

RESPONSE

The official voice of Paramedics Australasia



04
ROAR 2018
Review

09
Bicycle
Response Team

PARAMEDICS
AUSTRALASIA

12
Q&A with
Judith Barker

24
PA's
Strategic Plan



Study Postgraduate Paramedicine

ECU has a range of postgraduate Paramedicine courses that have been developed in close consultation with industry and are focused on clinical issues related to daily practice, as well as developing clinical decision-making and critical thinking skills.

Aeromedical Retrieval

- Graduate Certificate in Aeromedical Retrieval
- Graduate Diploma in Aeromedical Retrieval

Critical Care

- Graduate Certificate of Critical Care Paramedicine
- Graduate Diploma of Critical Care Paramedicine
- Master of Critical Care Paramedicine

Disaster and Emergency Response

- Graduate Certificate of Disaster and Emergency Response
- Graduate Diploma of Disaster and Emergency Response
- Master of Disaster and Emergency Response

Paramedic Practitioner

- Graduate Certificate of Extended Care Paramedicine
- Graduate Diploma of Extended Care Paramedicine
- Master of Paramedic Practitioner

Research

- Master of Paramedical Science by Research
- Doctor of Philosophy

These courses can be completed online or on-campus and are open to those with a relevant Bachelor degree, or equivalent prior learning.

Apply now for postgraduate Paramedical Science
ecugetready.com.au

ECU. Australia's top ranked public university for student satisfaction.
 QILT Rankings April 2017.

RESPONSE | Contents



04

ROAR – a resounding success

Almost 60 delegates from rural and remote settings around Australia and New Zealand gathered to share ideas, challenges and opportunities around their paramedicine work and life settings at ROAR 2018.

Up front

02 President's message

Features

04 ROAR 2018 – success in Alice Springs

09 Meet the QAS Bicycle Response Team

Profiles

12 Response Q&A with Judith Barker CEO St John Ambulance NT

14 A day in the life with Jeff Kenneally

Professional

17 A mental health strategy for the workplace

19 'Registration and 'grandparenting' provisions

20 Professional insurance for paramedics

22 Are conferences worth it?

PA News

24 PA's 2018–2020 Strategic Plan

27 Team Australia EMS

28 News from around the Chapters

Student Paramedics Australasia

30 Introducing CANPAMS

31 O-week around the states

34 Student-designed and led research conference

Research

37 The conundrum of defining paramedicine

39 AJP selected abstracts



PARAMEDICS AUSTRALASIA

BOARD OF DIRECTORS

President – **Peter Jurkovsky** MPA
Vice-President – **Simone Haigh** MPA
Treasurer – **Paul Thaw**
Sharon Duthie MPA
Brad Mitchell MPA
Neil Noble MPA
Daniel Townson MPA
Nathan Haynes MPA
Philip Bachelor
Community Representative
Stephen Cornelissen
Community Representative
Michael Eburn
Community Representative

CHAPTERS

QUEENSLAND

Chair, **Colin Allen** MPA
colin.allen@paramedics.org
Vice-Chair, **Alan Mountford** MPA
alan.mountford@paramedics.org
Secretary, **Andrew Blumson** MPA
andrew.blumson@paramedics.org

AUSTRALIAN CAPITAL TERRITORY

Chair, **Liam Langford** MPA
liam.langford@paramedics.org
Secretary, **Matthew Mihalý** MPA
matthew.mihaly@paramedics.org

TASMANIA

Chair, **Bess Swinton** MPA
Tas.Chair@paramedis.org
Vice-Chair: **Ryan Posselt** MPA
ryan.posselt@paramedics.org
Secretary, **Frances Stringer** MPA
Tas.Secretary@paramedics.org

WESTERN AUSTRALIA

Chair, **Stewart Masson** MPA
stewart.masson@paramedics.org
Secretary, **Mandy Edmonston-Fearn** MPA
mandy.edmonston-fearn@paramedics.org

NEW SOUTH WALES

Chair, **Buck Reed** MPA
buck.reed@paramedics.org
Secretary, **Craig Hutchins** MPA
craig.hutchins@paramedics.org

NORTHERN TERRITORY

Chair, **Jeff Buteux** MPA
jeff.buteux@paramedics.org
Secretary: **Michelle Gough** MPA
michelle.gough@paramedics.org

SOUTH AUSTRALIA

Chair, **Wayne Stoddard** MPA
wayne.stoddard@paramedics.org
Secretary, **Clare Collihole** MPA
clare.collihole@paramedics.org

VICTORIA

Chair, **Levi Karschimus** MPA
levi.karschimus@paramedics.org
Secretary, **Erin Smith** MPA
erin.smith@paramedics.org

NEW ZEALAND

Chair, **Mitch Mullooly** MPA
mitch.mullooly@paramedics.org.nz
Secretary, **Bernard Varaine** MPA
bernard.varaine@paramedics.org.nz

STAFF

Chief Executive Officer
Robyn Smith
robyn.smith@paramedics.org
Manager, Governance & Corporate Policy
Cassandra McAllister
cassandra.mcallister@paramedis.org
Communications Editor
Denese Warmington
denese.warmington@paramedics.org
eLearning Manager
Ally Batucan
ally.batucan@paramedics.org
Membership Registrar
John Hall FPA
membership@paramedics.org
Editorial Assistant – The AJP
Meg A'Hearn
meg.ahearn@paramedics.org
Finance Officer
Cliff Jones
accounts@paramedics.org

CORPORATE OFFICE

Box 173, 585 Lt Collins Street,
Melbourne VIC 3000
Free call 1300 793 385
info@paramedics.org

ACN 095 065 580
ISSN 1836-2907

© Paramedics Australasia 2018.
All rights are reserved. All materials contained in this publication are protected by Australian copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior permission of Paramedics Australasia or in the case of third party material, the owner of that content. All efforts have been made to ensure that material presented in Response was correct at the time of printing and is published in good faith. The views and opinions expressed in Response are not necessarily those of Paramedics Australasia and its executive or employees. The content of any advertising or promotional material contained within Response is not necessarily endorsed by Paramedics Australasia. Published by Paramedics Australasia.

COVER

Paul Reeves, intensive care paramedic with the St John Ambulance Critical Response Unit in Alice Springs, and speaker at ROAR 2018.



with Peter Jurkowsky

Integrity and inclusiveness

Dear Members, a warm welcome to this issue of *Response*.

An enormous amount has occurred in the paramedicine space since the last issue of *Response*, led by the unrelenting march towards registration later this year. This issue – in its fresh and revitalised design – includes a range of relevant and interesting articles, including a piece by Michael Eburn and Ruth Townsend focussing on the vexed issues around registration and professional indemnity insurance and a registration update specifically addressing the important ‘grandparenting’ provisions in the National Law. We also feature an engaging Q&A with the new St John Ambulance NT CEO, Judith Barker; take a look at the Queensland Ambulance Service Bicycle Response Team; and hear about ‘a day in the life’ of Ambulance Victoria paramedic, Jeff Kenneally. The Board of Directors has just approved our Strategic Plan for the next three years, and our CEO Robyn Smith provides members with a synopsis. Robyn has also authored an interesting piece on the value of conferences and, importantly, the power of our annual international conference, which this year will be held at Sea World on the Gold Coast.

I would like to make particular mention of the just-concluded inaugural Rural, Outback And Remote (ROAR) conference, which was held in Alice Springs over 17–19 April. A big

thank you to our executive team and members of the PA Rural and Remote Special Interest Group for organising such a unique event. I was fortunate enough to be able to deliver the opening address at this conference, which is reproduced below. It was also a privilege to be in attendance at a conference where the local medical and paramedicine fraternities are so closely involved, witness first-hand the amazing collegiality they share and the passion they all have in caring for their unique community. I would urge all members to consider attending the next ROAR conference to experience this for themselves.

The Rural Outback And Remote Conference Opening Address

Australia is often known as the ‘lucky country’, a term first coined by Donald Horne in his book of the same name, first published in 1964. It is commonly seen as a term of positivity in describing Australia as one of most desirable places on earth to call home. What is not commonly known is that Donald Horne used the descriptor in a negative sense. He said:

Australia is a lucky country run mainly by second-rate people who share its luck. It lives on other people's ideas, and, although its ordinary people are adaptable, most of its leaders so lack curiosity about the events that surround them that they are often taken

by surprise. A nation more concerned with styles of life than achievement has managed to achieve what may be the most evenly prosperous society in the world. It has done this in a social climate largely inimical to originality and the desire for excellence (except in sport) and in which there is less and less acclamation of hard work. According to the rules Australia has not deserved its good fortune.

