeable future and am enjoying the work. For me, it's a good mix of everything."

ProMedical is a non-governmental organisation and a locally registered charity providing pre-hospital ambulance services in the capital on the island of Efate and Espiritu Santo island, the largest island in the Vanuatu archipelago. The country has 83 islands, 65 of which are inhabited.

"So it's quite complex. At the moment we have we have six qualified advanced life-support EMTs. These ALS EMTs work at the standard of an Australia paramedic, however with registration, a bachelor's degree is needed to be recognised as a paramedic. We are working hard to provide further education opportunities to study a bachelor's degree.

"At present there are six ALS EMTs who have completed a diploma in paramedicine, 1 BLS EMT and four first responder trainees. We have been lucky enough to recruit two new first responder interns this year to boost our clinical team to 11 staff. We have developed an education and training pathway to develop local paramedics and EMTs. Traditionally, ProMedical recruited nurses and employed them as paramedics, however this has many challenges.

"In Vanuatu, it's a little bit different to nurses in Australia; they don't really work autonomously. They really only follow instructions from doctors, so we're finding that our nurses do need a lot of help with autonomous decision-making, so that's why we want them to do the diploma as well. There's a bit of a transition process needed."

The long-term goal is bachelor-level paramedics, longer-term sustainability, and a locally led service. Ben's biggest challenge at present is how to make that a reality. He is already in discussion with Australian universities that offer mixed modal online and practical paramedicine undergraduate degrees and the support of some donors that expressed interest in funding the initiative. But there's still a long way to go and many mountains to climb.

"At the moment we rely on Australian volunteers and people like myself to facilitate training and development. But we would like to have completely locally led development and training. That's the long term goal of the organisation."

Ben said the geographical challenges of working servicing an archipelago meant ProMedical were largely localised to the two islands with the largest populations. However, it does have a memorandum of understanding with Vanuatu's Ministry of Health to provide aeromedical retrieval to all 83 islands in the archipelago.

On those islands without access to land retrieval and transport, people present to their local health facility, which, depending on how the size of the population, is staffed by doctors, nurses, nurse's aides, and midwives. Referrals are via the Ministry of Health which then contacts ProMedical to facilitate the retrievals using chartered nine-seater planes.

"We don't own the plane; essentially we just put our people and equipment on the plane and they can go anywhere in Vanuatu and pick people up and bring them back to high-level care. Sometimes we can do three in a week and sometimes there's two weeks without a aeromedical retrieval.

"We fly on these tiny little two-propeller, nine-seater planes. What we do is very mixed, but the majority of the cases we do are obstetric cases, women that are having trouble with their deliveries."

THEY HAVE A REALLY IMPORTANT ROLE TO PLAY IN BRIDGING THE HEALTH LITERACY GAP

They are also helping to build health literacy in communities and break down the barriers resulting from a long-standing distrust of Western medicine. This is particularly vital given the sharp spike in non-communicable diseases such as heart disease, hypertension and diabetes that has been driven by changes in diets and lifestyles and the ready availability of red meat and processed foods that were never a part of the traditional diet.

The ProMedical team is at the forefront of raising community awareness about healthy lifestyles and providing guidance on what people need to do when they are unwell.

"When you hear one of our local paramedics explain heart disease to someone in the local Bislama language using metaphors from the ocean or from the garden, it's a way of breaking down those barriers and improving health literacy.

"We go to cases in the community, in the villages, and our paramedics are treating one person, but they're educating a whole community at the same time. Recently we had a patient with a seizure and one of our paramedics was explaining to about 50 people what to do when someone's having a seizure, rolling them on their side, clearing their airway, so they have a really important role to play in bridging the health literacy gap."

Ben said the biggest areas of potential growth for paramedics in Vanuatu were community paramedicine, health education and awareness, and the integration of hospital systems within communities.

"Rather than just transporting patients to hospital, how can we bring these services and referrals into communities to treat people at home? These would be the areas that we can work on as a long-term goals for us."

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A TRIBUTE TO ROD KERSHAW ASM, LACP, MSTJOHN: INSPIRATIONAL LEADER AND CHANGE-MAKER

January brought with it the news of the sad passing of College Fellow and Life Member Rod Kershaw, a leader in the professionalisation of paramedicine, a force for change, and a man whose many legacies will live on for generations to come.

Much loved and respected by all throughout his 38-year career, Rod was instrumental in driving the changes that have shaped contemporary paramedic practice. As a former National Vice-President and National President of the National Council of the Institute of Ambulance Officers (Australia), the forerunner of the College, his vision, passion and commitment helped guide the services through the often turbulent years of the early 1990s as part of a cadre of forward-thinking ambulance officers who for two decades had advocated for greater professionalism.

Rod began his career in 1970 with the St John Ambulance Service and, following its split in 1992, continued with the South Australian Ambulance Service (SAAS) until his retirement in 2008. His work spanned a wide range of roles, including Ambulance Officer, Communications Supervisor, Station Officer, ALS Paramedic Station Officer, Regional Training Officer, Regional Officer, District Officer, Project Manager of Metro Capital Development, and Manager of Staff Support Service.

His extensive achievements and the respect in which he was held enabled him to develop the SAAS's Peer Support Program which has up to 50 trained Peer Support Officers. As part of the program's development, he co-authored the presentation "Managing Personal Stressors in the Work Environment", which is presented to volunteer student ambulance officers and career student paramedics across the state and at Flinders University. The program culminated in the development of a "Personal Stress Management Plan" for each student. In the first two years following the program's introduction, SAAS experienced an 82% reduction in WorkCover trauma-related stress claims.

Rod was also a founding member and six-year president of the SA Road Trauma Support Team, during which time he established the organisation's administration, financial and operational procedures, and developed the Community Education Program that was presented across the state in conjunction with SA Police.

As testament to his career and his character, in 1987 he was made a Member of the Order of St John, issued by Queen Elizabeth II; in 2002 he received an Award of Excellence from the Critical Incident Stress Management Foundation Australia Inc. for his outstanding contributions to the field; and in 2006, was awarded the Ambulance Service Medal. And in 2009, in recognition of his contributions to both the profession and the College, he was honoured with a College research scholarship in his name the Rod Kershaw ASM Scholarship, which supports researchers to travel internationally to undertake their chosen field of study.

Rod had an inherent ability to stay calm and carefully think through issues rather than ever jumping in with a spontaneous solution. He had a gentle but firm manner that was indicative of the very strong and courageous person that he was. In his private life, Rod was a great father and husband and a very talented jazz drummer.

Rod will be missed by all who knew him and all he touched with his kindness, compassion and support. Vale Rod Kershaw.

CARE PACKAGE: BUILDING TRUST THROUGH COMPASSIONATE CARE

Sunshine Coast, Gubbi Gubbi and Jinibara Country

While working in the community as part of a Queensland Ambulance Service Local Area Assessment and Referral Unit (LARU), Senior Advanced Care Paramedic and university educator Dr Robbie King began to question if definitive home-based care, without transport to hospital, was beneficial for patients.

The LARU provides a less traditional, more "community paramedic" model of out-of-hospital healthcare that focuses on one-on-one care delivered by specially trained paramedic clinicians to people who potentially don't require two paramedics and an ambulance; lower-acuity presentations that often involve vulnerable people with potentially complex needs that aren't necessarily a medical emergency - cases that represent a significant proportion of ambulance call-outs.

"Initially I was concerned about what the outputs of non-conveyance (transport) situations were, was I qualified to do this, do I have the right training? And that led me down the path of realising that the only people who can really tell us if this is working are the patients themselves," he said.

doctoral thesis "Exploring patients' experiences of non-conveyance after receiving an emergency ambulance service response".

His research analysed the characteristics of more than 1.5 million adult patients calling an ambulance in New South Wales between 2020 and 2021 and found that 12.6 percent were not conveyed to an emergency department. He interviewed 21 people from that category to better understand their experiences with paramedic and ambulance service healthcare.

"The research told us the story from the patient's perspective. Here are people reaching out for a Triple Zero service, with the concept that they will be transported to a hospital and this then not occurring. Did they find the care useful, was it what they required? What happened afterwards?

"Existing research basically said that these models can reduce the number of people going to hospital, but we still don't fully know how it affected their outcomes. Prior research often measured variables such as mortality rates, which is certainly important, but the fact that somebody didn't die is a poor measure of quality.".

The key takeaways from his research were that, overall, patients inherently trusted and valued paramedics as healthcare professionals, and that compassionate care combined with professional healthcare reinforced that bond. However, a lack of compassion undermined a patient's trust and confidence and led to a continued reliance on emergency healthcare.

