

Australasian College of
Paramedicine

RESPONSE

SUMMER 2024-2025

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SEA CHANGE:

Australian paramedic ushers in new era of pre-hospital healthcare in Samoa **P18**

TEAMWORK:

ECP brings new dimension of care to Aotearoa rural health clinic **P16**

BEST BY A COUNTRY MILE:

Rakaia ECP expands his professional horizons in primary care **P20**

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CHIEF EXECUTIVE OFFICER

John Bruning
ceo@paramedics.org

NATIONAL OFFICE

Level 3, 478 George Street,
Sydney NSW 2000
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

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COVER

Krystelle Syme with Samoa Fire and Emergency Services Authority EMTs.

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



THE YEAR AHEAD

with **Ryan Lovett**, College Chair

Welcome to the Summer edition of *Response*.

As we look ahead to 2025, the College is poised to build on the substantial achievements of the past year. Our commitment to advancing the field of paramedicine and improving health outcomes for our communities remains steadfast.

One of our primary focuses for 2025 will be working closely with the Paramedicine Board of Australia to support the development and implementation of regulations for advanced practice paramedics, including the introduction of prescribing for these advanced practitioners. This initiative aims to formalise the roles and responsibilities of advanced practice paramedics, ensuring they are recognised and effectively utilised within the healthcare system. Establishing clear regulation will enhance the advanced scope of practice for paramedics, allowing paramedics to provide more comprehensive care and support to patients in various settings.

Building on the momentum from the Australian Government's Independent Review, "Unleashing the Potential of our Health Workforce: Scope of Practice Review," we will continue to advocate for the integration of paramedics into primary and urgent care settings. Our goal is to improve patient access to care, reduce wait times, and enhance health outcomes by leveraging the unique skills and expertise of paramedics. We will engage with key stakeholders, including government bodies, health services, and professional organisations, to promote the value of paramedics in multidisciplinary teams.

In 2025, we will focus on developing the framework for comprehensive standards for paramedicine that define contemporary practice expectations, levels of quality and achievement. These standards will serve as benchmarks against which practice, activities and behaviours can be measured, ensuring consistency and excellence in paramedic practice. By establishing clear standards for paramedic care, performance and outcomes, we aim to elevate the profession and provide a framework for continuous improvement.

WE REMAIN COMMITTED TO OUR VISION OF LEADING THE EVOLUTION OF PARAMEDICINE

The Australasian Paramedicine Workforce Survey project, now entering its second year, will continue to provide valuable insights into the demographics, career trajectories, and work conditions of paramedics. Led by Dr. Liz Thyer from Western Sydney University, this multi-year study will inform workforce planning and policy development, helping to address the challenges and opportunities facing the paramedic profession. The data collected will be crucial in shaping our advocacy efforts and supporting the growth and development of the workforce.

Following the successful launch of the Paramedic Professional Year Program, we will work to expand this initiative to support more newly registered paramedics. This program provides a structured framework for ongoing education and

professional development, ensuring that new paramedics are well prepared to deliver high-quality care. By offering mentorship, training, and resources, we aim to foster a culture of excellence and continuous learning within the profession.

A major rewrite and enhancement of the College website and member portal are planned for 2025. These improvements will focus on enhancing functionality and user experience, making it easier for members to access resources, engage with the College, and participate in professional development activities. Our digital transformation project will include significant back-end work to support new features and improved navigation, ultimately providing a seamless and enriching experience for our members.

We will continue to deliver high-quality eLearning modules, educational programs, webinars, and the Australasian College of Paramedicine International Conference (ACPIC). These initiatives provide valuable opportunities for networking, learning, and professional growth. By offering a diverse range of topics and formats, we aim to meet the evolving needs of paramedics at all stages of their careers.

The journal *Paramedicine* will continue to play a pivotal role in advancing research and knowledge within the profession. We will work to increase engagement and foster international collaboration, ensuring that the journal remains a leading platform for high-quality research. By promoting a culture of excellence and innovation, we aim to elevate paramedicine research and practice globally.

As we embark on these initiatives, we remain committed to our vision of leading the evolution of paramedicine. Together, we will drive excellence, advance the profession, and improve health outcomes for our communities.

Stay safe this Christmas and I look forward to connecting with you in 2025.

FROM THE CEO

THE YEAR IN REVIEW

with **John Bruning**, College CEO

As we come to the end of the year, it is with pride and a sense of accomplishment that I present this review of our achievements and activities. The College has continued to advance its mission of supporting paramedics and improving health outcomes for our communities through leadership, education, research, and advocacy.

This year marked the launch of our 2024-2028 Strategic Plan, "Evolution", which sets a bold vision for the future of paramedicine. Our strategic objectives have guided our efforts to lead the evolution of paramedicine, ensuring positive health outcomes and improved wellbeing for the communities we serve. A significant milestone was our involvement in the Australian Government's Independent Review: "Unleashing the Potential of our Health Workforce: Scope of Practice Review". This initiative has been pivotal in promoting the recognition of paramedics in primary care settings and multidisciplinary teams, aiming to improve patient access and expand career opportunities for paramedics.

Our advocacy efforts have also included the Australasian Paramedicine Workforce Survey, a collaborative research project examining the demographics, career trajectories, and work conditions of paramedics. 1,236 paramedics and students participated in the survey, providing valuable insight into their career activities. Additionally, we have been working closely with the Australian Bureau of Statistics on the ANZSCO reclassification project, which will, for the first time in government data sets, see paramedics recognised as a health profession. We participated in 40 consultation engagements and submissions, elevating the voice of paramedics.

Supporting the professional development of paramedics remains a cornerstone of our activities. This year, we developed and delivered a range of eLearning modules and professional programs designed to meet the needs of paramedics at all stages of their careers. We delivered 54 events with more than 2,600 attendees and had more than 9,700 eLearning enrolments. Our premier event, the Australasian College of Paramedicine International Conference (ACPIC), continues to be a highlight, providing a platform for members and the profession to explore the latest professional and research developments.

We also launched the Paramedic Professional Year Program, aimed at supporting newly registered paramedics through their first year of practice. This program provides a structured framework for ongoing education and development, ensuring that new paramedics are well-prepared to deliver high-quality care.



Our commitment to research and innovation has been unwavering. The Research Advisory Committee has been instrumental in driving the evidence base and advancing paramedicine. The Research Agenda for Australasian Paramedicine (RAAP) has provided meaningful direction for coordinated and collaborative research activities. This year, we published two significant papers from the RAAP, highlighting research priorities and the barriers and enablers to paramedicine research in Australasia.

The journal *Paramedicine* has continued to make significant strides (more than 100 submissions with 58% international and an acceptance rate of 25%), becoming a vital component of our efforts to advance paramedicine research. The editorial team has implemented best practices to ensure a transparent and ethical editorial process, raising the bar for paramedicine research internationally.

THE ACHIEVEMENTS OF THE PAST YEAR ARE A TESTAMENT TO THE DEDICATION AND HARD WORK OF OUR MEMBERS, VOLUNTEERS, AND STAFF

Engagement with our members and the broader paramedicine community has been a priority. We restructured our membership department and established a Member Engagement Team to enhance our outreach and support. The launch of our Ambassador Program has fostered peer-to-peer mentorship and promoted the benefits of membership. Our Education and Research Grant programs provided \$39,000 in financial support to members.

We have also invested in technologies and strategies to enhance the member experience. Our digital transformation project is aimed at improving access and utilisation for members and visitors, with significant back-end work on our website, member portal, and education platform.

The College remains committed to our vision and purpose. The achievements of the past year are a testament to the dedication and hard work of our members, volunteers, and staff. Together, we will continue to lead the evolution of paramedicine, driving excellence and advancing the profession for the betterment of our communities.

I wish you a safe and peaceful Christmas and New Year.

STATS NZ RECOGNISES PARAMEDICS IN MAJOR REVIEW OF NOL



The Australasian College of Paramedicine (the College) applauds Statistics New Zealand (Stats NZ) for recognising the paramedicine profession in the revised National Occupation List (NOL). This important revision comes after the College strongly recommended that paramedicine be recognised in three distinct occupations to improve national data collection for the benefit of workforce utilisation and, ultimately, person-centred care.

"Up until this major reclassification project, paramedics were inaccurately listed which resulted in erroneous data collection and reporting of the profession. As the peak professional body advocating for paramedicine across Australia and Aotearoa New Zealand, we are pleased that through our efforts, the profession has been reclassified.

"Decision-makers rely heavily on accurate data to design health policy and implement system reforms, and this important revision will ensure governments and providers have relevant and accurate data they need to better utilise paramedics, for their capabilities, across health," said John Bruning, College CEO.