He was, of course, referring to the ubiquitous ‘rules’ of life. He may have made some valid points but the term has certainly stood the test of time as a positive inference – in most areas of Australian life.

Australia's demography is dominated by an affluent middle class, consistent economic growth, high life expectancies and a broad theme of social justice where equality underpins government executive decision-making. This principle of equality is sustained by a health and welfare system where those less able to support themselves are provided with income and services to ensure a reasonable quality of life is maintained.

We come together here at this aridly beautiful place to talk about rural, outback and remote access to primary health care services, in particular, paramedicine-based expertise. We have a wonderful array of subject matter experts offering insights into the vexed issues facing rural health practitioners and we will all be bet-

ter informed after hearing from these eminent professionals.

The Australian Institute of Health and Welfare provides an instructive summary when describing the state of rural and remote health, stating:

Australians living in rural and remote areas tend to have shorter lives, higher levels of disease and injury and poorer access to and use of health services compared to people living in metropolitan areas. Poorer health outcomes in rural and remote areas may be due to a range of factors, including a level of disadvantage related to education and employment opportunities, income and access to health services.

These unfortunate holistic community observations are further complicated by the devastating statistics surrounding the health and well-being of Aboriginal Australians – I certainly don't need to recite any of those compelling indicators to this audience.

Whilst governments and communities cannot influence many of the areas which impact negatively on the lives of autonomous human beings, the one where the most significant impact can be made, surely, is access to health services.

As the peak representative body for paramedics in Australia and New Zealand we feel we have a role to play in influencing the social fabric of the societies we serve as the front-line carers in the health care chain. We do so upon a bedrock of integrity-based practice and the through the core principle of inclusiveness.

The field of paramedicine has seen massive change throughout the immediate past generation where the role has evolved from a primary emergency service into a recognised field of health care expertise. These massive steps forward in a relative-



ly short period of time have been made possible through educational advancements, increased and sustained professionalism and outstanding leadership by many, including my predecessors in this role, Dr Peter Hartley and Associate Professor Ian Patrick.

This evolution will reach a new peak later this year when paramedicine is included as the fifteenth health profession within the National Health Practitioner Registration Scheme in a regulatory framework that sees enhancing public protection as its guiding principle.

There is not a one-size fits all and Paramedics Australasia is dedicated to supporting all those working in paramedicine whether they are employed by public ambulance services, the private sector or the defence forces and whether they are operational staff, managers, volunteers or educators. Paramedics Australasia is here to partner and support paramedics through this watershed era of evolving professionalism through resourcing their professional practice needs, advocacy and specific areas of membership benefits such as cost-effective professional indemnity insurance through our industry-lead-

ing partnership with Guild Insurance and a suite of online continuing professional education modules tailored to meet all needs.

Through our wide range of special interest groups we seek to support the exact needs of all Australasian paramedics and with our rural, outback and remote paramedics facing many unique challenges, we are committed to understanding those issues and challenges through our inaugural – and first ever of its type – rural, outback and remote focussed paramedic conference in Australia.

At the completion of our conference, at the panel finale tomorrow, we will seek to identify the key challenges and issues facing rural, outback and remote paramedics to enable us to prepare and implement a strategy to support and strengthen this vitally important group of dedicated professionals.

Finally, reflecting on Donald Horne's famous but misunderstood catchphrase, may I warmly welcome you and thank you for joining us at this conference where we strive to ensure Australia remains the lucky country for all.

*Peter Jurkovsky
President, Paramedics Australasia*

ROAR

– a resounding success

The Paramedics Australasia inaugural Rural Outback And Remote (ROAR) Paramedic Conference was held in the heart of Alice Springs over 17–19 April. Almost 60 delegates from rural and remote settings around Australia and New Zealand gathered to share ideas, challenges and opportunities around their paramedicine work and life settings.

To kick things off a welcome reception with barbeque dinner was held on the lush lawns of the conference venue, Mercure Resort Alice Springs. Arrernte Elder Kumalie (Rosalie) Riley welcomed us to Country, telling delegates that in the Arrernte Aboriginal people's Dreamtime, giant caterpillars created the land where we stood.

The conference was opened by Chair of the PA Rural and Remote Special Interest Group, Professor Peter O'Meara and PA President, Peter Jurkovsky.

ROAR highlights

Dr Stephen Gourley reflected on the evolution of paramedicine with national registration that will see paramedics rightly taking their place as health professionals. He shared statistics demonstrating that emergency department presentations in Alice Springs are rising annually. Stephen's view is that this trend is

occurring as people are living longer but are 'sicker' during their life and have less health reserves.

He also observed that there are both rewards and challenges for rural and remote paramedics. One of the challenges relates to living and working in smaller communities and that paramedics can't be invisible – the ROAR paramedic will know many of the patients they support, and they may even be their colleagues. Delegates discussed an aspiration to break down the barriers between medicine, nursing and paramedicine and the need for allied health to work as a team to achieve modern health care outcomes.

A topic that generated great interest was ethics and law and the increased need for palliative care, with 70 per cent of the delegates saying that they would wish to die in their own home. However, it was agreed there needs to be a balance between the patient's wishes and the ongoing impact to

their family. Stephen reassured the group that as clinicians, paramedics work for the patient and need to do everything in the best interests of the patient, not the family, although the goal is to align the wishes of both.



Cassandra McAllister, Peter Jurkovsky, Kumalie Riley and Robyn Smith at ROAR



St John Ambulance NT vehicles and RFDS simulator

Indigenous health

Alice Springs-based on-road paramedic Brock Hellyer discussed the challenges of care provision to Aboriginal communities in central Australia: across Australia 2.8 percent of the population identifies as Aboriginal and/or Torres Strait Islander, whereas the ratio across the Northern Territory is 30 percent and over 60 percent in Tennant Creek. Language barriers and communication issues are extremely challenging, with almost 100 different living languages across the region.

Associate Professor Kerry Taylor, Deputy Director of the Poche Centre for Indigenous Health – Flinders Northern Territory and Colleen Hayes an Indigenous health lecturer at Flinders University, provided further insight into communication and cultural safety issues in the region.

Kerry and Colleen illustrated the complexities of cultural safety for

Indigenous Australians and how to show respect and sensitivity. For effective health communication, paramedics need to show understanding around different approaches between the young and old, male and female and differing spiritual beliefs. Non-verbal communication is very important along with incorporating communal sharing of information and decisions around health.

The 24-hour snapshot

Paul Reeves gave delegates a 24-hour snapshot of being an intensive care paramedic with St John Ambulance NT, which consists of 40 staff servicing a population of approximately 25,000 and covering a vast geographic area. Automatic despatch extends up to 150km and greater distances are serviced if determined a priority. The unsealed roads, corrugation and difficult terrain make travelling difficult and unkind to patients.



Paul Reeves trauma presentation

In another presentation, Paul shared his 20-year career in locations including Afghanistan, Africa, Iraq, Cambodia and the Solomon Islands.

On the ground

Rex Neindorf, the 'snake man' from Alice Springs Reptile Park, provided a comprehensive overview of snake life in Alice Springs and other remote and rural environments in Australia. Rex urged delegates to be highly observant of the bite marks from the

fangs rather than seeking to identify the species of snake. He explained that in Australia, snakes have very small fangs making diagnosis difficult. Rex also stated that the best immediate treatment is compression.



Rex Neindorf from Alice Springs Reptile Park

In the air

Cooper Born, supervisor for BHP Billiton Air Ambulance and a critical care flight paramedic operating out of the Pilbara region, gave us valuable insights in to paramedics working in the resources industry. He discussed aspects of working for a major resources company as an employee rather than a contractor, the scope of clinical practice in this environment, interaction with other agencies and clinical governance frameworks.

Dr Richard Johnson, a retrieval and emergency specialist at Alice Springs Hospital, provided two excellent sessions leading to an interactive simulation exercise: what happens after 'ooo' showcasing the Royal Flying Doctor Service trauma response and issues working in the confined space of an aircraft. He highlighted the benefits of inter-professional team training and its benefits in pre-hospital health care and walked us through several key studies in remote health.

It was refreshing to hear that Richard believes that in Alice Springs, St John Ambulance, the RFDS and the hospital collaborate effectively and maintain excellent relationships.

“Paramedics Australasia is dedicated to rural and remote Australia – and the inaugural conference is the just the beginning of our ongoing commitment in supporting paramedics and their rural and remote communities”

Mental health

Lisa Holmes, Chair of PA's Mental Health and Wellbeing Special Interest Group and member of the Edith Cowan University Paramedicine Team, shared findings from her completed PhD focussing on preparing students for the mental health challenges of the profession by using the wisdom of veteran paramedics. She then followed up this presentation with a practical team exercise around the challenges that hinder communication.