Dr Robbie King

LISTENING TO PATIENTS, EMPHASISING AND UNDERSTANDING EACH INDIVIDUALS' CONTEXT IS VERY IMPORTANT

"I can reduce the number of people attending hospital, but is it actually that the right thing for them? The research was trying to tap into what the patients understood themselves as an outcome to guide paramedic education and novel models of care."

His curiosity led him to embark on a PhD research project that culminated earlier this year in the publishing of his

Demonstration of authentic compassionate care allowed paramedics to build relationships with their patients and help guide them in their decision-making processes by educating them about how they could address their issues, restoring their confidence to independently decide whether or not they needed to go to hospital.

"The way participants described it was, the paramedics listened to me, my concerns were validated by the paramedic; they were compassionate in the sense that they recognised the reason that I called wasn't necessarily an emergency, they recognised my vulnerabilities, but they also still dealt with me as a human being with individual needs.

"Participants also emphasised the need for clinical competence and not just the caring aspect. When that wasn't present, patients weren't able to reinforce trust in the paramedics and they continued to seek healthcare. This demonstrated that if paramedics do show the right attributes and the appropriate care, then patients can reinforce the existing trust they hold for paramedics."

Building relationships also bolstered patients' health literacy by helping to educate them about how they can address their issues and the options available to them in the future, and empowering in turn them to take control of their own health.

During his research, Dr King also became attuned to how people contextualised their current health issues in the setting of their "circumstantial vulnerabilities". This encompassed their previous experiences of healthcare and their individual psychosocial circumstances that had led to their perceived need to call an ambulance.

"When I asked patients to tell me about their experience, they almost all started telling me about their circumstantial vulnerabilities that were present way before the event occurred that led to the call for the ambulance service. Listening to patients, emphasising and understanding each individuals' context is very important, rather than applying a blanket approach to the presentations.

"It's very much about what's unique for that individual. The paramedic might have seen the same circumstances a hundred times, but that person needs to tell their story, to be heard, understood, and respected as an individual."

Dr King's research demonstrates the value and necessity for an improved understanding of, and respect for, the patient experience during paramedic-led healthcare.

"This research identified that there was a process that patients needed to go through. They started off vulnerable and dependent on others, by the end of the interaction, if they received compassionate and professionally competent care, they've realised that their circumstances weren't actually that bad and they were then able to rebuild self-confidence and self-efficacy to manage in the community without transport to hospital."

EMPLOYMENT OPPORTUNITIES IN PARAMEDICINE

By **Stephanie Nixon**
QAS Advanced Care Paramedic
Charleville, Bidjara Country

Paramedic employment opportunities are not as they once were. Traditionally, most paramedics worked only within jurisdictional ambulance services (JAS) or within the defence force, and these were seen as lifelong employers. These agencies had strict employment and governance practices and offered differing paramedic skills and roles within the specific organisation.

The paramedic landscape started changing with the introduction of private organisations such as mining and event medics, which became an avenue for paramedic employment. In Australia, this led to the Australian Health Ministers' Advisory Council giving advice as to whether paramedics should be a registered profession for public safety in 2010 (Health workforce principal committee, 2012). The advent of registration has opened the path for some interesting and unique employment opportunities for all stages of the paramedic career journey. In this article, we will look at some of the common options, as well as emerging opportunities for new graduates within the profession. Individual circumstances and lifestyles will determine the option that is best for each person.

Undergraduate

Studying is an intense process and being able to gain employment in the medical field while studying can be beneficial in cementing the concepts being learned, as well as gaining industry experience. While not all ambulance services employ students as part of their acute roles, all offer some form of employment opportunity for undergraduates. This varies depending on the JAS but ranges from patient transport officers and call centre roles to volunteer positions.

These roles can enable students to undertake relevant workplace experience within their potential future employer's organisation and provide them with relevant and meaningful insight and understanding of how the organisation operates prior to committing after graduation. Many JAS allow students to apply for graduate positions with them during the last six months of their paramedic degree.

If you are looking for roles outside of the JAS while studying, there are multiple options. Some of these include private event medic organisations such as Mr Paramedic, 1300 Medics or Event Medics. Generally, these roles involve working with a team and covers of a range of events such as large sporting events, music festivals, motorsports, horse events, school sports and running/cycling events. There are also other options such as surf/pool lifesavers, phlebotomist and first aid trainer, and while they do require a financial cost and time output to gain certificates, they are all good options for those wanting to gain some first-hand experience in the medical field.

Graduate

About 2,400 students graduate from universities in Australia each year and only half find employment in the JAS within Australia (Australasian College of Paramedicine, 2022). Graduate entry through an Australian JAS often involves providing a resume, some form of immunisation history, an academic transcript, a medical examination, psychometric assessment, criminal history check, and evidence of AHPRA registration.

The application processes can take weeks or months, and even if you make merit you may end up on an extended waiting list depending on the services recruitment availability. These graduate programs contain a form of supervised practice and learning before transitioning into a fully qualified paramedic. Some ambulance services in Australia offer alternative pathways to graduates, such as in Western Australia where they offer a Medic Program that allows new graduates to work for 12 months in their role and then apply internally for an internship position after the successful completion of that term.

THE ADVENT OF REGISTRATION HAS OPENED THE PATH FOR SOME INTERESTING AND UNIQUE EMPLOYMENT OPPORTUNITIES

Ahpra does not have a formal requirement for a graduate supervision period, but describes it as an important developmental tool which allows for a graduate to be employed in a paramedic capacity within a private organisation without the need for a formal graduate year if that is not a requirement of that specific job description (Ahpra, 2021). Undergraduates can be employed through a private organisation prior to graduation. The organisation may update your qualifications and put you into the paramedic role with additional training after a set period of time. Undergraduates can also apply to multiple private organisations that may provide their own training programs relevant to their industry or clientele. If you are unsure, you can always reach out to a private employer and find out the requirements for a paramedic role within their organisation.

Another potential avenue for employment is overseas postings. Overseas employment will be dependent on the requirements of the receiving organisation and subject to the visa regulations of the specific country and that country's registration requirements for paramedics. A good example is the London Ambulance Service, which requires you to be registered as a paramedic in the UK, transition your driver's licence to a UK licence, and obtain a visa to work in the UK.

It is highly recommended that you consider where you wish to be based after graduation and start exploring the many options to determine the best path for your individual circumstances. Paramedicine is a highly skilled and highly competitive field to enter but the rewards are amazing!

I'm a few years out, what else is there?

Anything and everything becomes more available after your first few years in paramedicine. Many private companies, especially those based around mining, generally ask for two years of paramedic experience as a minimum standard. There are many job opportunities that are available without further education, such as paramedics within schools, sporting venues, cruise ships, film sets, fly in fly out (FIFO) work locations, tourist theme parks, and travel insurance employers. While those are clinical examples, there are also non-clinical roles, such as university marker/lecturer and researcher. JAS offer managerial pathways, policy marker pathways, and clinical educator pathways for paramedics within the organisation. May JAS are now offering work within their secondary triage, which offers callback services and the possibility to refer to alternative services.

Further education by way of a critical care certificate/diploma/masters opens the door to options for further FIFO opportunities, flight paramedic opportunities, or as a critical care paramedic within JAS. Further education in community paramedic/paramedic practitioner/extended care could open job opportunities such as working within hospitals, clinics, schools, or low-acuity care within the JAS.

There are certificates available in emergency response and rescue that give you FIFO job options. Experienced paramedics may wish to specialise by undergoing further study to complete a healthcare in remote and extreme conditions certificate/degree that will covers topics around cold, height, underwater and aerospace that opens options for expeditions up mountains, adventures in the snow, film sets in amazing locations, and maybe one day a trip into space. Then there is always the option to complement your paramedic degree, whether it be public health, disaster management, imaging, or midwifery. But it doesn't end there; complete a pathway to do research or a PhD to drive the professional research body forward or teach at one of the many universities and bring through the next generation of paramedics. For creative people, there are also opportunities such as writing a book about your experiences, starting a podcast, authoring learning modules, or writing articles in magazines.

PARAMEDICINE IS EVOLVING AND PARAMEDICS ARE FINDING THEMSELVES WORKING IN PLACES NEVER PREVIOUSLY CONSIDERED

Paramedicine is evolving and paramedics are finding themselves working in places never previously considered. While JAS are the main employers and always will be, there are numerous opportunities for undergraduates, graduates, and qualified paramedics in the private sector and globally.

As UK journalist Katherine Whitehorn said: "Find out what you like doing best, and get someone to pay you for doing it".