The revised NOL appropriately lists three occupations for the profession: Paramedic, Extended Care Paramedic and Critical Care Paramedic. It also recognises Patient Transfer Officers and Emergency Medical

Technicians. As the profession continues to expand its areas of practice, the College will work with Stats NZ to review and update the NOL.

The College has been extensively involved with the Australian and New Zealand Standard Classification of Occupations (ANZSCO) reclassification project in the past 18 months, collaborating with leaders of paramedicine to ensure a more accurate classification of the profession. In October this year, the data collection agencies, Australian Bureau of Statistics (ABS) and Stats NZ, co-announced that each country would introduce their own tailored occupational statistical classifications.

"Throughout this process, the College has advocated with the respective data collection agencies to ensure the profession was appropriately recognised in each country, and we are pleased with the outcome of the NOL for both professional recognition and accurate data collection informing utilisation."

The ABS is expected to release the final Occupation Standard Classification for Australia (OSCA) next month.

View the National Occupation List at: <https://aria.stats.govt.nz/aria/#ClassificationView:uri=http://stats.govt.nz/cms/ClassificationVersion/HxbKSDQiqC9DpNPg>

PROFESSIONAL MILESTONES

Members often ask us about the benefits they get from joining the College. While there are many aspects of your membership that are tangible, such as access to high-quality CPD, discounted or free events and exclusive offers, the advocacy component can often feel less tangible as we work to advance the profession on many fronts, often over many years, and mainly behind the scenes.

Reflecting on 2024, I am pleased to highlight several significant developments for paramedicine that have been heavily influenced by our efforts to build and strengthen interprofessional relationships, highlight paramedic capabilities and patient impact at every opportunity, and to ensure that paramedicine is represented in healthcare reform discussions.

From the Unleashing the Potential of our Health Workforce: Scope of Practice Review to the ANZSCO (or OSCA as it is now known) and Stats NZ occupation reclassification projects; the advanced and specialist practice regulation work happening across both Australia and Aotearoa New Zealand to the recent introduction of the Paramedic Practitioner Bill 2024 in Victoria, all these milestones amount to advancements for the profession - a shift in how the health sector at large thinks about paramedicine, which in turn creates expanded career opportunities for paramedics.

While it is important to look back at the highlights of the year, our work is by no means complete: Paramedic students continue to be overlooked in the Commonwealth Prac Payment scheme, legislation and funding barriers continue to limit the profession's utilisation in primary and urgent care settings, and health literacy of paramedic capabilities beyond emergency response remains low. Armed with the achievements of this year, as well as the data we collected from the first-ever Australasian Paramedicine Workforce Survey Report, we head into 2025 stronger than ever and committed to advancing the profession for the benefit of person-centred care.

Highlights from 2024:

- Australasian Paramedicine Workforce Survey Report: https://paramedics.org/storage/news/6147_workforce_survey_report_2023-24_final.pdf
- Scope of Practice Report media release: <https://paramedics.org/news/scope-of-practice-review-final-report>
- Statistics New Zealand (Stats NZ) recognises the paramedicine profession in the revised National Occupation List. The revised NOL appropriately lists three occupations for the profession: Paramedic, Extended Care Paramedic and Critical Care Paramedic. It also recognises Patient Transfer Officers and Emergency Medical Technicians.
- Position Statement: Paramedics: A sustainable healthcare workforce supporting team-based primary and urgent care across Australasia: <https://paramedics.org/news/position-statement-paramedics-in-primary-and-urgent-care>
- Position Statement: Urgent support needed for paramedic students experiencing 'placement poverty': <https://paramedics.org/news/Urgent-support-needed-for-paramedic-students-experiencing-placement-poverty>
- Joined the NZ Resuscitation Council
- Founding member of the Primary Care Alliance



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

Key 2025/2026 projects:

- Developing standards for paramedicine
- Implementation opportunities from the Scope of Practice Review
- Developing the Rural and Remote Paramedicine Framework
- Interprofessional advocacy with the Primary Care Alliance
- Consulting with Te Kaunihera Manapou on the specialised roles
- Consulting with the Paramedicine Board of Australia on advanced practice endorsements
- Improving College representation of and engagement with Māori and Pasifika, and Aboriginal and Torres Strait Islander paramedics
- Australasian Paramedicine Workforce Survey results
- Improved stakeholder engagement

ADVOCACY IN CONVERSATION

Hosted by John Bruning CEO

PODCAST

Industry experts, influencers and change makers discuss current events, issues and resources impacting the paramedic profession.

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SUPPORTING STUDENT-CENTRED INITIATIVES: THE KEY TO ENGAGING THE NEXT GENERATION OF PARAMEDICS



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

In the dynamic landscape of healthcare, the role of paramedics is ever-changing. This was highlighted in the Australian government's recent "Unleashing the Potential of Our Health Workforce - Scope of Practice Review Final Report", in which paramedics were highlighted as key contributors to the primary care workforce.

As the College seeks to cultivate the next generation of professionals in this field, supporting student-centred initiatives becomes paramount. By prioritising the engagement of our students, we not only foster their development, but also enhance the professional culture of paramedicine.

Recently the College again supported the Auckland University of Technology's simulation challenge, where paramedic students from around Aotearoa New Zealand came together to engage in peer-to-peer learning and clinical practice. This experience not only bolsters professional growth, but also builds a growing community of practice that will sustain students through to their transition into the profession.

This year, we have increased our presence and support for student-led and centred events, and as planning of 2025 is well underway, that support will only continue to grow. Student-centred initiatives engage our next generation in professional development early



Emma Tyzack-Price



Lilly Freeman



Jordan Van Jeneren



Jenna Gold



Olivia Skeen



Tori Stephens



Jordan Berger



Samantha Butler

in their careers, empowering them to take ownership of their education and growth. This approach encourages active participation, critical thinking, and problem-solving - skills essential for paramedic practice more broadly. When students are engaged and feel that their perspectives are valued, they demonstrate higher levels of enthusiasm and commitment. This intrinsic motivation translates into a more professional environment and a deeper understanding of the complexities of patient care.

Moreover, engaging with students from the outset of their educational journeys builds a sense of belonging and community. When students recognise their professional body as supportive allies, they are more likely to remain connected to the field after graduation. This retention is vital not just for sustaining the profession, but also for building a culture of mentorship in which new paramedics feel encouraged to seek guidance from established members of the community. This sharing of experiences and knowledge develops resilience and adaptability.

As we focus on engaging the next generation, we also recognise the importance of expanding career opportunities, as is

evidenced by the many career-focused CPD events the College has hosted this year. The paramedic profession is not just about emergency responses; it encompasses a wide range of specialties, including urban and rural health, mental health crisis intervention, retrieval medicine, and event medical planning. By exposing students to diverse career paths within paramedicine, we enrich their understanding and provide them with the tools to pursue fulfilling careers. This also addresses critical workforce shortages, ensuring that we have a robust pipeline of talent ready to serve in various capacities.

Supporting student-centred initiatives means building an educational environment that nurtures the next generation of paramedics. The positive impact of this initiative extends beyond individual growth; it contributes significantly to the overarching culture of our profession. As we advocate for student engagement, we ensure that our workforce evolves, develops, and thrives. By expanding career opportunities and ensuring a supportive community, we pave the way for a sustainable future in paramedicine - one that honours the dedication and

commitment of every paramedic who serves our communities.

The College is excited to announce the establishment of the new Student Paramedic Committee. Committee members come together monthly, representing a diverse range of universities, geographical regions and personal backgrounds to ensure a truly intersectional approach to student paramedic leadership.

The committee exists to empower and support the next generation of paramedics. They will provide a platform to voice ideas, concerns, and aspirations, ensuring their perspectives are integrated into the broader paramedicine community. Its importance lies in bridging the gap between academic learning and professional practice, preparing students to become competent, compassionate, and innovative healthcare providers and future leaders of our profession.

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WHAT'S NEW FROM THE COLLEGE'S RESEARCH COMMITTEE

Research Committee Member Update

The Research Advisory Committee will bid farewell to several valued members in 2025. Our Committee Chair, Dr Robin Pap, will step down after a year of exceptional leadership. Under Robin's guidance, the committee has grown from strength to strength, with his advocacy continually raising the bar for paramedicine research. You can get better acquainted with Robin in our 'Meet the Researcher' section on page 11. Prof Scott Devenish and Dr Jaimi Greenslade, who have each played pivotal roles in shaping and advancing numerous research initiatives with the College in the past two years, have also stepped away from the committee. The College extends its sincere gratitude to each of them for their dedication and commitment to advancing research within the profession.