Earth's Sanctuary

15 minutes out of town was the venue for our 'Spirit of the Outback' dinner. Joe Falzon and his three sons Dan, Ben and Tommy own and manage the sanctuary, occupying 100 acres of beautiful desert wilderness overlooking the spectacular Eastern MacDonnell Ranges. Coincidentally, the three sons are paramedics in Alice Springs and in 2016 produced Outback Paramedic, a documentary of six paramedics in Alice Springs (including the three brothers) hosted by Shane Jacobson.

Besides the excellent outback-style dinner with damper made by some of our own paramedics, the highlight was the astronomic star show where we were guided through the Central Australia night sky, observing galaxies and star clusters and our very own bright shooting star.

Take home messages

There is no doubt that ROAR was a resounding success with the following messages for improving rural and remote paramedicine made loud and clear:

- Identifying opportunities for working across primary health
- Extending the Alice Springs graduate program and greater



Cooper Born, BHP Billiton presenting at ROAR



Interactive trauma scenario with RFDS and St John Ambulance NT

support for initial transition in remote and rural settings

- Exploring the scope for exchange between private providers and opportunities for postgraduate placements in the resource industry
- Strategy for occupational violence in sectors of rural and remote paramedicine, in liaison with local police
- St John Ambulance NT trialling a critical response single responder model
- Requirement for greater cultural awareness and safeness education
- Learning from models used by Aboriginal health organisations to improve communication and patient outcomes
- Future technology and systems to support how paramedics will operate in the future: demand and acuity profile, telehealth and clinical governance perspective of government.

Thank you to everyone who joined us at ROAR and in particular the local paramedic community who supported our ROAR organiser Cassandra McAllister and moved red earth and sky to ensure we had a very successful and happy experience.



Brock Hellyer



Western Australia members at ROAR



Victoria members at ROAR



Northern Territory members at ROAR

PARAMEDICS AUSTRALASIA
INTERNATIONAL CONFERENCE

PAIC 2018

a new era in paramedicine

20-22 SEPTEMBER 2018 | SEA WORLD, GOLD COAST

www.paic.com.au



A new era in paramedicine

Join us at Sea World Resort and Conference Centre for the leading paramedic conference in the southern hemisphere. Coinciding with the launch of registration for paramedics, we enter a new era for paramedicine in Australia.

This year's conference program will include a mix of cutting edge research and scientific content, as well as operational topics relevant to frontline paramedics, with significantly reduced rates for PA members.

Hands on experiences with world leading exhibitors, workshops and the exciting Ferno Australia Paramedic Simulation Challenge make this conference a must on your educational calendar.

Come to the conference and stay for a holiday on the incredible Gold Coast.



PARAMEDICS
AUSTRALASIA



Bicycle Response Team on track

There is a new team weaving its way through the Gold Coast glitter strip's high-rises and big crowds to assess and treat patients.

The smooth sound of nobbled tyres rolling along the Gold Coast's pathways belies the urgency of the situation CCP Ricky Arnold and ACP2 Warren Herlt are about to face.

It is 11:01am on a Monday and the pair has just been dispatched from the tourist strip's iconic Cavill Mall.

Utilising the bikeway along the Esplanade and Northcliffe Terrace, within three minutes the pair has reached Northcliffe Surf Club where a man has been pulled from the surf.

Fortunately, the male patient is conscious but has swallowed water so is assessed and eventually transported to Gold Coast University Hospital in a road unit.

What is different about this incident is that it was the first for the Queensland Ambulance Service Bicycle Response Team (BRT). The BRT was formed to bolster the QAS response to the Gold Coast 2018 Commonwealth Games



Training was rigorous and expertly conducted by experienced Queensland Police Force officers

– allowing paramedics to reach patients without having to negotiate traffic snarls, closed roads or pedestrian-only areas and adding to the suite of response options available.

Launched in November 2017, the team works seven days a week between 10am and 8pm. They cover an area from Southport down to Mermaid Beach and are riding Merida Big7 hardtail mountain bikes with safety livery, lighting and a primary response kit that includes an automatic external defibrillator, advanced airway kit and major/minor trauma kit.

First, though, the team were put through a practical two-day training course with the Queensland Police Bike Squad, learning bike handling skills and maintenance.

For former elite cyclist and Coral Gardens ACP2 Jane McDonald, the BRT was an opportunity too good to pass up.

“It just seemed like a job that was made for me – to be able to combine

riding whilst at work and be involved in a program in its infancy, that’s really nice,” Jane said.

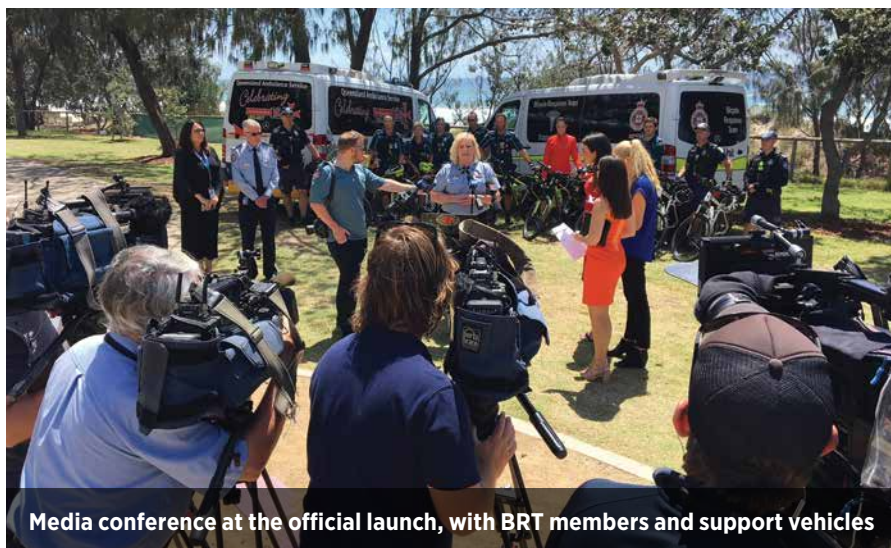
“ I love riding my bike – when I get to do it at work it’s even better ”

The team tested its big-event capabilities during ‘schoolies’ where mem-

bers honed their local knowledge.

“Our local knowledge since schoolies has lifted and continually improves every day – we’re all getting really good at knowing where we’re going.

“We now know the arcades – we know where we need to get to and we can utilise those arcades, smaller side streets and the malls as well.”



Media conference at the official launch, with BRT members and support vehicles



The inaugural ride along the esplanade at Surfers Paradise turned heads

Averaging around six to seven cases a day varying from near drownings, chest pains, collapsed patients and cut feet, the team are riding anywhere from 20 to 60 kilometres in a shift.

“We’re riding hard, we’re really putting in, it adds a bit of excitement too,” Jane said.

“It’s a really motivated, enthusiastic crew that we’ve got – everyone is really keen to make it work.”

The team operates from a customised unit based on the Surfers Paradise beachfront and can be deployed to other areas if needed. Their visible presence has been well received by the general public.

“We get stopped for photos a lot, it’s really common for us to get flagged down,” Jane said.

“People come up to us and want to talk about the bikes and want to have a chat to us.”

So did this former Australian representative consider coming out of retirement for GC2018?

“I have too much respect for the athletes, I don’t think this old duck would have been any match for them at all,” Jane laughed.

Due to the success of the BRT on the Gold Coast, a second BRT was launched and became operational in the Brisbane CBD in February.

The original version of this story was written by the QAS media unit and appeared in the Summer 2017-2018 edition of QAS Insight Magazine. It is reproduced here in its amended form with permission.



BRT member Tara Hardy showing Assistant Commissioner Commonwealth Games, Gerard Lawler, some of their kit

RESPONSE | Q&A



Judith Barker is the recently appointed CEO of St John Ambulance NT, a former paramedic and SA Ambulance Service Director of Service Performance and Improvement. In this Response Q&A, Judith talks to us about the issues paramedics face in rural and remote areas, and the power of taking up a challenge.

Q What originally attracted you to a career in paramedicine?

A When I first left high school I went to university and attained a Bachelor of Arts in English because at that time I felt like it was expected that you should know what you want to do with the rest of your life at 17 years of age. Really at that point I had no clue where I wanted to be or what I wanted to do. As much as I love books and literature, the job roles that this degree opened up for me – teaching and academia – weren't ones that I could see myself in for the rest of my working life; that I could be passionate about.