References

Ahpra. (2021). FAQ: Students and graduates. Retrieved April 16, 2024, from https://www.paramedicineboard.gov.au/Qualifications/Students-and-graduates.aspx

Health workforce principal committee (2012). Consultation paper: Options for regulation of paramedics. Retrieved April 15, 2024, from https://oia.pmc.gov.au/sites/default/files/posts/2012/07/options_for_regulation_of_paramedics_consultation_paper.pdf

THE INTRINSIC VALUE OF BEING A PRECEPTOR

By **Alex (Sandy) MacQuarrie**, PhD, Paramedic, Educator and Researcher
Lower Beechmont/Woonoongoora, Yugambeh Country

Many reading this article may nod knowingly when the subject of preceptorship comes up. For me, my first precepted experience was in late 1992 when I walked into the crew room of a small private ambulance service in Prince Edward Island, Canada.

I was nervous and a little excited at the same time. My preceptor, Gerard Holland, was younger than me and very inquisitive about what I wanted to do and to learn. Our relationship solidified over the next months and it absolutely set the pattern for how I would interact with other preceptors and how I would precept myself.

Recently, I was reflecting on how a local paramedic, CCP Ricky Smythe of QAS, popped up on my Instagram feed and I was struck by how much he seemed to be enjoying (if that's the right word) being a preceptor. It made me wonder what benefits (other than the professional responsibility to precept) a paramedic will accrue. From my experience as a Senior Lecturer in a paramedic program, I knew firsthand how much our students enjoyed being precepted by Ricky. This intrigued me.

I wanted to get behind the pictures on Instagram, behind the positive words of Ricky and explore how and why the experience of being a preceptor may actually be more than a professional responsibility. And I wanted to hear it directly from him.

IT'S ABOUT BEING OF SERVICE AND USING OUR LIVED EXPERIENCE TO SUPPORT AND GUIDE

We sat down and had a wide-ranging conversation that I hoped would yield some insight into the intrinsic value of being a preceptor. But first I asked Ricky to explain the difference between preceptor and mentor.

"I don't really see a difference between preceptorship and mentorship," he said. "To me, it's about being of service and using our lived experience, wherever that might be, whether it's formal or informal, to support and guide and be a lifeline or lighthouse to other people so that they may be able to learn on their journey."

This intrigued me, as many of us think of preceptorship as a clinical guide on the road for the novice paramedic. Ricky continued: "But I think that you know, when I think about the difference in where the world is these days with education, that the technical skills are taught on different levels, students, candidates and the soft skills. However, I come from the lived experience (of being a paramedic)."

Now, I took that to mean that there can be much more to offer as a preceptor than I had originally thought. It seemed that the offered role of preceptor by Ricky had much focus on the "being" a paramedic. He elaborated: "So working with someone (like myself) that's been around for a little while and they've had a chance to sort of have a bit of play with their soft skills and work out what can get them into trouble."

Trouble? "You know, the things that are on the edges of the textbook but not in the textbook", and "Yeah, in how we conduct ourselves on a daily basis, what our values are and you know we create culture".

I was interested in getting to why I was sitting with Ricky. How does the experience help him grow, to be well and at the same time help others? I made the bold statement that it seems that being a preceptor was good for Ricky.

He paused for a moment before answering. "When I see the passion and dedication of the newer, younger people ... a passion and a commitment to do amazing things with their lives lifts me up as well."

Hearing this, I thought back to some of my own precepting experiences and could see elements of that. Of course, the opposite can also be true, but that may be another article.

I shared that in my pre-interview research, I could not find extensive literature that explored the wellbeing/wellness or accrued benefits of being a preceptor. That literature may exist (I hope so), but if not, I see opportunity to explore.

I challenged Ricky to qualify the value of being a preceptor (or mentor) for him. In particular, I wanted to explore the construct of resilience and if it increased in Ricky because of (or a result of) precepting.

THE GOAL FOR ME IS THAT WE CREATE PEOPLE THAT HAVE AMAZING CAREERS THEMSELVES

Ricky's take on resilience is this: "The ability to be able to and absorb sustain a variety of pressures, whether they be emotional, psychological, physical stresses, and be able to have a way of using those things that might deplete you that actually give you strength, and the ability to keep going through that." I commented that what I saw was consistently positive interactions with people (including students) that to me suggested a resilient, capable paramedic.

What happens when the preceptor experience is not available? "If you remove the students from the equation, which does happen time to time where we don't see students for a period of time, I actually really missed them because I find that, and for me, they're part of me recharging my battery."

I am starting to understand the person behind the persona. Ricky went on to explain more about why he precepts: "(the students) are so passionate and everyone is very keen on doing the job as a career of helping people. The goal for me is that we create people that have amazing careers themselves."

The A-Ha! moment. This is that moment of realisation that something has changed in a person as a result of something. This can be from learning (I can start an IV now!) to that moment when you realise that you are a novice paramedic and are ready for the job.

I asked Ricky if he had an A-Ha moment to share about preceptorship: "When I see the honour, respect and grace that I try to show them and now see how they show others. The growth I see in students that goes beyond technical. I get a benefit from knowing that I helped in that process."

We were winding down. I mentally compared what Ricky was saying with what I had in my own mental model. Was it the same? No. Was it similar? Yes. My hope from this article is to step sideways for a moment and look at how a preceptor feels about being a preceptor. To go beyond the "professional responsibility" and celebrate how a person can make a difference in someone's career and, at the same time, take away much from the interaction.

ABOUT RICKY

Ricky is a Critical Care Paramedic with Queensland Ambulance Service with 35 years' service. He came to QAS after 10 years in the Royal Australian Navy – Medical Branch, specialising in Health and Safety. Precepting started in 1995 with formal peer mentoring. Over the years, Ricky estimates he has precepted over 15 CCP's, over 70 ACP's, over 15 new grads and well over 120 students. Ricky's Instagram can found here: https://www.instagram.com/ricky_smyth/.

FLINDERS UNIVERSITY - AUSTRALASIAN COLLEGE OF PARAMEDICINE-SPONSORED AWARDS 2024

By **James Pearce** FACPara

An awards ceremony took place at Flinders University (Bedford Park/Kaurna) on April 17 to celebrate outstanding student achievements from across the College of Medicine and Public Health.

Congratulations to Charlotte Creek (pictured with Australasian College of Paramedicine SA Representative Committee Chair Lachlan Graham) for being the recipient of the 2023 Australasian College of Paramedicine Award for Research Excellence. This award recognises the student with the highest final grade in the undergraduate paramedicine research topic at Flinders University.

Congratulations also to Angus Jones (pictured with SA Ambulance Service Executive Director Keith Driscoll) for winning the 2023 Russell Liston Award for Paramedic Clinical Excellence. This award is in honour of much-loved and dearly missed SAAS ICP Russell Liston. Nominations are received from SA Ambulance Service crews who host a final-year student on a clinical placement who has demonstrated outstanding paramedic clinical excellence in the key areas of professionalism, clinical care, patient advocacy, interpersonal skills and clinical knowledge. A panel consisting of SA Ambulance Service management and Flinders Paramedicine academics then select the recipient.

Angus Jones (pictured with SA Ambulance Service Executive Director Keith Driscoll) and Charlotte Creek (pictured with Australasian College of Paramedicine SA Representative Committee Chair Lachlan Graham)

The Australasian College of Paramedicine generously supports these awards to the value of $500 each.

MONASH UNIVERSITY - AUSTRALASIAN COLLEGE OF PARAMEDICINE-SPONSORED AWARDS 2024

Congratulations to all of the recent Monash University student award recipients, including three recipients of College-sponsored awards:

- Annie Rogers - Murray Black Professional Excellence Award
- Mia Carlisle Thompson - ACP Academic Achievement Award
- Kristen Leigh Spring - ACP Honours Research Excellence Award

College Regional Engagement Officer Justin Hirello (left) and Senior Lecturer and Course Director Cameron Gosling with the award recipients

A RESEARCH AGENDA AND PRIORITIES FOR AUSTRALASIAN PARAMEDICINE: WHAT IS IT AND WHERE TO FROM HERE?

By **Dr Paul Simpson, Dr Linda Ross, Dr Robin Pap**

Introduction

The Australasian College of Paramedicine (the College) has invested heavily in research, consistent with its commitment to seeing the profession advance in an evidence-informed manner. Central to that commitment has been the funding of an ambitious project aimed at creating an Australasian paramedicine research agenda and associated research priorities.

Why have an agenda?

Research within a discipline can frequently become siloed, with growth and quality being potentially impeded by a lack of collaboration, coordination and cooperation across researchers and industry.[1] This can lead to the duplication of research efforts, inefficiency in resource utilisation, and difficulty securing funding of sufficient magnitude to create ongoing suites of high-quality research.

Research agendas hope to promote concentration of research efforts, assist with prioritisation of grant funding, and enhance collaboration.[2] An agenda doesn't mean that researchers can only investigate those prioritised items; more so, it serves to foster conversation and stimulate a more strategic, shared approach to paramedicine research.