We are delighted to welcome A/Prof Nigel Barr as the Committee Chair for 2025, and new committee members Dr Robbie King (Australian Catholic University and University of Tasmania), Hannah Latta (Auckland University of Technology), and Rachael Vella (Western Sydney University). We look forward to introducing the new members of the Research Advisory Committee in our 'Meet the Researcher' section in coming issues of Response Magazine.



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

ACPIC24, held at the Masonic Centre in Sydney in September, offered a wonderful opportunity for paramedicine researchers to present their research to the broader paramedic community. This year's conference embraced the new era of paramedicine with a dynamic research program showcasing the profession's evolution, designed to inspire, educate, and broaden horizons.

We extend our thanks to all attendees for their active engagement and to the researchers who presented their work. Congratulations to our presentation winners:

Research Plenary:	Dr Jaimi Greenslade
Emerging Researcher:	Max Han
Established Researcher:	A/Prof Ben Meadley
3-Minute Thesis:	Laura Hirello
Poster:	Andrew Van Noordenburg
Poster, People's Choice Award:	Stephanie Nixon

New for 2024, poster prize winners have been invited to contribute articles to Response, showcasing their research. Be sure to check out the first in this series: Andrew Van Noordenburg's article, Establishing an evidence base for paramedic preceptor education on pages 28 and 29.

Research Impact Grants

The College recognises the importance and challenges of promoting, disseminating, and translating research findings. To support these essential efforts, we offered five grants of \$1,000 each to assist in sharing research through conference presentations, publications, and other impactful platforms.

The Research Advisory Committee is thrilled to announce the successful applicants for the 2024 College Research Impact Grants:

Tim Andrews: Factors associated with shock in the prehospital setting after major trauma.

Jake Donovan: Soundwaves of innovation: A qualitative exploration of POCUS in Australasian ambulance and retrieval services.

Lisa Hobbs: Female paramedic's experience of managing their hormonal contraception and menstruation while working in the Australasian ambulance environment.

Lorna Martin: What is the current practice for recording frailty in the paramedic setting? An observational cohort study.

Alessia Restigian: National consensus on the capabilities that inform the role of advanced practice paramedics: A Delphi study.



Talking Research Webinar

The fourth and final Talking Research webinar of 2024 explored the world of clinical trials in paramedicine. Hosted by Dr Verity Todd, our guests - Lucas Litewka (Director of Clinical Trials, University of the Sunshine Coast) and Dr Ziad Nehme (Director of the Centre for Research and Evaluation, Ambulance Victoria) - shared their insights and experiences in conducting clinical trials and addressed the unique challenges of research in the pre-hospital space.

If you missed this fantastic event, all our Talking Research webinars are recorded and accessible on the College website under the research tab, counting towards 1.5 hours of interactive CPD. Short on time? Catch up with the Talking Research podcast, available on the College website and your preferred podcast platform.

The Research Advisory Committee is excited to continue with the Talking Research series in 2025, presenting a fresh array of engaging topics relevant to paramedicine research.

MEET THE RESEARCHER:

Dr Robin Pap

Dr Robin Pap is a paramedicine researcher, an advocate for evidence-based healthcare, and the outgoing chair of the College's Research Advisory Committee. Robin has worked in various clinical, leadership, and academic roles in numerous healthcare organisations and academic institutions for more than 20 years, in six countries, and across four continents. Prior to moving to Australia in 2014, Robin was the inaugural Consultant Paramedic at Hamad Medical Corporation Ambulance Service in Qatar.

He completed a Master of Science in Medicine specialising in Emergency Medicine at the University of Witwatersrand, Johannesburg, and a PhD at the University of Adelaide investigating and contributing to evidence-based pre-hospital care quality indicators. Robin is an Ahpra registered paramedic, the Academic Program Advisor for Paramedicine at Western Sydney University, Associate



Editor at Paramedicine, Board Director at the Safe Airway Society, and a member of the JBI Adelaide GRADE Centre. In terms of research interests, Robin feels particularly curious about patient safety in the out-of-hospital setting, and how healthcare quality can be defined, evaluated, and improved.

COLLEGE

Research Participation Opportunities

The College is committed to promoting quality research relevant to the paramedicine discipline and takes pride in fostering research of all levels within the field.

Are you interested in making a valuable contribution to the profession by assisting paramedicine researchers in addressing critical questions?

FIND OUT MORE

To find out more and take part in our current research participation opportunities, please visit [paramedics.org/research](https://www.paramedics.org/research)

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GRAD START (PILOT) PROGRAM'S HIGHLY SUCCESSFUL FIRST RUN PRAISED BY PARTICIPANTS



The College's inaugural three-month Grad Start (Pilot) Program, designed for new graduates to help them begin their transition into the workforce, wound up its highly successful first run in October.

Twenty-one participants joined the program, with the College receiving resoundingly positive feedback and suggestions for further improvements in the second round of the program in early 2025.

The pilot group was asked questions about how confident they felt about starting their new careers before and after completing the program. Notably, there was an increase in confidence across all measures following the program, particularly in understanding regulatory requirements and interacting with peers/superiors. Feedback included:

"I can't speak more highly of the pilot program and the course. I'm excited to follow through with the applied practice learning and feel honoured to have been selected for the pilot (albeit my progress hindered by shift work requirements/CPD/LMS study for x 2 separate jobs and requirements). Thank you again!"

"I'm so excited that this program continues with the applied practice phase. I'm looking forward

to hearing from you guys. Thanks."

"Thank you for your time and energy in putting this program together for us!"

"Well done on creating such a wonderful program. It was great to have something to work towards while waiting for recruitment. I was very happy with the content, and communication with staff was easy if I ever had questions or concerns."

"Thank you for the opportunity to be part of the pilot program. Moving across from a completely different industry (IT) to paramedicine has been a tricky path to navigate and the Grad Start Pilot Program has validated that I'm doing the right things to set myself up for a safe and seamless transition into my new career."

Embedded within the Paramedic Professional Year, Grad Start provides a crucial foundation of support and guidance for graduates as they embark on their new career. The program is suitable for graduates who have not yet secured full-time employment in the profession or can be undertaken synergistically alongside a service induction.

Content is mapped to the Professional capabilities for registered paramedics. The capabilities identify the knowledge, skills and professional attributes needed for the safe and competent practice of paramedicine in Australia. A practitioner's capability will expand and improve as they gain professional experience.

During practice, paramedics demonstrate elements from several domains. This recognises that competent professional practice is more than a sum of each discrete part. It requires an ability to draw on and integrate the breadth of capabilities to support overall performance.

If you'd like to join the next Grad Start Program intake, follow the QR code or fill out an Expression of Interest at: <https://www.surveymonkey.com/r/eoi-2025-grad-start>



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AUSTRALASIAN COLLEGE OF PARAMEDICINE INTERNATIONAL CONFERENCE 2024: A RESOUNDING SUCCESS

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

From the 11-13th of September, the College hosted its annual International Conference at the Sydney Masonic Centre. This year's event was a remarkable gathering of professionals, featuring a blend of hands-on workshops, insightful presentations, and many networking opportunities.

Day One: Engaging workshops and networking

The conference commenced with a full day of workshops, attracting over 100 attendees. Twelve interactive sessions were held, allowing participants to attend three workshops throughout the day. Topics ranged from "Ensuring Student Safety on Paramedic Clinical Placements" to "Beyond the eFAST: The Heart of the Matter." Feedback was overwhelmingly positive, with comments such as "This was a fantastic learning experience" and "Good amount of hands-on time, great instructors".

Following the workshops, attendees gathered in the exhibition hall for the welcome networking event. To break the ice, participants engaged in humorous debates, including "Which is tougher: A 14-hour night shift or a marathon?" These light-hearted discussions set a relaxed tone, and the room buzzed with excitement for the days ahead.

Day Two: Main conference and gala dinner

The main conference began on the second day, drawing over 330 in-person attendees and an online audience. The opening keynote was delivered by J.D. Heffern, Chief Paramedic of Indigenous Services Canada, on what a paramedic is and how do we explain to others what we do and the skills we bring to the table. The day featured 26 presenters who shared their research on various topics, then moved on to a



further 24 presentations on topics such as "Thriving in Private Paramedicine", "Whole of Health Approaches", and a dedicated stream on paramedic wellbeing.

The day concluded with a gala dinner, where attendees enjoyed a three-course meal. Dr Brendan Shannon captivated the audience with a discussion on identity. The evening also saw the presentation of several fellow awards, followed by lively entertainment from a musical duo who kept the party going into the night.

Day Three: Thought-provoking sessions and closing remarks

The final day of the conference was equally dynamic, with sessions covering critical topics such as climate change, workforce futures, and controversies in critical care. After lunch, all attendees gathered for a compelling discussion titled "Spotlight on Sedation". The conference concluded with a presentation by Associate Professor Jason Bendall on "Words That Define Us: Reclaiming the Identity of Paramedicine".