I was looking for something varied and challenging and also something that served a social purpose. It took me a few years to realise what that was. It was a light bulb moment when I realised that being a paramedic ticked all the boxes. Working as a paramedic is intellectually stimulating, medicine is a constantly changing field. It exposes you to unbelievable situations that you would never experience in a 'normal role' that are confronting, challenge your thinking and test your beliefs. It introduces you to people that you would not meet in your day-to-day life. No two days are the same but at the end of the day you get to finish your shift knowing that in some way you made someone's life that little bit better or easier by your actions. Whether that is a life-saving intervention or making someone a cup of tea and sitting with them after they just lost their partner of 50 years.

I was probably genetically predisposed to paramedicine, my dad was a paramedic, my brother is a paramedic and I have family that are volunteers. However, it hadn't been on my radar initially because it can be a challenging role to take on. I know as I submitted my job application there was that question in the back of my mind: did I have the right 'stuff' for the job? I am so glad that I ignored that

nagging voice as I could not have found a more rewarding career, nor one that suited me more.

Q What motivated you to make the move from practising paramedic to management roles?

A I loved, and still love, the role of paramedic. However, I also know and understand myself and I am not the type of person who can stay still. I didn't start with the goal of being a CEO, I just wanted to take that first step to have more of a voice for patients and paramedics, to be an advocate. I didn't feel I could be that voice as a paramedic at that point in time.

Paramedicine is a fantastic field to be in now days, you no longer need to move into management if you want to do something different or change the system for patients and paramedics. Paramedics can choose to go in a number of directions – teaching, research and emergency management, to name a few – which all have amazing impacts.

Once I took my first step I then started down the path of formal education in health management. My experiences in management and leadership, combined with a formal education started me on a journey that I have never looked back from.

Q As a successful woman in a male dominated profession, do you have any advice for other female paramedics considering a career shift into management?

A My advice is for all paramedics, not just females. If you believe that in the future you are going to want to advance your career or go in a different direction, whether it be management, research or another path then start preparing yourself now. Don't wait until that moment when you are ready to make the change or take up an oppor-



tunity and discover that you are not prepared, that you don't have the training, skills or education level and that roles start to pass you by.

Never be afraid of a little discomfort. Say yes to every opportunity that comes your way. A level of discomfort in your career, taking up a challenge that makes you somewhat nervous, can be invigorating when you realise that you can do it.

Finally, make sure you pave the way for those following in your footsteps and make their journey easier. Mentor people where you can, always be an inclusive leader and create opportunities for people. In the current work climate people are looking for more flexibility in the way that they work. Men and women want to spend more time with their families and balance life and work yet so many of our promotional and leadership opportunities are only provided in the very traditional full-time manner. We should be open to looking at the way we provide opportunities for people; this will provide untold benefits to organisations and staff.

Q Paramedics Australasia recently hosted their inaugural ROAR conference in Alice Springs, which was specifically designed for rural and remote paramedics. What are some of the unique issues facing paramedics in the Northern Territory?

A The population in the NT is quite isolated and remote, even those living in the capital can at times be remote from some necessary forms of health care.

There are five populated centres: Darwin, Alice Springs, Tennant Creek, Katherine and Nhulunbuy which are relatively isolated centres and then outside of these locations

we have a large number of towns and Indigenous communities with smaller population bases but with some significant health concerns. These communities are serviced by clinics that have low staffing levels or by fly-in/fly-out services.

“ I didn't start with the goal of being a CEO, I just wanted to take that first step to have more of a voice for patients and paramedics, to be an advocate ”

We have higher instances of chronic diseases such as renal disease that present acutely and we are also experiencing diseases such as rheumatic heart disease that have been largely eradicated in developed countries. Paramedics are not only dealing with a wider range of health issues but also some significant social issues such as alcohol and substance abuse as well as high instances of domestic violence.

Logistically for our paramedics, cases that may be simple to manage and have short case cycle times become extended due to weather extremes, distance and geography resulting in extended patient care and management. Then there are cases that have all of these logistics complications and are high mechanism trauma such as vehicles rollovers resulting in fatalities and critical injuries. Our paramedics are some of the most amazing people working in difficult conditions to provide an extremely high level of professional care.

Q And finally, how are you enjoying life in the 'Top End'?

A Everyone I have met has been so welcoming. I have been out and about on a Track Trip to try to meet up with as many people as I can, from paramedics to volunteers and key stakeholders. I have heard first hand from the team some of the issues they are facing but also some of what they are hoping to achieve within the community to improve the situation. They are proactive and enthusiastic.

So far life in the Top End has been very much about work but I am creating quite a long and eclectic list of places to go and things to experience. The Darwin Festival is high on my list and I am also looking forward to my dry season visitors starting so I can start to experience the NT with them. I certainly feel like this has been a great life decision.



A day in the life...

Name: Jeff Kenneally

Role: Paramedic and Team Manager

Location: Melbourne, Victoria

I am team manager of two intensive care paramedic teams and one advanced life support team in the outer western suburbs of Melbourne, providing a range of day, afternoon and night shifts. The teams are busy, sometimes barely at the station. There is a huge diversity within the response catchment including freeways and highways, industry, aged care, new housing estates with young families and a large suburban fringe and rural area. We also have four, yes four, major prisons within minutes of us.



Call-out for a health commander

My roster rotates over 24 hours but is mostly day shifts. Day crews begin at 07:00 but I arrive earlier. A bleary-eyed night shift can be hard to catch up with and won't wait around or thank me for delaying their departure home! As it turns out today, the night shift are still on a call-out. 'An old fashioned pulmonary oedema' one of them describes when they finally return 40 minutes late. The usual exchanges follow as day shift take over. Did you do anything else interesting? Have you restocked the truck? Have you signed the drug register? One of the night shift departs, children to drop at school. Minutes later he's back; angry look, arm outstretched shaking something.

The ambulance keys he still has.

Today I'm 'in-field' manager. For the next 10 hours I'm not only team manager here, it's me for all manner of organisational needs including staff welfare, major incidents and local emergency calls. And occasionally restocking the ambulance printer at the local hospital! My sedan has response capability so usual equipment and medication checks first.

Next stop, the computer. A lengthy list of emails awaits, mostly routine. A request to change annual leave, a request for a different roster line, can I find time to talk about a case. If your people's real lives don't fit with their work lives, one has to give. I know which one.

Coffee. No paramedic can function without coffee it seems anymore and my day shift ask me to follow them to their favourite house of brew. This is my chance to spend time with them, chat about, well, anything they want. There is an ICP student on today so chat time works for me.

We're only half way through the coffee when they get a callout. Asthmatic in trouble. 'Good chance to see me in action' the student calls prompting me to follow.

The patient is predictably, upstairs. English is a second or maybe third language. The cyanosis and agonal gasping is clear enough though and my two go to work alongside the ALS crew already with bag/valve/mask in action. It isn't long before the need to intubate is apparent. The clinical instructor smiles at me: "Good chance to coach the student at the airway end if you want."

The RSI goes well, grade one view, the student's excitement palpable. It's a challenge to get the patient downstairs, hands desperately holding the ET tube. I explain to the family what happens next, unsure if they really understand. The school age girl seems the best with English and interprets for me. I think. I clean up the obligatory mess of paper and plastic as crews and patient depart hospital bound.

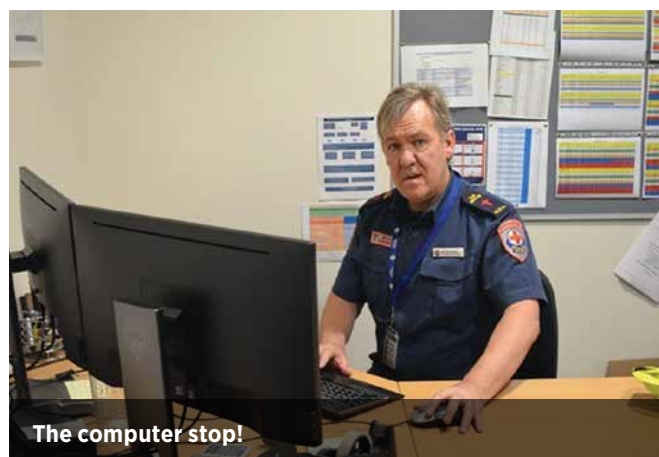
It's back to the station. The drug and supplies store has been depleted since my last inventory only a few days ago. Another stores order sent off. A sphygmomanometer is broken, left on my desk. Packaged and sent off for repair.

Lunchtime, my radio beeps, simultaneous with my pager. There has been a chemical spill with multiple people exposed. Fire-rescue and police dispatched. They want a health commander on site.