Research agendas have been created in healthcare disciplines such as nursing,[3] medicine,[4] physiotherapy[5] and social work.[6] In the paramedicine context, research agendas have been created in several countries, including Canada[7] and the Netherlands.[8] While previously discussed by O'Meara et al[2], this was the inaugural effort to produce a research agenda for the Australian and New Zealand paramedicine context. Although similarities exist across paramedicine jurisdictions, it is the nuanced differences in systems, education, environment, and practice that necessitate the creation of a unique and specific agenda that considers the Australasian context.

How was the agenda created?

Conceived by the Research Advisory Committee in 2021, this ambitious project sought to use what is known as "consensus methodology" to draw in the expertise of diverse paramedicine stakeholders to co-create a research agenda with embedded priorities. The study adopted a two-phase design, commencing with a survey of academics, educators, managers, and clinicians within Australian and New Zealand paramedicine.

This first phase had two aims: First, to gather broad stakeholder input regarding research priorities that would be later used to inform an expert panel's deliberations; and second, to identify barriers and enablers to paramedicine research in our region. This phase resulted in a publication by Ross et al[9] in the peer-reviewed journal "Paramedicine" – visit https://journals.sagepub.com/doi/full/10.1177/27536386231167590 to read the barriers and enablers paper. There were responses from 341 stakeholders, creating a rich tapestry of data and providing insights into not just the priorities, but also what is holding paramedicine research back and what we need to move our collective research efforts forward. It also created a provisional list of 109 perceived research priorities.

The second phase used a specific type of consensus approach called a Delphi. From the first phase and via what is known as "purposive sampling", 63 expert educators, academics, managers, and clinicians engaged in three rounds of online voting to establish a research agenda. They were able to add their own suggestions to the starting list of 109, then collaboratively whittle that down to a final agreed research agenda consisting of 37 items, grouped into six clusters. This phase resulted in peer-reviewed publication by Pap et al[10] in "Paramedicine" – visit https://journals.sagepub.com/doi/full/10.1177/27536386241231666 to read the agenda paper.

What is on the agenda and what are the priorities?

The final research agenda, grouped by cluster, is illustrated in Figure 1. The top 10 ranked agenda items as prioritised by the expert panel are illustrated in Table 1.

Where to from here?

The production of an agenda represents a meaningful and tangible visualisation of research priorities as determined by the profession's experts, but it is not in and of itself an endpoint. We, as a profession, should see it as a beginning, the start of what hopefully might be a new era of enhanced collaboration, cooperation, sharing, and concentration.

Awareness of the agenda within and outside of paramedicine needs to be grown. Simply creating an agenda and publishing it in a journal doesn't mean it will become widely known and embraced. The agenda has and will continue to be promoted through presentations at key conferences, and through targeted engagement with key stakeholders at the individual and organisational level. The onus is on organisations to recognise the importance of this agenda to the future of paramedicine and to facilitate quality research and pathways. At an individual level, those with a passion for the future of the profession can contribute by discussing, sharing, and engaging with the priority areas.

Funding bodies and schemes, for example the College's own research grant scheme, should seek to operationalise the agenda by referring to it in the application guidelines and encouraging applicants to demonstrate the connection of their proposed research to the agenda.

An essential next step is to explore each of the agenda items by cluster. The agenda has given us areas of priority, but not the questions within those areas that need to be asked, nor the outcomes that need to be measured to generate meaningful answers. Cluster by cluster, these must be explored via collaboration and further consensus to create suites of rigorous research to answer important questions with actionable outcomes. Collaborations of like-minded researchers and content experts, including paramedics engaged

Figure 1: Australasian paramedicine research priorities and clusters

Expanded Roles & Practice Settings

- Paramedics' role in broader healthcare system
- New and emerging roles in for paramedics
- Paramedics in Primary Health Care
- Specification scope and value (Paramedic Practitioner)
- Specification scope and value (Community Paramedic)
- Specification scope and value (Extended Care)

Safety & Quality

- Patient safety
- Clinical reasoning processes and models
- Human factors
- Clinical leadership
- Error management and prevention
- Medication safety

Systems & Processes

- System improvements
- Appropriateness of emergency ambulance utilisation
- Health economics of paramedic care models
- Ambulance dispatch (response prioritisation)
- Clinical practice guideline development
- Value-based care in paramedicine

Workplace Culture & Wellness

- Workplace culture in ambulance service organisations
- Burnout in paramedics
- Workplace safety

Clinical Pathways & Models of Care

- Pathway/model of care (mental health)
- Pathway/model of care (integrated care)
- Pathway/model of care (rural)
- Pathway/model of care (treate and refer)
- Pathway/model of care (palliative)
- Pathway/model of care (geriatrics)
- Pathway/model of care (frequent user)
- Patient handover and transfer of care
- Pathway/model of care (paediatric)
- Pathway/model of care (sepsis)

Education & Training

- Tertiary education curriculum
- Preparedness for entry to practice
- Clinical placement structure and assessment
- Preceptor preparedness for supervision
- Simulation pedagogy and practice
- Feedback mechanisms for paramedics

Table 1: The top ten research agenda items (including ties) by priority ranking

Research priority	Rank
Paramedics' role in broader healthcare system	1
New and emerging roles for paramedics	2
Patient safety	3
System improvement	3
Clinical reasoning processes and models	4
Appropriateness of emergency ambulance utilisation	5
Paramedics in primary healthcare	5
Specialisation scope and value (paramedic practitioner)	5
Health economics of paramedic care models	5
Human factors	5
Clinical leadership	5
Workplace culture in ambulance service organisations	6
Ambulance dispatch (response prioritisation)	6
Pathway/model of care (mental health)	7
Clinical practice guideline development	7
Pathway/model of care (integrated care)	8
Burnout in paramedics	8
Tertiary education curriculum	9
Preparedness for entry-to-practice	9
Error management and prevention	10
Specialisation scope and value (community paramedic)	10

in patient-facing care roles, should be formed to achieve this, and in doing so growing intra and interprofessional connections to assemble appropriately qualified and resourced teams.

Want to learn more about the Australasian paramedicine research agenda?

Visit https://paramedics.org/news/raap-online-publications to download the research agenda brochure. Contact the Chair of the Research Advisory Committee Dr Robin Pap at research.committee@paramedics.org.

References

1. Whear R, Thompson-Coon J, Boddy K, et al. Establishing local priorities for a health research agenda. Health Expect 2015; 18: 8–21.
2. O'Meara P, Maguire B, Jennings P, et al. Building an Australasian paramedicine research agenda: a narrative review. Health Res Policy Syst 2015; 13: –5.
3. Chipps EM, Joseph ML, Alexander C, et al. Setting the research agenda for nursing administration and leadership science: a Delphi study. J Nurs Adm 2021; 51: 430–438
4. Mooijaart SP, Nickel CH, Conroy SP, et al. A European research agenda for geriatric emergency medicine: a modified Delphi study. Eur Geriatr Med 2021; 12: 413–422.
5. Rankin G, Rushton A, Olver P, et al. Chartered society of physiotherapy's identification of national research priorities for physiotherapy using a modified Delphi technique. Physiotherapy 2012; 98: 260–272.
6. Beddoe L, Karvinen-Niinikoski S, Ruch G, et al. Towards an international consensus on a research agenda for social work supervision: report on the first survey of a Delphi study. Br J Soc Work 2016; 46: 1568–1586.
7. Jensen JL, Bigham BL, Blanchard IE, et al. The Canadian National EMS Research Agenda: a mixed methods consensus study. Can J Emerg Med 2013; 15: 73–82.
8. van de Glind I, Berben S, Zeegers F, et al. A national research agenda for pre-hospital emergency medical services in the Netherlands: a Delphi-study. Scand J Trauma, Resusc Emerg Med 2016; 24: –9.
9. Ross L, Reynolds L, Reeves H, et al. Barriers and enablers to paramedicine research in Australasia – A cross-sectional survey. Paramedicine. 2023;20(4):107-116. doi:10.1177/27536386231167590
10. Pap R, Barr N, Hutchison A, et al. Research agenda and priorities for Australian and New Zealand paramedicine: A Delphi consensus study. Paramedicine. 2024;21(3):94-107. doi:10.1177/27536386241231666

OHS FOR PARAMEDICS

By **Michael Eburn,**
Australian Emergency Law
https://australianemergencylaw.com/

The Victorian government has announced a review of sentencing for breaches of the Occupational Health and Safety Act 2004 (Vic) (the OHS Act).[1] All other jurisdictions have adopted the model Work Health and Safety Act (WHS Act) but the principles between the two Acts are not very different. While this article will not address sentencing, it will take this review as a stimulus to identify how the WHS/OHS legislation might apply to the emergency services with the express view of reassuring emergency workers - and in particular paramedics - that the Act is not a sword of Damocles hanging over them and their employer, waiting to fall in the event of any poor outcome.