A SPECIAL THANK YOU

A heartfelt thank you goes to Lucy Oatley, our Master of Ceremonies, for expertly managing the flow of the conference with poise and expertise. Her efforts ensured a smooth and enjoyable experience for all. I'd also like to extend our gratitude to:

- Our valued speakers, whose knowledge and enthusiasm enriched each session.
- All session moderators, whose guidance and facilitation ensured each discussion was insightful and impactful.
- All attendees, both online and in person, for their engagement and contributions.
- The dedicated conference organising committee - Matthew Cook (Chair), Nigel Barr, Dr Ben Meadley, Ekaterina (Kat) Puzanova, Stephanie Nixon, Dr Sandy MacQuarrie, Katrina Kapsis, Sam Burton, Andrew Odgers and Dr Graham Munro - whose unwavering dedication turned this vision into reality.
- Our conference Partners: Priority Ambulance, London Ambulance Service, and Emergency Services Health. Our sponsors: Laerdal, Edith Cowan University and Guild Insurance. And our exhibitors: ZOLL Medical, MyMedEquip, Medavie, Woodslane

Health, Philips Healthcare, MedicAlert and Stryker, who all contributed to creating a fantastic event.

- This year's abstract reviewers for their significant contributions. Their dedication has been instrumental in shaping the success of ACPIC24. Our sincere thanks to: Alan Morrison, Alannah Morrison, Belinda Flanagan, Bill Lord, Brad Mitchell, Brennen Mills, Brian Haskins, Cameron Gosling, Chantal Perera, Curt Cooper, David Burns, Dennis Walker, Felix Ho, Graham Munro, James Pearce, Jarad Wilkinson, Jason Belcher, Joe Cuthbertson, Judy Sheahan, Kylie Kendrick, Lisa Hobbs, Louis van Rensburg, Malusi Mtetwa, Matthew Hill, Michelle Young, Natalie Dodd, Nicole Beesley, Paul Simpson, Rachael Vella, Sarah Butler, Scott Stewart, Shane Devlin, Shannon Macfarlane, Stephanie Nixon, Suzanne Avis, Tony Walker and Wayne Loudon.
- Lastly, all College staff involved, whose commitment and dedication ensured a seamless experience for everyone.

I hope that the insights and connections made at ACPIC 24 will be carried into everyday practice. I look forward to seeing you all in 2025 as we continue our journey together!



TEAMWORK: ECP BRINGS NEW DIMENSION OF CARE TO AOTEAROA RURAL HEALTH CLINIC

Tuakau, Aotearoa New Zealand

A chronic shortage of general practitioners in rural areas of Aotearoa New Zealand was the catalyst for Tuakau Health Centre on the North Island to employ its first paramedic.

"We've been short of GPs for over a year," said Practice Manager Majella Blackwood. "ProCare [their primary healthcare organisation] started this initiative last year. They were asking us what we would like as far as helping our clinic. We chose paramedics thinking that they would

IT'S ACTUALLY EXCEEDED ALL OF OUR EXPECTATIONS

be able to see patients and ease the load for the GPs. "At the start we really had no clue how we were going to do it, what was going to happen, what it would mean, and how we could fit them into the clinic and change the way we were already working. But it's actually exceeded all of our expectations."



CP Di Rankin (left) and Nurse Prescriber Janelle Weren

In April, Extended Care Paramedic Di Rankin, who spent 24 years with Hato Hone St John, joined the practice's multidisciplinary team alongside GPs, a nurse practitioner, nurse prescribers, nurses, a health improvement practitioner, a health coach and a healthcare assistant, serving a community of ~6,000 people. Her main focus is working with Nurse Prescriber Janelle Weren at the walk-in kids' clinic, which operates two mornings a week. The initiative that was launched in May for children aged 14 and under.

"Janelle and I sat down and figured out how we could best utilise Di. Janelle can prescribe - she has a limited scope but usually with kids under 14 she's got a relatively wide prescribing portfolio. Prior to Di starting, a lot of those acute appointments were being filled up with under-14s with coughs, colds, skin infections, sore throats, those sort of things," Majella said.

"We were trying to get kids out of those on-the-day appointments so they could be freed up for over-14s and adults. The walk-in clinic has been welcomed by the community and our patients, and we're looking to hopefully increase it to three mornings a week next year."

Di's day-to-day schedule generally involves telephone triage from 8am-9am in the morning and working in the kids' clinic from 9am to midday on the two days a week that it's open, booking appointments and undertaking procedures such as throat swabs.

"If it's not a kids' clinic day and it's someone ringing up who's under-14, she'll book them and they'll come in and see her, rather than use up a GP appointment."

On other days, she works with nurses in the treatment room seeing walk-in patients, and occasionally with the acute doctor, as well as helping with paperwork and administrative matters and patient outreach in encouraging people to come in for free health checks.

Di said the biggest challenge initially was the adjustment from working as an autonomous clinician to working as part of a team and determining what her new role would entail.

"We were working alongside each other, so I guess it was a matter of them learning to trust me and me learning to trust them, and me learning how to be more of a nurse than a paramedic because the role was so different," Di said.

"If we have an emergency come through the doors. We've pretty much got to the point that if it's like anaphylaxis or somebody really sick, I'll set up floors, put out medication, and then talk to

the doctors about it. I've gained the trust of the doctors, which is really good."

Di said she was also learning from the practice's nurses, including immunisation and wound care, and is working to a set of ECP clinical practice guidelines developed in consultation with Majella and Janelle and the lead GP.

THEY BRING A NEW ELEMENT TO PRIMARY CARE

"In our system, we've in a way qualified the CPGs of some of the other clinics that are involved as well. We're cropping ideas around the things that work. We worked out what medications we use the most. So any medication I use or I've administered for a patient gets signed off by our lead GP. From the ambulance settings to what I'm doing now, I'm doing a lot more professionally."

Janelle said the presence of a paramedic was also beneficial for the nursing staff, particularly for emergency presentations.

"I think having a paramedic on site, if someone comes in with chest pain or goes into cardiac arrest, you actually feel a bit safer. Obviously, we all know what to do and we have doctors who know what to do, but this is her bread and butter, so she's a lot calmer."

The local community has welcomed the initiative, the continuity of care it provides, and the cost benefits involved, which has been accompanied by a higher level of patient satisfaction.

"Before we started for kids' clinic, the other alternative if we couldn't fit people in, including children, was that they went to urgent care in the nearest town, and they had to pay, any age, \$60. We knew that was really hitting our patients hard," Janelle said. "They couldn't afford it, so I think they're appreciating the fact that it's here."

"Paramedics are really trusted in the community. When they hear that they're going to see Di, our paramedic, people are like, oh great, really happy about that. They bring a new element to primary care, which I think is good."



SEA CHANGE: AUSTRALIAN PARAMEDIC USHERS IN NEW ERA OF PRE-HOSPITAL HEALTHCARE IN SAMOA



I WAS DEFINITELY THROWN
IN THE DEEP END



When paramedic Krystelle Syme first arrived in Samoa in 2018 on a placement with Australian Volunteers, the lack of basic ambulance equipment available came as a shock.

Working as an Emergency Medical Services Advisor with the Samoa Fire and Emergency Services Authority (SFESA), her primary role was to develop a comprehensive training program for the EMTs. At the time, there was no paramedic on staff, with the ambulance service commander, the only registered nurse in the service, studying overseas. Procuring equipment rapidly became a priority.

"It took a while to get on the ambulance" Krystelle said. "Eventually when I got on a couple weeks later, my first job was to someone that had collapsed just around the corner.

"We pull up, and as I'm going to get out of the side of the ambulance, the back doors are flung open and this woman is honestly thrown like a rugby ball on to the stretcher. I'm looking at her and I'm like, oh, she's in cardiac arrest. One of my good mates turns around and said she's got a pulse of 75 and saturations of 90. I was thrown! She had put a pulse oximeter on her and obviously it was a very bad-quality one, because she was very much in cardiac arrest.

"We started CPR. The defib was in a cupboard, but you had to open the side door. So, as I've tried to grab the defib, the driver has jumped back in and started driving so I couldn't open the door any more. I finally managed to get out the defib. I open it up. Batteries are flat. The defib pads were burnt and hairy and just unusable. The whole job took us less than 10 minutes from the time we got the call

to the time we arrived at hospital. It was incredibly quick. This is where we started."

The patient died, but it opened her eyes to the pressing need for new equipment. She said she needed new defibrillator pads, batteries and oxygen, but was told that the yearly budget was 2,000 tala (roughly AUD \$1,000), which was insufficient to cover the expenses involved. She pushed for more funding, and was successful in lifting the budget cap.