This one is a fair way from here, but today, half of Melbourne is mine. There are already two paramedic teams in attendance and the first, triage and transport tabards on, greet me. Three people have been exposed to fuming liquid. There are others inside the building still being brought out. They have it in hand for now and, confident of their safety, I meet with the other emergency commanders. The fire commander outlines the plan. The briefing is done in a few minutes and I return to my crews. Only one of them has been at a call like this but they all seem across what to do. There are four patients now and I have more ambulances dispatched here. A call to brief the nearby hospital follows.

It takes over an hour but eventually all patients are located and decontaminated. One has eye irritation, another breathing difficulty. None too bad. All others involved are okay so, after another meeting of commanders, the ambulance role is finished.

It's a long drive back to the station and well into the afternoon now. Another duty manager call. A paramedic has been assaulted by a patient.



Ice. A few years ago drugs were common enough but mostly heroin and GHB. Sedative stuff. Now it's all about stimulants. Upstairs again. The young man's family brief me, their sadness evident. They can't cope anymore. Their house is filled with police. The lad, dauntingly big, is being wrestled on his bed by half a dozen police. The paramedic team have prepared their ketamine injection and are ready to administer it. Despite the struggle, a thigh is exposed and enough space made for the injection and hasty withdrawal. It works and before long a restrained and sedated form is ready for a not eagerly awaiting emergency department.

One paramedic was punched by the man when they first arrived. There was no warning with him going from 'a little odd' to 'maxo extremo' in an instant. The police on hand and his father stopped things from being worse. He is okay though, more fright and a sore cheek. He isn't badly injured. He doesn't want to go to hospital. He wants to stay at work. Yes he'll fill out the OH&S paperwork.

Back in my car, I telephone his team manager and let her know what has happened. She'll be on to it when they return. Next I telephone the duty manager and suggest a peer support call.

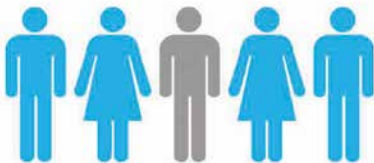
The day is near done for me and I head back to the station. My ALS team are in and there is a new graduate on the car. Of course I'll come out with you next week. Of course I have time to discuss your progress report.

The night shift arrive and the changeover cycle repeats. "Have I had a chance to look over my flexible work agreement application?" Yes that looks fine, I'll send it off. "Did you approve my paternity leave application?" I haven't yet. Top of tomorrow's list. Today is done now.

Introducing Heads Up

Mentally healthy workplaces work better for everyone, and everyone has a role to play. Your mental health at work should be as important as your physical health and safety.

Yet we all know how difficult it is to achieve our best work and cope with general life when we're going through a tough time. It may surprise you that statistically, one in five people is likely to be experiencing a mental health condition right now.



People working in mentally healthy workplaces are more productive and committed to their organisation. For every \$1 invested in workplace mental health initiatives, businesses receive an average return of \$2.30.

MENTALLY HEALTHY WORKPLACES ARE THOSE WHERE PEOPLE LOOK FORWARD TO COMING TO WORK, WHERE MENTAL HEALTH IS PROTECTED AND PROMOTED, AND WHERE EMPLOYEES AND MANAGERS ARE FLEXIBLE AND SUPPORTIVE OF EACH OTHER.

Creating a mentally healthy workplace is everyone's responsibility

Heads Up is all about giving individuals and businesses free tools and resources to create mentally healthy workplaces.

Developed by *beyondblue* and the Mentally Healthy Workplace Alliance, Heads Up is a national initiative to encourage Australian workplaces to become mentally healthy, for the benefit of the whole community and businesses, large and small.

A big part of creating a mentally healthy workplace is ensuring we all take care of ourselves and each other.

The Heads Up website

The Heads Up website (www.headsup.org.au) is a great place to start, with useful tips and guidance to help you look after your own mental health. If you think a colleague might be struggling, there's practical information to help you check in with them and see how they're doing.

You'll find lots of video case studies and personal stories, interactive online tools and useful templates like a return to work plan.

You can also use our Heads Up online action plan to create a strategy that's tailored for your business. This interactive tool will help you define and prioritise your goals, identify risk areas and take a step-by-step approach to creating a mentally healthy workplace.

KEY TOPICS AND RESOURCES INCLUDE:

- disclosing a mental health condition at work
- bullying
- suicide
- supporting a direct report
- returning to work
- creating a mentally healthy workplace
- business case studies
- personal story videos
- a 'getting started' pack to help you take action
- legal rights and responsibilities
- free online programs
- having a conversation with a colleague.

After all, promoting mental health in the workplace is everyone's responsibility.

However small you decide to start, take the first step towards a more mentally healthy workplace today by visiting www.headsup.org.au

JOIN HEADS UP

Joining Heads Up means we can keep in touch with you and support you on your journey.

We'll also keep you up to date with newly launched resources and share tips to make you and your workplace more mentally healthy.

A strategy for the workplace

by Simone Haigh

In early March, I had the opportunity to attend the two-day Mental Health Strategy for First Responders conference in Melbourne. This conference, which specifically focussed on first responder mental health, was an opportunity for leaders to discuss and compare the different mental health strategies within their organisations.

The most prevalent message was that the stigma associated with mental health is still the main reason for first responders not seeking help.

Ambulance Victoria Chief Executive Officer, Tony Walker, spoke of the evolution of the mental health strategy within Ambulance Victoria. He stated that paramedic suicide is four times greater than the Victorian average and three times greater than other emergency services. Again, stigma plays a part: 52% of people won't talk to colleagues and 41% won't talk to their managers.

“If there is a leak in the submarine, it is everyone's problem” – Tony Walker, CEO Ambulance Victoria

So how do we deal with the stigma? It needs to be a holistic approach encompassing the four health pillars: physical, psychological, social and organisational. Speakers stressed that this needs to come from the top: training managers to create a supportive workplace and organisations placing emphasis on the people not the numbers. Leadership is the key for implementation of a mental health strategy in organisations and although they may not get it

right the first time, they need to acknowledge there is an issue, listen to staff and evolve to their needs. Furthermore, awareness through education to staff and managers in the symptomology of stress and PTSD will help with early acknowledgement and therefore early help and support.

There are many barriers to implementing a mental health strategy within an organisation. Political pressure regarding cost is significant. However, organisations have found that a strong investment in mental health initiatives has saved 3–10 times the money that would have been spent if a mental health strategy were not in place.

If you would like more information regarding mental health for first responders, I recommend 'Heads up' from The Mentally Healthy Workplace Alliance at [beyondblue](http://beyondblue.org.au) (www.headsup.org.au). There is a range of resources for creating a healthy mental workplace and resources specifically for emergency services. [beyondblue](http://beyondblue.org.au) is currently undertaking extensive research into the mental health of emergency service personnel, with many ambulance services throughout Australia already implementing these initiatives in their workplaces.

Senate inquiry into the mental health of emergency service workers

On 27 March, the Australian Senate moved to initiate a senate inquiry into the mental health of emergency service workers. This inquiry will not only encompass paramedics, firefighters and police, but also dispatchers and volunteers who are exposed within first responder and emergency service organisations. The inquiry will look into the nature of mental health issues, the link between occupation and mental health issues and the factors that impede the adequate management of mental health issues. It will look for opportunities of improvement regarding reporting of mental health conditions, specialised services, workplace culture and management, return to work arrangements, post-retirement services and resource allocation and related issues.

Submissions for the senate inquiry close 20 June 2018, and I encourage you to make a submission. Information regarding the senate inquiry is available on the Parliament of Australia website at www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth



(L-R): Craig Lapsley, Victorian Emergency Management Commissioner; Tony Walker, CEO Ambulance Victoria; South Australian Metropolitan Fire Service representative



About the author

Simone Haigh is an intensive care paramedic in Tasmania and Vice-President of Paramedics Australasia.

Paramedics, welcome to the National Scheme

Did you know in late 2018, paramedicine will become a regulated profession under the National Registration and Accreditation Scheme (National Scheme)?

Here are a few tips to help you prepare for this important transition.



What does this mean?

Only people who are registered with the Paramedicine Board of Australia (the Board) will be able to lawfully call themselves a paramedic.

Once registered, you will be added to a national *Register of practitioners*.

How do I get registered?

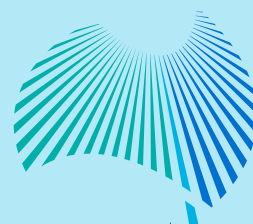
You will be able to apply to become registered with the Board when the registration standards for paramedicine are finalised and registration opens in late 2018.

What should I do now?

Jump online and visit the Board's website **www.paramedicineboard.gov.au**.

You'll be able to get familiar with the Board and its registration standards, and check that you are eligible and suitable for registration.