How the Acts work

In short, both the OHS Act and the WHS Act impose an obligation on an employer, or a person conducting a business or undertaking (PCBU), to guarantee so far as is reasonably practicable the health and safety of workers and of those affected by the work. There are also duties on employees, or workers, to take care of their own safety, to take care of the safety of others and to comply with the work health and safety policies of their employer or the PCBU. The ultimate enforcement of the Act is through criminal penalties with a maximum penalty under the Victorian Act of 25 years' imprisonment for an individual convicted of industrial manslaughter, or a fine of 100,000 penalty units for a corporation, on the basis that a company cannot be sent to gaol. A penalty unit is $192.31[2], so the maximum possible fine is more than $19 million.

OHS and WHS legislation applies to all workplaces, including those of the emergency services. Victoria SES was prosecuted for the death of a volunteer in training[3]; NSW Fire Brigades (as they then were) was prosecuted over its management of a silo fire that exposed firefighters to a risk of injury or death and which did lead to the death of three factory workers[4]; Airservices Australia, which operates Aviation Rescue and Fire Firefighting, was prosecuted over a fatal vehicle crash when one of its heavy airport appliances collided with a vehicle while responding away from the airport to a request for assistance from the Northern Territory fire services[5]; and NSW Ambulance has been prosecuted over its management of scheduled drugs.[6] This author is not aware of any case brought against an individual Australian firefighter, rescue officer or paramedic.

The primary duty

For ease of reference, the discussion that follows will refer to the model WHS Act[7] rather than the Victorian OHS Act.

The model Act says that a PCBU's primary duty is to:

... ensure, so far as is reasonably practicable, the health and safety of:

(a) workers engaged, or caused to be engaged by the person; and

(b) workers whose activities in carrying out work are influenced or directed by the person, while the workers are at work in the business or undertaking.[8]

The duty is not to guarantee safety but to ensure safety "so far as is reasonably practicable". When deciding what is reasonably practicable, a PCBU and a court in the event of a prosecution must consider:

... all relevant matters including:

(a) the likelihood of the hazard or the risk concerned occurring; and

(b) the degree of harm that might result from the hazard or the risk; and

(c) what the person concerned knows, or ought reasonably to know, about:

(i) the hazard or the risk; and

(ii) ways of eliminating or minimising the risk; and

(d) the availability and suitability of ways to eliminate or minimise the risk; and

(e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

When dealing with the old Occupational Health and Safety Act 1983 (NSW), the High Court of Australia reminded prosecutors that a breach of the Act was a criminal offence and therefore the duty was upon the Crown to prove its case beyond reasonable doubt. To do that, the Crown could not simply point to an adverse event - in this case the death of a farm worker in 2008 - and then assert it was up to the defendant to show it was not "reasonably practicable" to comply with the duty that was then stated as a duty to "ensure" the health and safety of workers. The Court held that the statements of offence had to indicate what it was that the defendant "could have but did not take".[9] Following this decision the nature of the duty was changed to a duty to "ensure, so far as is reasonably practicable, health and safety"[10] and that remains the language of the model WHS Act and Victoria's OHS Act.[11]

What follows is that in a prosecution under the Act, the Crown would not only need to prove, beyond reasonable doubt, that someone was exposed to a risk to health and safety but there was something that the defendant could

have done, that was reasonably practicable, to avoid that risk. Particular risks could be reduced to zero by simply not doing the work. A fire service could avoid the risk that a firefighter will be burned by not responding to fires. The risk of needle-stick injury to paramedics could be reduced to zero by not carrying any needles. The risk of bushfire in Victoria could be reduced by covering the state in concrete. The risk of road trauma could be reduced by not having any roads. The point of these extreme examples is to demonstrate that risks can be reduced but no one can seriously expect such measures that would, in turn, create their own risks.

Not allowing paramedics to carry needles would mean that they could not administer life-saving treatment. Not allowing firefighters to fight fires would see the growth in losses of lives and properties. None of those actions are "reasonably practicable", whether that is because there is no way of eliminating the risk if the job is to be done or the cost of elimination imposes a cost either on the PCBU or the community that is disproportionate to the risk.

But risks can be reduced even if they are not reduced to zero. Firefighters are given training and issued with relevant PPE. Appliances for bush firefighting are fitted with sprinklers and curtains to protect the occupants in the event they are caught in a fire. Paramedics are trained, issued with sharps containers, and procedures are (or should be) in place to respond to a needle stick to reduce the risk of infection.

A PCBU and workers must take care not to expose others to risks to their health and safety. That is not the same as a duty to guarantee their health and safety. If an ambulance or fire service fails to rescue someone, they have not exposed them to a risk. They did not cause the emergency that required the rescue. Arguments that emergency services must increase their level of service or training because if they did someone might live fail to draw that distinction. For example, having more ambulances on shift at any time may decrease response times and therefore improve the outcomes for some patients. But it is not a breach of the Act for an ambulance service not to employee more people or for a police service not to increase the level of first aid training for its officers.[12]

Failure to do so may be a failure to rescue, but it is not putting others at risk "from work carried out as part of the conduct of the business or undertaking".[13] Putting others at risk is where it is the actual conduct of the PCBU or worker that exposes the other party to risk; for example, by allowing factory workers to open an inspection hatch that in turn allowed oxygen to enter a silo filled with burning contents which in turn caused an explosion killing the three workers.[14] A common risk to others is the risk posed by emergency driving. That risk has to be mitigated by training but also by the very warning devices - the lights and sirens - that are intended to reduce risk by warning other road users of the presence of the emergency vehicle.

Paramedics may also do things that in other circumstances would be classed as a harm. Putting a sharp needle into someone's lung would be an assault occasioning actual, if not grievous, bodily harm, but it is not if it is medically indicated and done to relieve a pneumothorax. Such action would not be a breach of the WHS/OHS legislation even though the patient does in fact have an injury - the hole in their side - that they would not have had the paramedic not been there. The cost of avoiding that injury (not doing the procedure) is disproportionate to the risk (the inconvenience of the trauma) compared to the benefit to be obtained (allowing them to breath).

An error by a paramedic that causes harm to a patient could be a breach of the WHS/OHS legislation if it could be demonstrated - beyond reasonable doubt - that it was due to a failure by the PCBU to take reasonable steps to reduce an otherwise unnecessary risk, e.g. by training or other factors such as ensuring that different drugs are not packed alike making it hard to tell in an environment which is which. Some errors, mischances, mistakes are inevitable. A patient may even have a claim in negligence for a paramedic's mistake, but it does not follow that there is also a breach of the WHS/OHS legislation unless it can be shown that the PCBU could have done more to reduce the risk of such errors.

Some risks are inherent in a procedure - that is, even with the best of care there may be adverse effects. All drugs have potential side effects, so a paramedic who administers a drug that is indicated, but which has an adverse effect on that particular patient, is neither negligent nor in breach of their WHS/OHS Act.

The link between workers' compensation and WHS/OHS

Workers' compensation is a no-fault scheme. A worker, injured by their employment, is entitled to compensation. There is no direct link between the two schemes. A person can get workers' compensation whether or not a PCBU (or anyone) is prosecuted for a breach of the WHS/OHS Act. A person can be prosecuted for a breach of the WHS/OHS Act for exposing someone to a risk of injury even if no one is injured, and so no compensation is payable. Just because a person has a compensable injury is not evidence of a breach of the WHS/OHS legislation. Safety only has to be ensured as far as is reasonably practicable. That can leave a residual risk that can manifest as an injury. Workers' compensation is the safety net to catch that residual risk.

Conclusion

This article was stimulated by the Victorian government's call to review sentencing for OHS offences. While this paper does not address those issues, it suggested it was timely to remind paramedics how the Act works. The Act is there to put legal pressure on an employer, or in the other states and territories a PCBU, to take steps to ensure the health and safety of workers and others. It is an Act designed to benefit paramedics as employees and volunteers and also those affected by the work of paramedics, whether that is their patients or other road users, etc.

The duty, however, is not absolute. Not every adverse outcome is a breach of the Act. For paramedics, a patient's poor outcome is not evidence of a breach. Equally, not every illness, accident or injury is evidence of a breach by the employer/PCBU. Whether there has been a breach of the Act and therefore an offence for which a person or entity may be sentenced requires a complex and detailed analysis of all the facts - what happened, what was or should have been known, and what could be reasonably done to mitigate the risk.