"One of my brags is that I increased the budget by so many thousands of dollars rather than decreasing our operating costs. We spent loads of money, which was great, but sourcing all the equipment - it had to come from Australia, New Zealand and the UK - was another challenge in trying to navigate import legislation and taxes. The shipping costs were extraordinary. I hadn't had to do budgets and procure new equipment before. I was definitely thrown in the deep end."

While re-equipping the ambulance service, Krystelle's focus was on building the capacities of Samoa's EMTs through improved training and professional accreditation, with the overarching goal of accredited training for EMTs.



Initially she began spontaneous weekday trainings that then developed into a two-week EMT 1 course, which she is currently developing into a new EMT 2 program. The EMT 1 training, which she conducted six times in her three-year placement, primarily focused on building basic first responder capabilities through theory and practical skills development. That further developed into training the trainers.

THERE'S BEEN A LOT OF GROWTH IN THE SERVICE

"The EMT 2 program will be an extension of EMT 1. It's one of the things they're really keen for, and formal accreditation, which is quite a challenge. So, we'll probably rejig it a little to get that formal accreditation and then build on it to hopefully get to a diploma level. That's the goal."

The training is designed to be an in-house SFESA qualification accredited through the Samoa Qualifications Authority to enable it to be sustained in the longer term.

"It's going to be a bit of a process but the sustainability part of it is the only way that this makes any lasting difference."

Despite the challenges she faced along her journey, her efforts paid off. By the time she left Samoa, the EMTs had successfully resuscitated several patients and their reputation had improved.

"Before it was just scoop them up, chuck them in the back, and drive them really fast to hospital, but now they do observations, interventions and they have some medicines, so there's been a lot of growth in the service."

In July this year, Krystelle returned to Samoa for her first professional visit since ending her volunteer placement to conduct a two-day, College-supported refresher training in advance of the Commonwealth Heads of Government meeting in October with Dr Amy Cui, a Fellow of Australasian College Emergency Medicine. It followed the signing last year of a memorandum of understanding

between the College and the SFESA to collaboratively advance paramedicine and patient-centred care in Samoa by supporting the education, training and credentialling of the country's pre-hospital clinicians.

The SFESA Ambulance Operations team is now led by Commander Apelu, who completed his Bachelor of Paramedicine in Victoria, and includes approximately 30 EMTs and, just recently, a cohort of nurses who are all working hard

to develop themselves and the ambulance service.

"Our bespoke program was focused on medical emergencies. We delivered two, two-day intensive medical emergency workshops, covering topics from anaphylaxis to floppy babies. The students had case studies, practical skills and an exam to complete, and new skills including laryngeal mask airway insertion were taught with the equipment already in place, ready to be added to their scope going forward.

"For me, this was an important trip back to a special place. Having worked with SFESA for almost three years, it was humbling to be back and working with the people who made my experience so exceptional. SFESA has certainly come a long way, with only more progress and big plans to come.

"Delivering the training was one side of it. It was also about building relationships and getting a really good idea where we're heading next. It gave us the foundations to now go away and put together what next year is going to look like and how we build on this. I'm really excited to see where we end up."



BEST BY A COUNTRY MILE: RAKAIA ECP EXPANDS HIS PROFESSIONAL HORIZONS IN PRIMARY CARE

Rakaia, Aotearoa New Zealand

It took a year of careful planning before Extended Care Paramedic (ECP) Stuart Cook joined the medical team at Rakaia Health Centre on Aotearoa New Zealand's South Island.

A seasoned clinician with more than 25 years' experience and a Professional Advisor with Te Kaunihera Manapou | Paramedic Council, he had long wanted to work in primary care. In 2013, while studying at Auckland University of Technology, he wrote a postgraduate paper on community and remote area paramedicine and the models of care adopted overseas.

"I absolutely fell in love with the idea of paramedics being in primary healthcare and how that could look," he said.

Around the same time, he was undertaking short-term contracts as a Flight/Remote Intensive Care Paramedic with Australian-based Aspen Medical. While he was working in an emergency response capacity, he progressively began spending more time in the clinic. It was another lightbulb moment.

"It wasn't typical paramedic work, and I ended up really enjoying it. It was like, 'That's where I want to go and let's see how we can figure that out.'" Although he was eager to move into the primary healthcare space, other life priorities took over until 2020.

His attendance at the Australasian College of Paramedicine's 2022 Rural Outback and Remote Paramedic Conference solidified his resolve, and he and his wife agreed that "we need to head back into this space".

IT'S THAT WHOLE CONTINUITY OF CARE

"Basically, from then I was working towards where I am now. I went out on an oil rig to get primary healthcare experience and then approached another rural clinic who put me in contact with the [Rakaia] clinic that I'm at now, where I'm absolutely loving it."

I ABSOLUTELY LOVE IT, AND I LOVE THE CHALLENGE OF LEARNING NEW SKILLSETS

The town, home to fewer than 2000 residents, sits on the southern banks of the Rakaia River on the Canterbury Plains, about an hour from the nearest major hospital. Rakaia Health Centre, which serves the local community and outlying areas, has three GPs, two nurses, a nurse prescriber, a healthcare assistant and, with the addition of Stuart, one paramedic.

"It's an interesting dynamic given we often serve patients from a lower socioeconomic background, at times with poor health literacy; then in stark contrast we serve very affluent, highly educated patients

"My job is changing all the time, which keeps me on my toes. My job description seems to change weekly based on how I can best support the clinic to improve health outcomes for our patients and the wider community."

He is now an ensconced member of the Rakaia Health Centre team, working four days a week undertaking a range of tasks that have added to his professional growth and taken his career in new directions.

On Mondays he operates an acute care clinic, where patients can book appointments with him and where he is able to treat and discharge patients. On Tuesdays he does triage in the mornings and acute clinic work in the afternoon.

"In the morning, patients who need to be seen on the day or acutely come through me and I allocate them either to myself, the nurses or the doctors."

He also handles patients who call up asking for prescriptions and "doing the legwork for the doctors" to make sure they're still on their medication or are not trying to get more medication than they need.

On days when there is no GP in the clinic, he works with a nurse prescriber, a healthcare assistant, a practice nurse, and a tele-doctor, and is supported in making more independent decisions for his patients.

Stuart works under Aotearoa's national ECP guidelines, with some additional standing orders, such as immunisations.

"So, within my standing orders, I can make a clinical diagnosis and safely discharge the patient. I have a set criteria where I can effectively supply half of the treatment course to the patient to see them through the acute phase, then I write a recommendation that the doctors can audit and sign-off. The GPs then complete the course of medication by prescription. This allows our patients to be treated faster."

He is also able to do long-term wound care, which is an area of growth and learning.

"I'm very well supported by the nursing team as they help guide me to supply immunisations, immunotherapy and wound care. Support is also there in that I can make a referral to the community nursing team for more complex wounds."

His work is a world away from his life on the road and in the air.

"Previously when I was working on an ambulance or helicopter, I'd drop people at the ED and I'd be gone, and that was that, whereas now I'm on this journey with our patients, and it's really cool to see those kids I've treated who have responded well. It's that whole continuity of care; it's exciting and a lot of fun to be a part of a community."

There are currently more than 3,000 patients on the clinic's books, presenting with a range of conditions, from chest and ear infections and minor wounds to chest pains and acute health issues. Having a multidisciplinary healthcare team enables patients to be treated in the community who could otherwise end up in hospital.

"We're able to see patients and discharge them. We've dramatically cut down the appointment wait-time for our community and we can see a lot of things on the same day."

"Sue has lots of plans going forward with regards to how I can support both the clinic and the community."

For now, Stuart continues to add value to Rakaia Medical Centre and is excited to become more involved in chronic disease management and in supporting the team.

"I absolutely love it, and I love the challenge of learning new skillsets. I'm glad it's taken me 10 years to get to be where I am. Any paramedic who is interested in primary healthcare should explore all options that are available."



and everyone in between. It's a real melting pot of health inequities and understanding - a community I feel privileged to assist."

Stuart worked with Rakaia Health Centre Clinical Director and practice owner Dr Sue Fowlie for a year before he came on board.

"I had approached Sue and said would you consider an ECP working there, and she said yes, I don't know how it'll work but I can see it working, let's talk. That's basically how the conversation started, and it took us about a year for that to happen. We had to navigate how I was going to work under standing orders and what funding was going to be claimed."

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PROFESSIONAL PRACTICE

THE IMPORTANCE OF SELF-REFLECTIVE PRACTICE

Te Kaunihera wish to thank and acknowledge the Kaitohutohu Ngaio | Professional Advisors, Board members, employers, and the manapou | paramedics who contributed to this mahi | work. Ehara taku toa i te toa takitahi, engari he toa takitini | My strength is not mine alone, it is the strength of many people.