While you're on the website, make sure you sign up for e-News updates. This will ensure that you receive the latest information.



Paramedicine
Board of Australia

AHPRA

‘Grandparenting’ and the rights and responsibilities of a registered paramedic

by Peter Jurkovsky, President, Paramedics Australasia;
Chair, National Registration Working Group

With national registration fast approaching, one of the most contentious areas within the registration eligibility criteria will be the ‘grandparenting’ provisions. The intent of the grandparenting provisions is to ensure that paramedics who are legitimately practising before the participation date are not unjustly disadvantaged because they have not completed an approved qualification – applicants with older qualifications or genuine and recognisable recent practice experience are able to obtain registration via this pathway.

Under the Health Practitioner Regulation National Law Act 2009 (National Law), to apply for registration all applicants must satisfy the Paramedicine Board of Australia (PBA) that they are both qualified and suitable for registration. In addition to the five mandatory standards that must be met,¹ the National Law provides a number of pathways that a paramedic can use to demonstrate that they are qualified for registration. If you have a qualification that is on the list of approved programs,² or the list of accepted programs,³ you are automatically qualified to apply for registration. You can also demonstrate that you are qualified for registration via one of the three grandparenting pathways. They are:

1. If you have a qualification or have completed training that is on the list of adequate qualifications and training then you will automatically qualify for registration,⁴ or
2. If you have a qualification or training that is not on any list, but have done further training and/or a period of supervised practice as a paramedic, the PBA will consider your application as a whole to see if you are qualified for registration as a paramedic, or
3. If you have no qualification or training as a paramedic you can rely on, you can still demonstrate that you are qualified for registration by demonstrating five years of practice as a paramedic in the past 10 years.

Paramedics Australasia, as the peak professional body for paramedics in Australia, provides membership services and advice to members, and the broader sector in relation to paramedicine issues on a day-to-day basis.

The unique demographics of the paramedicine sector, when comparing it to other registered health professions, will be likely to give rise to a myriad of variances when the grandparenting applications begin rolling in. From paramedics employed in state and territory ambulance services, those employed within the private sector, defence force medics and volunteers providing a range of service levels across the sector, the PBA will be faced with a range of considerations when assessing applications on a case-by-case basis. Paramedics Australasia will be providing members with advice on these vital provisions to assist in their applications and continue to keep members informed of relevant developments as they arise.

An extremely important question that often arises is: “What are my rights and responsibilities as a registered paramedic if I go to someone’s aid when I am off duty?” The answers raise a myriad of practical, legal and ethical issues that are important for registered paramedics to understand. The first of these questions, which deals with your obligations around professional indemnity insurance, is addressed in detail by Michael Eburn and Ruth Townsend in this issue of *Response*. We will continue to delve further into this vexed area of paramedic practice in the months leading up to the registration participation day.

1. Criminal history, English language skills, recency of practice, continuing professional development and professional indemnity insurance.
2. Under the National Law, an approved qualification is a one obtained by completing an approved program of study for the profession. An approved program of study means an accredited program of study approved by the National Board. This list will be published in the near future and will be likely to include the current university level paramedic programs throughout Australia.
3. A holder of a Diploma of Paramedical Science issued by the Ambulance Service of New South Wales.
4. This category will be published by the PBA at a later date.

Professional insurance for paramedics

by Michael Eburn and Ruth Townsend

In 2018 it is anticipated that the paramedic profession will be brought under the Health Practitioner National Law. This is the law that governs 14 other registered health professionals including doctors and nurses. Under the Health Practitioner Regulation National Law, cl 129 'A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession'.

The Registration Standard: Professional Indemnity Insurance Arrangements issued by the Medical Board of Australia (1 January 2016) says (on p. 2):

2. Employment or contractual arrangements in the public sector

Medical practitioners who are employed in the public sector or who work in the public sector under a contractual arrangement may have cover under a master policy, an employer's indemnity arrangements, or be covered by legislation.

3. Other indemnified employer

Medical practitioners who are employees or have a contractual arrangement with a nongovernment employer may be covered by third party insurance arranged by the employer.

Most paramedics will be practising as employees and many as employees of state ambulance services. Those services will carry insurance, often under state or territory self-insurance schemes. By virtue of the doctrine of vicarious liability, those employers will be liable for any negligent practice by employed paramedics.

It is likely therefore that paramedic practitioners acting solely as employees, particularly employees of state ambulance service, will be sufficiently covered by the employer's insurance arrangements and not have to purchase insurance of their own. It should be understood that an employer is not paying for insurance on behalf of the employee rather the employer is insuring against their own risk,

that is, that they are liable for any negligence by employees. If the employer is inadequately insured they are still liable but instead of passing the cost of any negligence to an insurer, they have to meet the liability out of their own funds. Where an employer is the state operated ambulance service, it will be the state that is liable so the question of capacity of the employer to meet any liability will not arise. This may not be the case with smaller private employers and therefore something they should bear in mind.

The issue of insurance for paramedics is unique because the type of work, and most particularly, the environment in which they work, is unique. Emergency out-of-hospital care is the essential or defining aspect of paramedic practice. A doctor or nurse may feel they need to assist at an emergency out of the hospital or clinic setting but paramedics are the experts in out-of-hospital emergency care. Where a paramedic comes across an accident or is aware that a person is having a sudden medical emergency, they will be aware that assisting that person is the essence of paramedic practice and likely feel that they have a professional obligation to do so.

However, an individual paramedic may not have private insurance because, for instance, they hold a non-practising registration status or their insurance is covered by their employer when they are on duty with a state ambulance service. As such, a paramedic may be concerned that they would be held to be practising their profession, without insurance, if they offered to provide care, even basic first aid, at a sudden accident or emergency. In submissions to the Paramedicine Board of Australia (PBA), one of the authors of this article (Eburn) has argued that the Board should expressly say that such conduct does not constitute practice without insurance. In those circumstances a paramedic won't be in a position to engage in high-risk practices and the delivery of emergency care should be encouraged.

It has been argued that the Registration Standard on Professional Indemnity Insurance Arrangements that will, in due course, be issued by the PBA could make reference to or adopt the type of language used in the 'good Samaritan' provisions that exist in every Australian state and territory. For example:

A paramedic who, in good faith and without expectation of payment or other reward, comes to the assistance of a person who is apparently injured or at risk of being injured, is not considered to be practising paramedicine for the purposes of this standard.

A rule to that effect will bring the professional standard in line with the civil law. An off-duty paramedic who steps forward to assist in an emergency would be able to rely on state and territory 'good Samaritan' provisions so that he

or she is not liable to pay damages for acts done in good faith (see *box*). Where they are not liable for acts done in good faith, they should also be reassured that they will not be subject to professional discipline for practising paramedicine without insurance.

Professional indemnity insurance only covers liability to a patient who is injured. Personal public liability insurance usually offers much more. In particular, vicarious liability will mean that one's employer is liable to pay damages to an injured patient, but it will not provide assistance if the paramedic is subject to professional discipline or if their employer tries to take disciplinary action. Private professional insurance will usually provide legal assistance to the insured in these circumstances.

Paramedics Australasia has negotiated with Guild Insurance to provide professional indemnity insurance. This policy provides insurance for many risks associated with running a practice as a paramedic which may not be relevant for a paramedic whose only practice is as an employee but it does provide cover for work done in a voluntary capacity (eg. for a paramedic who is a volunteer first aider in his or her days off) and for 'good Samaritan' actions. Further it provides insurance to cover the legal costs of appearing before an inquiry that includes: an official investigation, examination, inquiry or prosecution directly relating to an act, error, omission or conduct by you in your provision of the professional services:

- brought by a registration board, statutory regulatory authority, tribunal or any disciplinary committee of an association or professional body of which you are a member;
- arising from a complaint made against you by a third party to any court, statutory health authority or agency, registration board or a professional association or body of which you are a member; or
- brought by way of coronial inquiry or royal commission.

These types of costs are not met by an employer and so this form of cover may be attractive for many paramedics, even those who practice only as an employee.

Conclusion

It remains to be seen what the PBA will set as the Registration Standard on Professional Indemnity Insurance Arrangements for paramedics. It is likely that a paramedic who practices only for one employer, and in particular if that employer is a state ambulance service, will not need to obtain private insurance.

However, paramedics should bear in mind that because the nature of paramedic work is to provide out-of-hospital

care, then providing 'good Samaritan' assistance may be seen as being more than a 'good Samaritan' for the purposes of the National Law. If the PBA rejects Eburn's submission and determines that it is a requirement under the National Law for paramedics to have public liability insurance, even in 'good Samaritan' cases, then a paramedic practising in this circumstance who does not have public liability insurance may be in breach of the Health Practitioner National Law. The provisions of the various 'good Samaritan' legislation will protect a paramedic in this circumstance from civil liability, but it will not protect against professional disciplinary matters associated with breaches of the National Law. The PBA should address that in the final Registration Standard.