References

1. https://engage.vic.gov.au/sentencing-ohs-offences-in-victoria
2. https://www.dtf.vic.gov.au/financial-management-government/indexation-fees-and-penalties
3. Michael Eburn, 'Victoria SES fined over volunteer's death' (November 30, 2009) https://australianemergencylaw.com/2009/11/30/victoria-ses-fined-over-volunteer%E2%80%99s-death/
4. Inspector Mayo-Ramsay (Workcover Authority of NSW) v The Crown in the Right of the State of New South Wales (NSW Fire Brigades) [2006] NSWIRComm 356
5. Comcare v Airservices Australia [2016] FCA 418
6. SafeWork NSW v Crown in the Right of New South Wales in respect of the Ambulance Service of NSW [2023] NSWDC 134
7. SafeWork Australia Model Work Health and Safety Act (24 November 2023) https://www.safeworkaustralia.gov.au/sites/default/files/2023-12/model-whs-bill-23_november_2023.pdf.
8. Ibid s 19(1).
9. Kirk v WorkCover Authority of New South Wales (Inspector Childs) [2010] HCA 1, [28] (French CJ, Gummow, Hayne, Crennan, Kiefel and Bell JJ
10. Occupational Health and Safety Act 2000 (NSW) as amended by the Occupational Health and Safety Amendment Act 2011 (NSW).
11. Occupational Health and Safety Act 2004 (Vic) s 20.
12. Michael Eburn, Do proposed changes to Commonwealth WHS laws require federal police to upskill in first aid training? (September 13, 2023) https://australianemergencylaw.com/2023/09/13/do-proposed-changes-to-commonwealth-whs-laws-require-federal-police-to-upskill-in-first-aid-training/
13. Model Work Health and Safety Act s 19(2).
14. Inspector Mayo-Ramsay (Workcover Authority of NSW) v The Crown in the Right of the State of New South Wales (NSW Fire Brigades) [2006] NSWIRComm 356.

WELLBEING

DEALING WITH PSYCHOLOGICAL TRAUMA: **ADVICE FROM THE AUSTRALIAN GUIDELINES**

By **Dr David Dawson,** PhD - AHPRA Registered Psychologist. (Formerly) Lecturer Paramedic Mental health, Victoria University. ACP Paramedic Wellbeing Working Group. IPAWS researcher
Melbourne/Naarm, Wurundjeri Country

Introduction

Paramedics are more likely than other first responders to be exposed to traumatic events; being a paramedic is a risk factor for developing PTSD[1]. Some studies have reported higher levels of depression, anxiety and psychological distress in paramedics compared to the general population, and sleep problems are more prevalent[2-5]. These conditions can be comorbid with PTSD[6,7]. Physical health conditions are also potentially comorbid with PTSD and include changes in brain structures, as well as hypertension and cardiovascular disease[8-10].

PARAMEDICS ARE MORE LIKELY THAN OTHER FIRST RESPONDERS TO BE EXPOSED TO TRAUMATIC EVENTS

It is imperative for people at higher risk of PTSD to have an appreciation of which treatments are best supported by evidence, and which are not. These treatments are outlined in the "Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD"[11]. Some of these treatments are described below.

The Australian Psychological Society (APS) website describes PTSD as a "set of symptoms that can emerge some time after exposure to a potentially traumatic event involving actual or threatened death, serious injury, or sexual violence"[12]. The APS website outlines four groups of symptoms indicative of PTSD (from which the following information is taken unless otherwise indicated). These symptoms are:

1. A sense of reliving the event. This includes unwanted thoughts and images related to the distressing event, including nightmares and flashbacks.
2. Avoidance and numbing. Indicated by a person avoiding "people, places and activities associated with the traumatic event." Here, the person actively makes efforts to avoid reminders of the traumatic event[11].
3. Negative thoughts or mood. This can include loss of interest in previously enjoyed activities, feelings of detachment from others, and "negative thoughts about self, others, and the world".
4. Feeling wound-up. This comprises a range of signs, such as sleep difficulties, increased irritability and anger, and poor concentration and memory. Being more easily and strongly startled by things happening in your environment (like sudden noise) is also included in this category, as is hypervigilance (being constantly on guard and looking for hidden dangers).

PTSD is diagnosed "when symptoms are present for more than one month and cause significant distress or interfere with important areas of functioning, such as work, study, or family life"[12]. Physical ill-health issues may also be present. Comorbid conditions are rarely absent if PTSD symptoms have been present for more than a few months11.

Dealing with PTSD - Intervention not recommended

An important matter is what the guidelines explicitly do not recommend. The Australian guidelines on early intervention (within three months) have a conditional recommendation against the use of individual and group psychological debriefing, which includes critical incident stress debriefing[13]. A conditional recommendation against an intervention indicates it does not benefit most people. The evidence indicates that psychological debriefing in the first three months after a traumatic event is 1) ineffective, 2) increases the longer-term risk of developing PTSD, and 3) does not decrease the risk of developing anxiety, depression or general psychological morbidity[14,15]. In other words, these researchers reported that early psychological debriefing was associated with adverse outcomes.

YOU USE EVIDENCE-BASED TREATMENTS FOR YOUR PATIENTS; BEST TO DO THE SAME FOR YOURSELF

That talking about traumatic experiences too soon, or in an unsuitable context, can have adverse effects is important because this is what people are sometimes urged to do. An example was the occasion of the Hunter Valley bus crash in June 2023, where people involved (including first responders) were advised via the media to talk about their experience soon after it happened, as reported on 19 June 2023 by the ABC[16]. The central messages in this programme were consistent with the Australian guidelines as described above, which were that people should only talk about their traumatic experiences if they want to and when they are ready. Furthermore, these conversations are best conducted with trusted people known to the trauma-exposed person, such as colleagues, family and friends. However, when a person does feel the need to access professional help, then that is what they should do.

Dealing with PTSD - Recommended interventions

The Australian guidelines strongly recommend a stepped/collaborative care model13. Essentially, this model suggests that individuals are first repeatedly monitored and supported. The aim is to provide individuals with care proportionate with the severity and complexity of their needs. Within the first two weeks after exposure to trauma, a person should be provided with the following care: "Provide psychological first aid, including:

· Monitor wellbeing and stabilise if needed

· Provide self-care advice

· Encourage social support

· Encourage limiting substance use[17]."

The aim of this phase is to assist a recovery to normal health and functioning.

During the three months following exposure, a person should be regularly screened to evaluate the presence of PTSD symptoms (in line with the stepped care model). When a person experiences PTSD symptoms in the three months after trauma exposure, early access (or referral) for psychological treatment should be considered[13]. A person should also access psychological treatment for PTSD symptoms occurring after the three-month period.

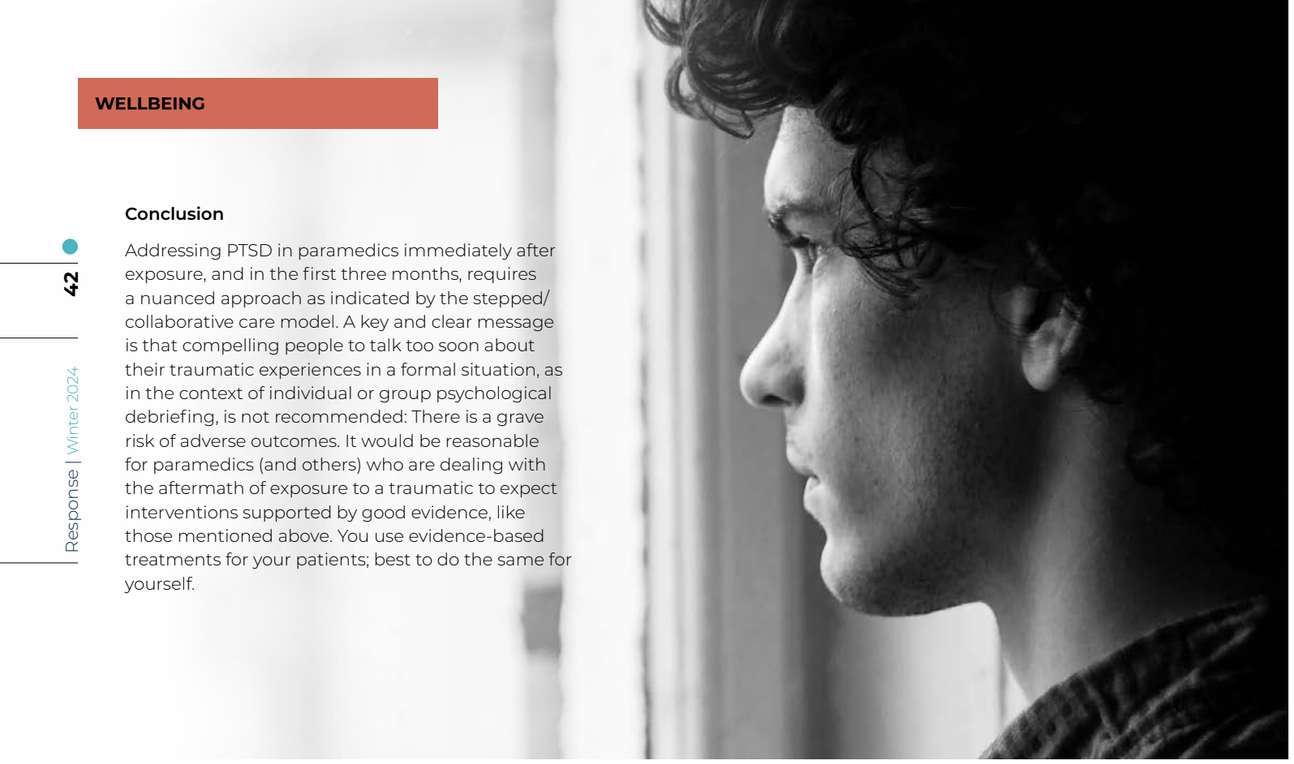
A key concern is to identify what forms of psychological treatments are recommended by the Australian guidelines. Generally, these interventions are based on cognitive-behaviour therapy (CBT) approaches, but sometimes other psychological tactics are used, such as motivational interviewing. "Cognitive behavioural therapy is a talking therapy that can help you manage your problems by changing the way you feel, think and act"[11]. The strongly recommended psychological approaches which a person seeking help with PTSD symptoms can expect to encounter are:

1. Cognitive processing therapy (CPT). This is a form of cognitive therapy developed specifically for the treatment of PTSD. This treatment is typically delivered over 12 sessions.
2. Trauma-focused cognitive therapy (TF-CT, sometimes labelled as "CT"). Briefly, this therapy endeavours to change excessively negative appraisals and to adjust problematic behavioural and cognitive strategies. This treatment is typically delivered over 12 sessions.
3. Eye movement desensitisation and reprocessing (EMDR). "In EMDR the person is asked to focus on the trauma-related imagery, and the associated thoughts, emotions, and body sensations" while moving their eyes back and forth. There is a strong evidence base for this therapy, although it can appear to be an odd process when it is first encountered.
4. Prolonged exposure (PE). This is where the person is exposed to the traumatic event in a controlled way with the aim of reducing the anxiety (and other feelings) associated with the event. Exposure therapy includes repeatedly recalling the event and visiting the place where the event was experienced.
5. Trauma-focused cognitive behavioural therapy (TF-CBT). This approach uses proven CBT techniques to address the traumatic experience and the various aspects or consequences of PTSD[13].

The recommendations above are well supported by evidence. Some additional treatments are mentioned in the guidelines as conditional recommendations, signifying that they may be useful for many people but the evidence is not sufficient enough to strongly recommend them for general use. These treatments are:

1. Guided internet-based trauma-focused CBT
2. Guided trauma-focused CBT via telehealth (video conferencing)
3. Narrative exposure therapy (NET)
4. Present-centred therapy (PCT)
5. Stress inoculation training (SIT)
6. Trauma-focused CBT (group)[13].

The guidelines also indicate the use of pharmacological interventions in the form of serotonin reuptake inhibitors (SSRIs) and serotonin and noradrenaline reuptake inhibitors (SNRIs)[13]. The guidelines state the use of these pharmaceutical interventions is a conditional recommendation because there is lower certainty in the evidence for their use. However, many people may find them to be beneficial.



Conclusion

Addressing PTSD in paramedics immediately after exposure, and in the first three months, requires a nuanced approach as indicated by the stepped/collaborative care model. A key and clear message is that compelling people to talk too soon about their traumatic experiences in a formal situation, as in the context of individual or group psychological debriefing, is not recommended: There is a grave risk of adverse outcomes. It would be reasonable for paramedics (and others) who are dealing with the aftermath of exposure to a traumatic to expect interventions supported by good evidence, like those mentioned above. You use evidence-based treatments for your patients; best to do the same for yourself.

References

1 Berger, W. et al. Rescuers at risk: a systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers. Soc Psychiatry and Psychiatric Epidemiology 47, 1001-1011, doi:10.1007/s00127-011-0408-2 (2012).

2 Courtney, J. A., Francis, A. J. & Paxton, S. J. Caring for the carers: fatigue, sleep, and mental health in Australian paramedic shiftworkers. The Australasian Journal of Organisational Psychology 3, 32-41 (2010).

3 Courtney, J. A., Francis, A. J. & Paxton, S. J. Caring for the country: fatigue, sleep and mental health in Australian rural paramedic shiftworkers. Journal of community health 38, 178-186 (2013).

4 Petrie, K. et al. Prevalence of PTSD and common mental disorders amongst ambulance personnel: a systematic review and meta-analysis. Social Psychiatry & Psychiatric Epidemiology 53, 897-909, doi:10.1007/s00127-018-1539-5 (2018).

5 Pirrallo, R. G., Loomis, C. C., Levine, R. & Woodson, B. T. The prevalence of sleep problems in emergency medical technicians. Sleep & breathing = Schlaf & Atmung 16, 149-162, doi:10.1007/s11325-010-0467-8 (2012).

6 Australian Centre for Posttraumatic Mental Health. Australian guidelines for the treatment of acute stress disorder and post-traumatic stress disorder. (ACPMH, 2013).

7 McLeay, S. C. et al. Physical comorbidities of post-traumatic stress disorder in Australian Vietnam War veterans. The Medical Journal Of Australia 206, 251-257 (2017).

8 Kibler, J. L., Joshi, K. & Ma, M. Hypertension in Relation to Post-traumatic Stress Disorder and Depression in the US National Comorbidity Survey. Behavioral Medicine 34, 125-132, doi:10.3200/BMED.34.4.125-132 (2009).

9 Kubzansky, L. D., Koenen, K. C., Spiro, A., 3rd, Vokonas, P. S. & Sparrow, D. Prospective study of posttraumatic stress disorder symptoms and coronary heart disease in the Normative Aging Study. Arch Gen Psychiatry 64, 109-116 (2007).

10 Sherin, J. E. & Nemeroff, C. B. Post-traumatic stress disorder: the neurobiological impact of psychological trauma. Dialogues in Clinical Neuroscience 13, 263-278 (2011).

11 Phoenix Australia. Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD, <https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/> (2021).

12 Australian Psychological Society. Post-traumatic stress disorder, <https://psychology.org.au/for-the-public/psychology-topics/post-traumatic-stress-disorder> (2024).

13 Phoenix Australia. Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (Chap 4) <https://www.phoenixaustralia.org/wp-content/uploads/2022/11/PTSD-Guidelines-Chapter-4-Interventions.pdf> (2021).

14 Bisson, J. I. et al. Preventing the onset of post traumatic stress disorder. Clinical Psychology Review 86, 102004, https://doi.org/10.1016/j.cpr.2021.102004 (2021).

15 Rose, S. C., Bisson, J., Churchill, R. & Wessely, S. Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews.

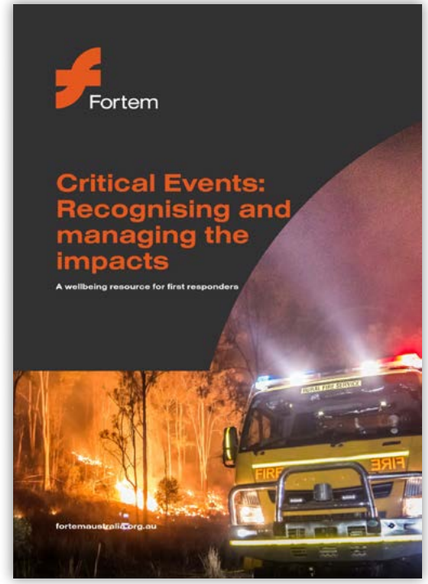
16 Scott, E. in The Health Report (ed Norman Swan) (Australian Broadcasting Corporation, Sydney, 2023).

17 Phoenix Australia. Evidence-based treatment for an adult after a traumatic event: A Guide for GPs, <https://www.phoenixaustralia.org/wp-content/uploads/2022/08/Evidence-based-treatment-for-an-adult-after-a-traumatic-event-A-Guide-for-GPs.pdf> (2022).

18 Australian Psychological Society. (2024). Post-traumatic stress disorder. Australian Psychological Society. Retrieved 3rd March 2924 from https://psychology.org.au/for-the-public/psychology-topics/posttraumatic-stress-disorder

EXPECTING THE UNEXPECTED: RECOGNISING AND MANAGING THE IMPACTS OF CRITICAL EVENTS

By **Natasha Grabham,** Psychologist



After the recent events in Sydney, coupled with the 12-month anniversary of NSWA's loss in line of duty, Steven Tougher, it is a time when fellow paramedics may be experiencing a multitude of responses either about the events or about their own work experiences.