Ka Mua Ka Muri | Walking backwards into the future

This whākatauki acknowledges the process of looking to the past to inform the future. It is important to understand that we carry our past into our future.

Being able to critically analyse and reflect on thoughts, memories, actions, activities, decisions, and interactions is an important part of being a health practitioner. Self-reflective practice is relevant to, and looked for in, many areas of your practice, such as:

- Your current emotional and psychological wellbeing
- Analysis of patient treatment outcomes
- Review of specialist reports
- Continued professional development (CPD)
- Audit
- Collaborative practice with peers and colleagues
- Processes that your employer may go through
- Common health trends in the community
- Notification and/or complaints processes with both Te Kaunihera Manapou | Paramedic Council (Te Kaunihera) and the Health and Disability Commissioner.

Reflection enables the opportunity for paramedics to self-assess their strengths and areas for improvement, and identify learning needs. It is also important to both actively seek and accept any feedback you receive from colleagues (including those who work in other disciplines), employers, and patients.

The working environment of a paramedic can be complex and, in some circumstances, errors in clinical practice and professional conduct can occur. Te Kaunihera acknowledges that human error can occur; however, it is important we take these as opportunities to improve our practice. Whether this is a communication misunderstanding or a clinical error, we cannot always stop difficult things from happening, and one-off mistakes or errors of judgment may occur. How you grow from this is key. This is where the importance of reflection is seen.

Reflection is the skill of self-monitoring and a powerful tool for growth and improvement. It allows you to step back from the situation, gain insight and perspective, and consider what happened in an objective way. Taking the time to reflect after something difficult has occurred or where you feel you have made a positive difference is crucial. In addition, it is important to not only reflect on clinical practice but also professional conduct, including cultural competency and safety.

If you can objectively identify the areas within your practice where you can improve, and then seek out courses or training relevant to this, it will enhance your confidence to practice. This type of learning doesn't always have to take place in a classroom. Reflection can encourage conversations among colleagues and communities that give you different points of view on your actions or decisions. For example, if you aren't sure how to address the whānau of a patient within a specific community,

taking the time to understand and learn this will make your interactions with that community in future more comfortable, and will ultimately lead to better outcomes for your patients.

Being reflective encourages accountability and ownership of your actions, which is particularly important if a notification or complaint is made about your practice. This can be seen in various practitioner cases which have been considered by the Health Practitioners Disciplinary Tribunal (HPDT) and the Health and Disability Commissioner (HDC). For example, a recent HPDT finding for a doctor, where the Tribunal noted "despite the many occasions on which his correspondence with the authorities over the years should have given him cause to reflect, and stop what he was doing, he stubbornly refused to accept any suggestion that he might be acting improperly".

Reflecting plays a key part in ensuring that the same mistakes do not repeat in the future. It helps to make sure that you don't end up in the same situation, facing the same difficulties time and time again.

Reflection is not only important when something does not go as expected. It can also be a powerful tool and driving force for making a positive change, both for your own individual practice and within the communities of which you are a part. If during your reflections you identify where something positive has happened, such as connecting and engaging well with a patient and their whānau with whom you have previously not been able to connect, this can be used and implemented in an organisational model or process to reduce health disparities or inequities in a wider context.

There are many different models for reflection, some of which are included in the resource list below. However, reflection can be as simple as asking and answering these pātai | questions:

- How did I end up here?
- Why do others view that something has gone well or gone wrong?
- What would or could I do differently if I was in the same situation again?
- What did I learn?
- How has this changed or improved my practice?

By recording your answers to these pātai | questions, you can refer to them in future. This does not have to be a written document; it could be a video or voice recording. Recording your reflection allows you to enhance your understanding and memory retention and be accountable for your own growth and development.

If Te Kaunihera receives a notification or complaint, we specifically look to see how the paramedic involved has reflected on their practice. An important part of any notification or complaint process is applying a self-reflective lens, considering, and in some cases accepting, accountability as well as outlining steps to reduce the risk of harm to patients in future.

Ultimately, embracing reflective practice helps to grow a mindset of continuous learning and improvement.

PROFESSIONAL PRACTICE

Diversity: The mix of people in the organisation

Inclusion: The mix of people working together

Intersectionality: The unique life experience and world views of individuals, taking into account their individual experiences of power and marginalisation

Diversity and inclusion are increasingly popular terms, often heard around workplaces, forums, conferences, and government. But what do they mean in the context of paramedicine and why do they matter for our staff, our organisations, and our patients?

At its core, diversity refers to all the ways we are different. This can include race, gender, sexuality, age, social status, body size, religion, ability, education, or geography. There are many ways that people differ.

Inclusivity is feeling like you belong. When individuals feel respected for who they are as individuals,



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

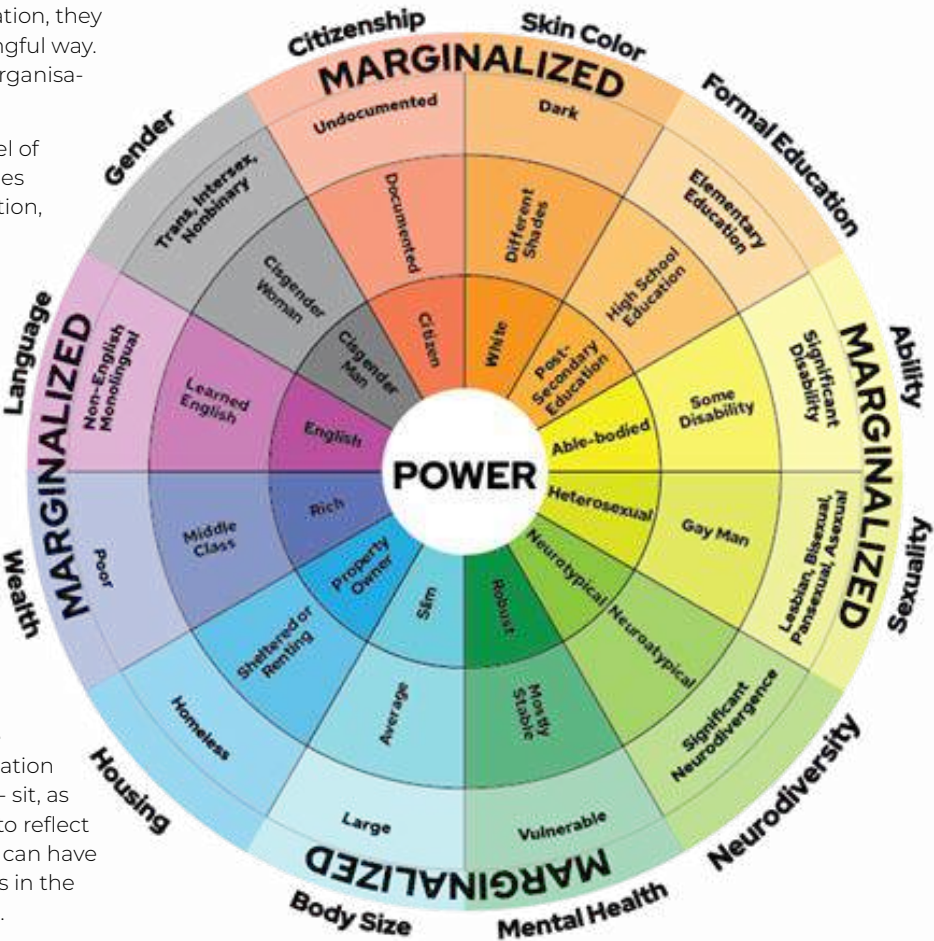
WHY IT MATTERS: DIVERSITY AND INCLUSION

they feel connected to their co-workers and peers. When they're given opportunities to develop their careers and progress within the organisation, they feel that they can contribute in a meaningful way. Inclusivity can be challenging for large organisations to achieve, but it is essential.

The "intersectionality" image of the wheel of power, privilege and marginalisation varies depending on the country and organisation, but the concept is the same. This model looks at the complex relationship between social identities and systems of power/oppression.

Everyone has multiple and diverse identities that combine in unique ways to shape their perspectives and experiences with oppression/privilege. The closer the trait is to the middle, the more power (privilege) it has; the further it is from the middle, the more marginalised (less privilege) it is. This wheel is a great way to understand where you fall and where others may fall within the oppression/privilege paradigm.

It's a timely reminder to reflect on where you sit, where others within your organisation - such as peers, managers and students - sit, as well as where patients sit. It's important to reflect and understand how certain differences can have profound impacts on how a person exists in the world, and how they experience their life.