To mitigate against any risk of an allegation of practising without insurance, and to provide insurance to help cover the costs of matters not covered by vicarious liability, in particular the cost of defending professional disciplinary proceedings, paramedics may like to consider obtaining private insurance.

Australian state and territory 'good Samaritan' provisions

ACT: *Civil Laws (Wrongs) Act 2002*

NSW: *Civil Liability Act 2002*

NT: *Personal Injuries (Liabilities and Damages) Act 2002*

QLD: *Law Reform Act 1995; Civil Liability Act 2003*

SA: *Civil Liability Act 1936*

TAS: *Civil Liability Act 2002*

VIC: *Wrongs Act 1958*

WA: *Civil Liability Act 2002; Volunteers and Food and Other Donors (Protection from Liability) Act 2002*

About the authors



Michael Eburn BCom, LLB, BA(Hons), LLM, MPET, PhD is an Associate Professor at the Australian National University College of Law and Paramedics Australasia Board member. He is the author of Emergency Law, and maintains a blog on Australian emergency law at <https://emergencylaw.wordpress.com>



Ruth Townsend BN, LLB, LLM, DipParaSc is a lecturer in law and sociology at Charles Sturt University. She is an editor and author of Applied Paramedic Law and Ethics and maintains a blog on health, law, ethics and human rights at <https://healthlawethics.wordpress.com>

Disclosure: Michael Eburn is currently a member of the Paramedics Australasia Board and it is Paramedics Australasia that is offering, in conjunction with Guild Insurance, the insurance product discussed in this article. The views expressed in this article are however the authors' own and not necessarily the views of PA or Guild Insurance.

Conferences – are they worth it?

by Robyn Smith, CEO, Paramedics Australasia

Despite the costs and effort involved in hosting and attending conferences, despite the various on-line communication options for the circulation of knowledge and commentary, thousands of events, involving many thousands of people coming together, take place around the world each year.

PA is committed to the value of conferences. Our own annual Paramedics Australasia International Conference (PAIC) consistently draws a strong representation of PA's membership and the paramedicine sector from around Australia, New Zealand and further afield. There is a high level of anticipation and interest in PAIC 2018 – A New Era in Paramedicine, which will be held in September at Sea World on the Gold Coast.

I was pleased to recently review a book called *The Power of Conferences: Stories of Serendipity, Innovation, and Driving Social Change*¹ that gives undeniable evidence that conferences can, and do, create social change.

In this book, the authors state there is a traditional lack of recognition of the full value of conferences. Drawing on a range of conferences from across industry sectors, the authors collected data using in-depth interviews and secondary data analysis. Through the analysis, six core themes emerged reflecting the benefits and outcomes that can arise from conferences: knowledge expansion; networking; relationships and collaboration; fundraising and future research capacity; raising awareness and profiling; and showcasing and destination reputation.

Within these core themes they suggest there are more than 45 possible benefits, tangible and intangible, including the exchange of ideas, building of professional reputation and strengthening of relationship bonds and resource ties. Application of new techniques and technologies, improved skills and relocation to the conference

What are the short- and long-term impacts of attending a conference? Are conferences losing audience with the availability of online and streamed learning opportunities and podcasts?

destination to live and work were among the tangible benefits.

The book also includes reflections from notable Australians when asked if and how their work had been influenced by conferences.

Professor Bill Bowtell (overcoming Aids/HIV): Of the many contributions conferences can make to society, Bowtell believes none is more vital than the role they can play in promoting knowledge diffusion and information flow. Reflecting on the impact conferences had in the global effort to understand and address AIDS and HIV over the past 30 years, he states: “I’ve seen people go to many types of conferences – you know, there are no doubt conferences for people who make sunglasses and they all come together and you improve sunglasses – but I know, in relation to AIDS, the conferences became the driving force behind massive changes in international and national policy that led to many people receiving treatment who otherwise would have died.”

Professor Martin Green OAM (‘father’ of photovoltaics): Green states: “I think conferences have been critical because they’ve pushed our research along. Conferences were the opportunity to show off your new results... so they were always a big motivator for everyone to try to get the best results in before a conference. Having a conference was like having a focal point for what you were doing in your research. Often there’d be a jump in your achievements the month or two before a conference because everyone strove to get the best results [to be able to] report on them at the conference.”

Professor Tom Calma AO (advancing rights for Indigenous Australians): Calma, an Aboriginal Elder from the Kungarakan tribal group and a member of the Iwaidja tribal group believes the Aboriginal education con-

ferences marked the start of real change for Indigenous Australians and that the impacts are being seen today in the improved educational outcomes being realised. “They started off at probably a few hundred people but grew to four or five hundred at some of the conferences, and we had speakers like Eddie Mabo, who was involved in education at the time, and some prime movers and big power-brokers like Linda Burney, who was Chair of the NSW Aboriginal Education Consultative Group.”

“PA is committed to the value of conferences. Our own annual Paramedics Australasia International Conference consistently draws a strong representation of PA’s membership and the paramedicine sector from around Australia, New Zealand and further afield”

The power of PAIC

One of the learnings from *The Power of Conferences* is in the concept of a conference being an ‘out of the ordinary’ experience that gives attendees a break from everyday demands and facilitates shared social contexts that are conducive to knowledge sharing. Our own world-renowned annual conference provides opportunities for delegates to become part of a network of professional and personal friends, to exchange knowledge and improve our professionalism.

PA is continually striving to ensure PAIC meets the needs of our members and we are excited to present ‘PAIC 2018 – A New Era in Paramedicine’. A new era is certainly beginning with commencement of national registration in Australia this year – and New Zealand in the near future – and the protection of the title ‘paramedic’.

Through the Scientific Program Committee Chair Jamie Rhodes, we conducted a survey of members to determine what are the key influencing factors for attending PAIC and what delegates want to experience at the conference. Thank you to those who responded; the large field of participants provided some key messages to inform PAIC 2018, including that the location should be desirable and affordable, the registration cost should be affordable and the program should have a 50/50 balance of scientific and other content, complemented by workshops and other interactive opportunities.

PAIC 2018 – A New Era in Paramedicine

Location: the beautiful Gold Coast region (great for a pre- or post-conference holiday) with perfect conditions anticipated and daily temperatures of around 24°C.

Venue: Sea World Resort and Water Park provides excellent conference and accommodation options. The room rate for conference attendees and their families is an affordable \$179 per night with rooms sleeping up to two adults and two children. A special fee for delegates and their families of \$35 provides unlimited access to Sea World during your stay or \$55 for unlimited access to Sea World, Wet’n’Wild and Movie World. Complimentary wifi is provided in guest rooms and conference facilities.

Value: The registration fee for PAIC 2018 is \$100 less than the previous year, with early bird membership registration priced at \$550.

Program: We have listened to member feedback and will be presenting a balanced program with a mix of scientific and non-scientific content, with an overall focus on what the new era of paramedicine means for you as a paramedic or working in the paramedicine sector. Sessions will provide vital information around your obligations once participation in national registration commences and how PA will partner and support you into the new scheme and ensure you have the tools to thrive as a professional paramedic. We are proud to have representation and participation from the Paramedicine Board of Australia and the Australian Health Practitioner Regulation Authority, who will provide the most up-to-date information to delegates.

Interaction: The Ferno Sim Challenge is back and the excitement is growing with anticipation on which scenario will be revealed this year. We can confirm we have teams already committed to join us from around Australia and overseas.

Keep checking our social media and website updates for PAIC 2018 at www.paic.com.au

Reference

1. Edwards D, Foley C, Malone C. The power of conferences: stories of serendipity, innovation, and driving social change. NSW: University of Technology Sydney, 2017.

PA's 2018–2020 Strategic Plan

by Robyn Smith, CEO, Paramedics Australasia

Assessing the 2015–17 strategic plan

Paramedics Australasia is committed to utilising a strategic plan as our key tool to define and achieve our future aspirations as the peak membership organisation for the Australasian paramedicine sector.

“ Our strategic plan provides a sense of direction and outlines measurable goals that guide our day-to-day decisions and allocation of resources ”

With the 2015–17 Strategic Plan ending 31 December 2017, the PA Board, led by then-President, Dr Peter Hartley, starting planning for our future well in advance.

In June 2017, a group of PA's current leaders met to reflect on the outcomes of the three-year plan and start the process of mapping out the key priorities for the next three years, and ultimately where we aspire to be at the end of 2020. It was critical that we had input from our Board members, Chapters and our SPA special interest group.