After the initial immediacy of response and debrief, it is timely and important for Ambulance agencies to pause, breathe and reflect on the gravity of the work undertaken everyday by paramedics, to lean in to resourcing and valuing personnel and their dedication, and to ensure their safety as best possible, recognising there are always limits to this.

For paramedics themselves, it is essential when events of this scale occur that time is given to any impact - hearing your inner talk and feelings about these events, whether you are connected directly or indirectly to them.

You may notice a change in your mindset, motivation, behaviours, and sense of confidence in the work you undertake which is important to validate, particularly given the randomness of these events, the degree of media coverage and "water cooler" conversation around them, and importantly, that your peers or interstate contemporaries, (if not yourself), were affected.

With the nature of these events, it is important to prepare because the shock or impact can come unexpectedly and from a variety of sources. Critical incidents are part of the job; paramedics operate within a role that has become desensitised to aspects of life that the general community would find distressing, and so the likelihood for most paramedics is that these events have a momentary resonance for you but then are absorbed and digested in order for you to continue your work.

On occasion though, critical incidents or even seemingly benign jobs can have an impact that is unexpected and significant. It is important to consider that beneath the uniform you as a human are not immune to the impact of a critical event and so it may be useful to understand the stress and coping responses, the impact on your family, preparedness strategies, and other relevant insights around critical events.

The comprehensive, 22-page Fortem Australia resource pack "Critical events, recognising and managing the impacts" has been specifically developed for first responders in supporting them to navigate a career that hits hard sometimes.

It talks you through why some events stick more than others, what other factors may be at play, the signs of stress and trauma that may indicate that you've stayed "switched on" to the event, and ways to support yourself to switch off or soothe your response. The resource also helps to set yourself up for success in terms of preventative wellbeing strategies so that you can bend rather than break in responding to critical events in the future.

Importantly, the resource also includes content to understand the impact of critical events for the families and children of first responders, who often have additional stressors to navigate than the general community when events like this happen.

Fortem Australia supports first responders across the wellbeing and mental health continuum through social connection and wellbeing activities, psychology and counselling, mental health literacy resources, and career transition support. This is a resource that we hope you can take some tangible and actionable ideas from and keep in your toolkit to sustain you across your career.

"Critical events, recognising and managing the impacts" can be downloaded at: https://fortemaustralia.org.au/wellbeing-resource/critical-events-recognising-and-managing-the-impacts-a-guide-for-first-responders/

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SETTING NEW BENCHMARKS: EXCELLENCE IN FOCUS AT CAA CONGRESS 2024

Since 2009, the CAA Congress has been the gathering place for leaders of the Australasian prehospital sector to learn, collaborate, and shape the future of our industry.

Recognised as Australasia's premier event for the ambulance sector, the CAA Congress brings together top leaders, decision-makers, and senior management teams from ambulance services, health, and emergency management sectors across Australia, New Zealand, Papua New Guinea, and beyond.

In partnership with Ambulance Victoria, the 2024 Congress will be held in Melbourne from August 14 to 16. This year's Congress, themed "Inspire, Innovate, Elevate", will feature an engaging program that explores best practices and innovative strategies in emergency health services and beyond.

Our Leadership Excellence segment will feature renowned speakers sharing their invaluable insights and experiences. Brendon Brodie-Hall from St John WA will provide a unique perspective from the mining sector, discussing leadership challenges and strategies. Jordan Emery from Ambulance Tasmania will present a visionary session on "Leading with Love," advocating for compassionate leadership as the future of effective management. Anna Parry from the UK's Association of Ambulance Chief Executives will delve into their collaborative efforts with the UK NHS to reduce misogyny and enhance sexual safety within the workforce.

The Clinical Excellence segment will showcase cutting-edge developments and multidisciplinary approaches. Dr Stephen Rashford, Medical Director for Queensland Ambulance Service, will explore the "Multidisciplinary Evolution of Ambulance Services", highlighting integrated care and collaborative practices. Dr Gayle Christie, Medical Director for St John WA, will discuss the latest advancements in clinical practice, focusing on adapting to our rapidly changing workforce and the evolving healthcare landscape.

In addition to these distinguished speakers, this year's Congress will feature several engaging panels. Experts will come together to discuss pivotal topics, including the future of disaster response and ambulance services, clinical excellence, and the evolving leadership landscape within the Australasian ambulance sector. Concurrent sessions, meticulously selected from more than 70 abstract submissions, will provide a comprehensive and diverse program, ensuring attendees gain valuable insights and practical knowledge.

This year's CAA Congress program promises to be an exceptional convergence of knowledge, experience, and forward-thinking, designed to Inspire, Innovate, and Elevate our community.

As always, the annual CAA Awards for Excellence will be a highlight of the Congress, celebrated at a marquee gala dinner. This prestigious event will showcase the finest projects, research, and innovations, evaluated by a panel of internationally renowned judges across six categories, culminating in the highly acclaimed Star Award.

Join us for an impactful event that promises to shape the future of the Australasian ambulance sector. You can learn more by visiting https://caacongress.net.au/.

WE'RE BEING HEARD: HEALTH MINISTERS RECOGNISE ADVANCE PRACTICE PARAMEDIC ROLES

College media release

The Australasian College of Paramedicine (the College) strongly advocates with governments and decision-makers from across the healthcare sector to recognise the unique capabilities of paramedics for the broader utilisation of the workforce to benefit person-centred care.

At the Health Ministers Meeting held recently in Brisbane, the Ministers agreed to work with the Paramedicine Board of Australia to establish Area of Practice Endorsements for advanced practice paramedics in critical care and community paramedicine, marking an important milestone for professional advancement and recognition.

"Paramedics provide high-quality healthcare to communities right across the country, and advanced practice recognition is crucial to the successful utilisation of critical care and community care paramedics across the health system," said College CEO John Bruning.

"This decision to establish Area of Practice Endorsements will not only recognise postgraduate education, clinical experience and the knowledge gained by paramedics working in critical care and community paramedic roles, it will also provide healthcare employers with greater understanding and transparency of advanced practice capabilities for the ultimate purpose of improving person-centred care."

This decision comes at a time when the College is working closely with the Independent Review, led by Professor Mark Cormack, Unleashing the Potential of our Health Workforce (Scope of Practice Review) in which community paramedicine is highlighted as a model that could "benefit the community".

"Advocating for the advancement of the profession is integral to our work at the College, driven by our mission to support the evolution of the profession for the benefit of improved health outcomes across Australasian communities," Mr Bruning said.

"While this decision is significant, there is still much work to be done to reform the Australian health system to ensure paramedics, and providers, are empowered and supported to provide advanced practice."

The College is engaging with the Paramedicine Board of Australia to establish Area of Practice Endorsements, and ensuring our members are informed about and consulted with throughout its development.

For all the latest news from the Ahpra Paramedicine Board, visit https://www.paramedicineboard.gov.au/

Kaunihera Manapou Paramedic Council

Continuing professional development outcome

Te Kaunihera has been undergoing a process in which we reviewed the continuing professional development (CPD) framework. Te Kaunihera has now made a decision to make changes to the CPD framework for paramedics. These changes will come into effect next year, from 1 Āperira | April 2025. Full details of the changes to CPD are available in our decision document (https://paramediccouncil.org.nz/common/Uploaded%20files/Consult%20PDFs/202404%20CPD%20outcome.pdf) and Te Kaunihera's CPD page at https://www.paramediccouncil.org.nz/PCNZ/PCNZ/4.Resources/Professional-development-.aspx

Specialist paramedic practice endorsement

During Ākuhata | August to Hepetema | September 2023, Te Kaunihera sought feedback on paramedic titles and descriptors via a public consultation.

After carefully considering all feedback at its Pēpuere | February 2024 hui, Te Kaunihera agreed it is necessary to include two specialist paramedic practice endorsements - critical care paramedics and extended care paramedics. This will recognise paramedics with additional qualifications and experience and allow them to use an endorsed specialist paramedic title. Te Kaunihera agreed that more kōrero | discussion needed to take place in regard to intensive care paramedics before a decision was made around whether this area should be endorsed.

An update on the progress to date with specialist paramedic practice endorsements is available at https://www.paramediccouncil.org.nz/common/Uploaded%20files/Consult%20PDFs/20240430%20Specialist%20paramedic%20practice%20-%20Progress%20update.pdf.

For all the latest news from Kaunihera Manapou Paramedic Council, visit https://www.paramediccouncil.org.nz/.

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