Adapted from James R Vanderwoerd ("Web of Oppression"), and Sylvia Duckworth ("Wheel of Power/Privilege")

For example, a slim, white, middle-aged, straight, middle class, male living in Australia will mainly fall within the areas closest to power. However, a non-English speaking, mildly disabled, high-school

Studies have shown that workplaces with inclusive and representative workforces benefit greatly from this inclusivity. They report higher workplace retention, workers are

EVERYONE HAS MULTIPLE AND DIVERSE IDENTITIES THAT COMBINE IN UNIQUE WAYS TO SHAPE THEIR PERSPECTIVES AND EXPERIENCES WITH OPPRESSION/PRIVILEGE

educated, bisexual male living in Australia will be closer to the marginalised area than to power. This is a way to understand who is at risk of being marginalised and can provide an opportunity for us to reflect on our own areas of privilege while considering areas of marginalisation when we are interacting with our diverse patient cohorts.

The Diversity Council Australia has in the past seven years biannually been tracking diversity and inclusivity within Australian workplaces. Their latest data available shows that non-inclusive teams have increased in the past two years, and concerning only 31% of workers reported that their manager was inclusive. The same study found 52% of workers reported that their organisation was inclusive, which meant workers felt they were treated fairly, felt diversity was valued and respected, and that their top leaders demonstrated a genuine commitment to diversity and inclusion (Diversity Council Australia, 2024).

Unfortunately, post-pandemic discrimination and harassment have increased. 30% of workers responded yes when asked if they had experienced discrimination and/or harassment at work in the past 12 months. Workers from marginalised backgrounds reported significantly higher levels of discrimination and/or harassment at work compared with workers from non-marginalised backgrounds. Of the 30% who said yes, 59% identified as Aboriginal and/or Torres Strait Islander workers, 42% were workers with disability, 40% were workers with a non-Christian religion, and 39% were LGBTIQ+ workers (Diversity Council Australia, 2024). When we look back at the wheel, we start to understand the other marginalised groups that are at higher risk of experiencing discrimination and/or harassment.

less likely to experience discrimination and/or harassment, workers experience increased wellbeing, there are increased opportunities at work, improved access to care for patients, higher patient satisfaction, and improved patient-centred care (Smedley et al, 2004; Brown et al, 2018; Diversity Council Australia, 2024; Wallis et al, 2022).

The Australian Health Practitioner Regulation Agency (Ahpra) Code of Conduct Section Three refers to the provision of respectful and culturally safe practices. This part of the code explains how practitioners should have knowledge of how their own culture, values, attitudes, assumptions, and beliefs influence their interactions with others (Ahpra, 2022). In simple terms, using the above image as a tool, a practitioner can reflect and understand where they sit on the wheel of power, while also considering where their patients might be sitting on the same wheel. By so doing, the practitioner can support a safe and inclusive environment for others.

Inclusivity has proven positive effects. In inclusive work cultures, LGBTIQ+ people were three times more likely as workers in non-inclusive cultures to be "out" to their colleagues, a unique experience that many felt was important to them (Brown et al., 2018). Workers in inclusive workplaces were 9.5 times more likely to be innovative than non-inclusive teams, were 8.5 times more likely to work effectively together and four times more likely to provide excellent customer care (Diversity Council Australia, 2024). Further evidence strongly suggests that group collaboration is greatly

POST-PANDEMIC DISCRIMINATION AND HARASSMENT HAVE INCREASED

If workers are being discriminated and/or harassed within the workplace we don't have an inclusive workplace, no matter how diverse the employees may be.

improved by the presence of women in the group (Woolley et al. 2010).

In the broad workplace of paramedicine, the impact of inclusive work-

places is limitless. It impacts us, our colleagues, and our patients. Inclusivity in progressive management spaces ensures policies reflect the need of the workforce and the communities we serve. Would maternity care guidelines be done without consulting a midwife/obstetrician? Would trauma care guidelines be done without consulting doctors, surgeons, specialists? Would cardiac arrests guidelines be completed without input from the Australian Resuscitation guidelines? I doubt it. So we shouldn't make policies without consulting the people they impact. Similarly, we need to have the representation in our workforce that reflects our communities so we can ensure we are being inclusive of the needs of those we serve. As the saying goes, "if you want to go faster, go alone; if you want to go further, go together".

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EDUCATION

HATO HONE ST JOHN'S PARAMEDIC TRAINING SUPPORT PROGRAMME PROVIDES PATHWAY TO BACHELOR DEGREES FOR EMTS AND EMAS

Auckland/Tāmaki Makaurau, Aotearoa New Zealand



With health workforce shortages nationally, the new Health New Zealand | Te Whatu Ora Paramedic Training Support Programme is helping to pave the way for Hato Hone St John's Emergency Medical Technicians (EMT) and Emergency Medical Assistants (EMA) to complete Bachelor of Health Science Paramedicine degrees at either Auckland University of Technology or Whitireia New Zealand.

Peter Davis, Hato Hone St John Acting Operations Effectiveness Manager - Workforce Experience, said the initiative was one of a range of initiatives being undertaken to build capacity and staffing levels within health nationwide.

“At the moment, Aotearoa New Zealand is short of health workers. They've identified paramedics as one of those workforces, and they've come up with funding to promote the existing EMT and EMA-level ambulance officers to get into tertiary education and gain a degree that will cover the majority of their fees and financial support towards associated costs.

“Those associated costs are mainly to support with travel and accommodation to block courses, but also textbooks and other relevant study costs.

“I've been in the service 34 years, and I've never seen this occur before, where Health New Zealand pays for your degree. It's an unprecedented opportunity.”

Peter said Hato Hone St John was also introducing internal professional development sessions for this cohort, including time and stress management, work-life balance, and tools for reflective practice, with the aim of having two-hour online chats twice a year as they progress through their degrees.

Participants will remain working as EMTs or EMAs while they study part-time and have until the end of 2027 to complete their degrees. Along with other paramedicine graduates, once they qualify they'll be eligible to apply for the organisation's Te waharoa o Waka Manaaki | Graduate Paramedic Programme, which is aimed at consolidating the journey through recruitment, onboarding and orientation through to independent paramedic practice.

“As EMTs, effectively they've done about seven papers of a degree through a national diploma, so they get about one year of the degree off depending on the tertiary provider they go to. It does alter slightly. EMAs are not able to cross-credit as much, but will see similar benefits throughout this programme.”

There are 35 places available in the programme, with 34 of those places currently filled.

“Initially, the proposal was for about 20 participants; however, following significant interest, together with Health New Zealand | Te Whatu Ora, we have managed to offer 34 personnel a position within this programme. Some of our people have already started (in semester one), and we will see more start this semester and a couple next year.”

One of the key aims of the programme is to provide an opportunity for our workforce in rural and remote communities, as well as Māori and Pacific People, to upskill through the BHSc Paramedicine programme and be supported right the way through it.

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“We've got areas in New Zealand that are still quite rural and isolated. We've got a small number of participants from the cities. We've got folks from all over, from Northland right through to rural Otago, from the very top to the very bottom of the country and all spots in between, and we are proud to see over 30% of participants be of Māori or Pacific ethnicity.”

“Another criteria were actually being a really good employee. We want to pick high-performing personnel and reward them.”

RESEARCH





ESTABLISHING AN EVIDENCE BASE FOR PARAMEDIC PRECEPTOR EDUCATION

By **Andrew Van Noordenburg**
Lecturer in Paramedicine, School of Nursing, Midwifery & Paramedicine, Australian Catholic University
Poster prize winner at ACPIC24

Many paramedics remember their first day in an ambulance. The consuming feeling of anxiety over who your preceptor may be; then, the relief once you realise the preceptor is engaged in your learning and provides a positive experience.

Or some paramedics may remember feeling stressed being a preceptor by not fully understanding how to perform the role effectively, particularly if your learner is having challenges. If one of these scenarios resonates with you, what skills, knowledge or attributes did you or your preceptor draw on to create a meaningful learning experience? What skills, knowledge or attributes were lacking? This article discusses these critical elements in the context of paramedic preceptorship with the aim of establishing an evidence base for preceptor education.

A paramedic preceptor is a clinical paramedic who works with a learner in a formal, time-bound partnership and helps to ensure the learner is safe and competent in their practice.^{1,2} The preceptor achieves this by providing guidance, support, education and assessment.^{1,2} The term ‘preceptor’ is interchangeable with others such as clinical ‘supervisor’, ‘instructor’ and ‘mentor’; however, ‘preceptor’ is the most appropriate title for the paramedic working with a learner due to the context of paramedic work and workplace relationship.²

Many health professions use preceptors to support learners as they transition to practice. Effective preceptors enhance learning opportunities,¹ and provide accurate feedback and assessment.³ However, the benefits extend beyond education. Effective preceptorship can enhance patient care,⁴ positively influence workforce retention, and increase learner satisfaction.⁵ Equipping preceptors with the right skills and knowledge is critical to their success.

There is an abundance of paramedics in Australia who

are considered ‘learners’ and require preceptorship. Paramedic learners can be students or graduates (of various clinical levels), paramedics returning to work, or those undertaking supervised clinical practice. As an indication, there are approximately 7,500 student paramedics undertaking clinical placements each year⁶ in addition to the various learners already employed within an organisation. This means many paramedics must undertake the preceptor role despite some not being interested in preceptorship or suffering fatigue from a constant influx of learners.¹ Furthermore, many preceptors may lack the appropriate training to undertake the role.^{1,2,7,8}

All paramedics have a role in supporting the development of the ‘next generation’ as outlined in the Paramedicine Board’s Professional Capabilities for Registered Paramedics.⁹ Steps must therefore be taken to ensure all paramedics undertaking the preceptor role are effective in what they do. While some jurisdictional ambulance services provide preceptor training, this in-house training has been described as either short or inadequate and, in some cases, no training is provided at all.^{1,2,7} Moreover, the College’s recent workforce survey highlighted a bleak outlook of preceptor preparedness with only around 35% of Australian and Aotearoa New Zealand paramedics feeling ‘very well’ or ‘extremely well’ prepared for ‘clinical supervision’.¹⁰ These findings not only indicate a significant gap in the support being provided to paramedics performing the preceptor role, but they highlight that the development of learners in the clinical setting is lacking. Further research is needed to identify the educational requirements for paramedic preceptors.

To address this gap, a scoping review was undertaken with the aim of strengthening the evidence base for paramedic preceptor education. The scoping review mapped the existing literature to identify the key knowledge, skills and attributes of paramedic preceptors. This information could then form a basis for a preceptor education program.

Multiple literature databases, paramedic-specific journals and Google Scholar were searched using a structured methodology.¹³ Thirty-six articles were included in the review, which discussed various skills, knowledge and attributes for paramedic preceptors. Each were tabled and grouped with ‘like’ concepts and then frequency counting was undertaken to find the most commonly described. Utilising this process may provide an indication of the key elements to the paramedic preceptor role.

The findings showed that being a paramedic preceptor is an educative role and knowledge of learning and teaching approaches and methodologies is required. This component of the role was discussed in 97% of articles. The most essential were providing feedback (50% of articles discussed this concept), assessing effectively (39%), developing critical thinking (39%), coaching to facilitate learning (33%) and understanding adult learning theory (31%). Knowledge in learning and teaching practices have also been described as ‘core’ competencies for nursing, physiotherapy and pharmacy preceptors.^{11,14}

Paramedic preceptors must also have effective interpersonal skills. Communicating effectively (50% of articles), including the ability to have difficult conversations and debrief incidents, was highlighted as pivotal to the role. Other interpersonal skills included the ability to build a positive relationship with the learner (47%) and support their socialisation in the workplace (29%). Interpersonal skills are critical for preceptors as many learners face clinical, emotional or social challenges as they enter or return to the workplace.¹⁵ Having the right interpersonal skills will enable the learner to seamlessly assimilate into the workplace and help to improve their learning experience.

The literature also suggests a preceptor needs to have established their own clinical competence (36%) to be effective in their role. Preceptors were described as clinical ‘experts’ or ‘proficient’ and ‘confident’ in their clinical ability.^{16,17} Learning opportunities can be maximised if a preceptor is clinically competent as they may have more confidence in ‘standing back’ to allow clinical exposure for their learners.¹⁸ There is no clear time frame for when clinical competence is achieved as it varies from individual to individual. However, nursing literature states clinical competence can be obtained after two to three years of clinical experience.¹⁹

Other key elements to the paramedic preceptor role included being a role model (50%), counsellor (39%), critical thinker (33%), possessing an intrinsic desire for preceptorship, (33%) and having the capacity to provide a psychologically safe learning environment (33%). Interestingly, there is often overlap between these knowledge, skills and attributes, with many playing a supporting role in the development of another. As an example, knowledge of learning and teaching practices may increase a paramedic’s capacity to perform the preceptor role. In turn, this may increase intrinsic desire and enthusiasm for preceptorship.²⁰ Additionally, the discussed interpersonal skills can ensure a psychologically safe learning environment for the learner and provide the basis for a preceptor to act as a counsellor.

Paramedics need opportunities to learn and develop the knowledge, skills and attributes identified in this scoping review. The findings provide an evidence base to develop a preceptor education program. Moreover, they can be used as selection criteria to identify appropriate preceptors. Further research is needed to identify if there are specific preceptor requirements for the individual learner groups i.e., student, graduate or intensive care paramedics.

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SECTOR NEWS

SPOTLIGHTING AMBULANCE VICTORIA'S ELITE WILDERNESS RESPONSE PARAMEDICS



When there is an emergency in some of the most secluded and treacherous alpine or bush areas, it's Ambulance Victoria's (AV) elite Wilderness Response paramedics who will answer the call.

They are a team of more than 120 specially trained wilderness paramedics who are sent to help missing or injured people, 4WD off-road incidents or mountain bike falls, or cases where an air ambulance is unable to access a patient.

Wilderness Response paramedics are Advanced Life Support (ALS) and Mobile Intensive Care Ambulance (MICA) paramedics who are trained to be self-sufficient in the wilderness and can be sent off-road whenever a wilderness response is required.

AV Emergency Management Planning Coordinator for Gippsland Danny Anderson said the Wilderness Response team were called on to play key roles in larger-scale community emergencies such as the Wye River fires in 2016, the Mallacoota fires in 2020, and the Traralgon storms in 2021.

"Our wilderness paramedics can be flown or dropped into isolated, remote communities during an emergency or natural disaster, so they are completely self-sufficient, they carry with them their gear, water, meals and a communications radio," he said.

"It's about supporting these communities in scenarios where medical assistance may be hard to access.

"It's a true specialist role which select paramedics are specifically trained for and they must have the right experience being out in the elements in the bush as well; it's not a typical ambulance job."

All Wilderness Response paramedics undergo a five-day training induction where their outdoor safety skills and patient care are put to the test in the elements.

They are required to have excellent orientation and

navigation skills and complete fitness tests, including a pack hike test, medical and pre-reading assignments.

AV Wilderness Response paramedic based in Victoria's Barwon South-West region, Mick Bajada, said the wilderness response capabilities allowed AV to provide best care to anyone, no matter how complex their location is to respond to.

"Wilderness response couples together everything that is being a paramedic – it's about teamwork, problem-solving, applying innovations to complex issues, planning ahead, and constantly assessing risks," he said.

Mr Bajada was involved with retrieving an injured patient who was stuck on a ledge in the Otway National Park earlier this year and could not be winched by air ambulance due to a storm.

"Wildness paramedics went in as part of a multi-agency response team and the retrieval operation took all night," he said.

"Planning for the rescue extrication and the physical exertion of retrieving the patient safely required strong collaboration with other agencies."

AV Wilderness Response paramedic based in Gippsland, Jo O'Doherty, said Wilderness Paramedics needed to be comfortable in the most uncomfortable environments.

"Physical fitness is important as they may have to carry a 20kg backpack to the patient for several kilometres during ascents, descents, river crossings, snow, mud and overgrown tracks," she said.

"This role provides paramedics with the opportunity to think outside the box and use the limited resources they have available to best manage their patient."

The opportunity to become a Wilderness Response paramedic is offered to paramedics with strong outdoor skills and who have more than five years' experience on-road.

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SA Ambulance Service is undertaking the largest-ever expansion in South Australia's ambulance capacity.

An additional 350 clinical and operational staff are being deployed through the SAAS Operational Growth Plan. Three-quarters of those have already commenced work, and a further 77 additional staff will join SAAS next year.

The SAAS fleet is also being expanded with the commissioning of 36 extra ambulances, 27 of which are already on the road.

A major construction program is underway, adding five completely new stations in the metropolitan area and a new Emergency Operations Centre, and rebuilding 11 stations across South Australia.



South Australia's new ambulance stations include the Edwardstown and Norwood stations.

"It's been a fantastic couple of years, and certainly the biggest episode of growth that I've seen in my 35 years at SAAS," said SAAS CEO Rob Elliott.

"It's extraordinary that we've been able to achieve so much growth in a relatively short period, and that's been due to a whole-of-organisation effort.

"We're not finished yet though, and 2025 will be another busy year of construction,

recruitment, opening new stations, commissioning new fleet and opening our new Emergency Operations Centre headquarters.

"Importantly, it's not just growth for growth's sake. These extra resources are strengthening our capacity to respond to the needs of our patients and the SA community," Rob said.



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