At this first session we focussed almost exclusively on the performance in relation to the past 2.5 years as a starting point to determine the strategy for the next three years, and for us to be clear collectively, of where PA is currently placed as an organisation. This was very important as only a small number of the leadership group that were tasked with formulating the previous strategic plan were

involved in the structuring of the post-2017 plan. This naturally occurs because committee and board appointments are based on three-year terms and changing of office holders is a part of the fabric of member organisations.

A key focus of the strategic plan in the three years prior to 2018 was leading paramedicine into national registration in both Australia and New Zealand. Landmark decisions have been made that will see national registration participation in Australia in late 2018 and strong momentum for a similar outcome in New Zealand. There was also significant focus on ensuring we have the infrastructure, member services and support systems in place to partner paramedics into the new world of national registration. It was pleasing that the assessment of the outgoing strategic plan indicated that the vast majority of goals and objectives had been met and other achievements had occurred outside of the parameters, as PA was able to capitalise on additional opportunities.

Focus on our Future

With a collective understanding of our past performance, the leadership group met again to consider a range of priority areas for PA in the years 2018, 2019 and 2020 in a time where national registration brings a significant new era for paramedicine. This momentous milestone for our profession was paramount in our approach. The data obtained from this session was integrated and Peter Hartley recommended that this information be considered by the incoming Board of Management (as elected in November 2017). At the first meeting of the new Board in December 2017, a subgroup consisting of President Peter Jurkovsky, Vice-President Simone Haigh, Treasurer Paul Thaw, CEO

Robyn Smith and Governance Executive Assistant Cassandra McAllister, was appointed to produce a strategic plan based on the key priorities identified. We were supported in this process by representatives of our newly appointed audit firm, Grant Thornton, who have had significant contemporary experience in the development of robust, meaningful and measurable strategic plans.

We are pleased to advise that the Board has now endorsed the proposed Strategic Plan as the key framework that enables the development of our operations plan for 2018–2020 and the basis for our endeavours during this significant period of time.

Our key priorities

The four key priority areas that underpin our Strategic Plan 2018–2020 are:

- Representing the profession – we are the influential body representing the paramedic profession

- Advancing the profession – we champion the evolution and direction of paramedicine
- Growth and value – we build capability to develop and grow the paramedic profession
- Leading and learning – we lead the profession and facilitate learning and continuing professional development.

A series of well-defined goals and objectives have been identified and designated under these broad key priorities, along with timelines, measurables and projected outcomes. A summary of the Strategic Plan 2018–2020 will be made available to the full membership through our website.

Thank you to the leadership group participants who provided their time, input and consultation throughout this process.



WE WILL BUILD YOUR **DREAM** INVESTMENT PROPERTY FOR ONLY LESS THAN **\$20 PER WEEK!** *Naturally...Conditions apply



Don't wait to invest... **Invest Now!**

CONTACT US TODAY!

mail@21stcenturygroup.com.au 1300 212 368 www.21stcenturygroup.com.au

BENEFITS TO YOU

- We have been helping investors like you since 1993
- We are a fully licensed construction company in Queensland (QBCC License # 1102464)
- You're purchasing directly from us - the builder
- Fully completed property investment from \$425,000-\$590,000 (House and land package)
- Depreciation report provided
- We manage the entire process from start to finish
- We find the tenants for you - **guaranteed!**
- Fixed Price - No hidden cost - **guaranteed!**
- 100% Hassle Free! - **guaranteed!**



Make the dream of becoming a doctor a reality.
Earn your MD at OUM.

"Completing medical school was a tough assignment, but with OUM's unique curriculum and continued support, I graduated as a culturally, worldly, more rounded doctor."

Dr Paris-James Pearce, Melbourne – OUM Class of 2016

Attractive fee structure. Over 200 students currently enrolled.
50 graduates in Australia, New Zealand, Samoa and USA.

Study under top international medical school scholars,

Pre-Clinical home study - world leading 24/7 online service.

Clinical Rotations can be performed locally, Interstate or Internationally.

Graduates are eligible to sit the AMC exam or NZREX.

**Apply now for courses starting January & July
No age restrictions.**

INTERNATIONALLY ACCREDITED
**OCEANIA UNIVERSITY
OF MEDICINE**

www.oceaniamed.org Call 1300 665 343



FUJIFILM
Value from Innovation

SonoSite

IVIZ PORTABLE ULTRASOUND WHEN AND WHERE YOU NEED IT

FULL SUITE OF TRANSDUCERS NOW AVAILABLE!

- Developed for medics on-the-go
- Built from the ground-up, using aircraft aluminium and gorilla "like" glass
- Connectivity - embedded WiFi and Bluetooth
- Simplified workflow
- Uncompromised clarity

FOR MORE INFORMATION

Email: ffss-australasia@fujifilm.com
Toll Free: 1300 663 516

WWW.SONOSITE.COM/AU

SONOSITE and the SONOSITE logo are trademarks and registered trademarks of FUJIFILM SonoSite, Inc. in various jurisdictions. FUJIFILM is a trademark and registered trademark of FUJIFILM Corporation in various jurisdictions. All other trademarks are property of their respective owners. Copyright © 2018 FUJIFILM SonoSite, Inc. All rights reserved. Subject to change.

Alan Mountford wins prestigious EMS 10 Award

Team Australia EMS Manager and Vice-Chair of the Queensland Chapter, Alan Mountford, was honoured among the world's leading innovators in EMS at a gala awards ceremony at the EMS Today Conference and Expo in the USA in February.

EMS 10 Awards are given to the top 10 innovators in EMS globally for individuals who have gone above and beyond by studying, developing and implementing new tools, treatments and protocols that are truly innovative, to improve best practice and positively affect patient outcomes.

These innovations are practical – they reduce response times, unnecessary emergency department admittances and costs – but more importantly, these innovations have huge emotional effects on individuals and communities. They help people beat drug addiction, overcome mental trauma and save lives.



Alan Mountford with JEMS Editor-in-Chief, AJ Heightman

Whether they're educators, researchers or medical directors, these professionals have stood out as role models, as the best of the best in our industry.

The following extract was recently published in the *Journal of Emergency Medical Services*:¹

"Alan Mountford, ACP, MPA, is helping to make sure the next generation of paramedics in Australia and New Zealand are experienced, knowledgeable and successful.

Mountford realised there was a lack of hands-on opportunities available to paramedics in training. To address this, he helped co-found a non-profit organisation called Team Australia EMS whose mission is to 'network with as many paramedics from across the globe and share knowledge, ideas and experiences and bring back that which we have learnt to Australia for the benefit of Australians'.

One of the successful networking opportunities Team Australia EMS has provided are learning tours to the US and South Africa. Mountford and a team of medics take their own time to travel with a group of paramedicine students to give them a global perspective on patient care.

The first trip was to Cape Town, South Africa, in 2015 with 13 students. The trip was so successful that Mountford expanded the program to include an additional trip to the US, and students have been travelling each year since.

During these two-week trips, students complete up to eight ride-along shifts with experienced paramedics.

They also experience other learning opportunities such as lectures, workshops, simulation trainings and university networking events. Moreover, the students are given time to enjoy their vacation and sightsee. Mountford makes sure these trips are affordable, so they can be accessible to any students willing to enrich their careers."

“Paramedics Australasia is proud to partner with Team Australia EMS in their quest to promote clinical excellence, professionalism and integrity”

Paramedics Australasia extends a warm congratulations to Alan and the entire Team Australia EMS – Colin, Gary, Amy and Neil – for their incredible work to promote student paramedics, mentor and guide them to achieve great outcomes, and set them on a path to success in their future paramedic careers.

The next three Team Australia EMS International Professional Development Tours to the USA and South Africa depart in June and July. If you are a student paramedic and interested in taking part, contact the Team via the Team Australia EMS Facebook page.

Reference

1. JEMS. 2017 EMS10: innovators in EMS award winners selected. Available at www.jems.com/articles/print/volume-43/issue-4/features/2017-ems10-innovators-in-ems-award-winners-selected.html

Chapter highlights

No time to catch up with our Facebook or Twitter feeds? Haven't read Rapid Response lately? Check out a few highlights from what's been happening around our Chapters and National Office. All the latest paramedic news can be found at <https://www.paramedics.org>

NEW ZEALAND



▲ Sharon Duthie, PA Board Member and Gary Strong, National CPD Lead at the College of Paramedics at a meeting between members of the two peak bodies representing paramedics in New Zealand and the United Kingdom.



▲ The hard working NZ Chapter.



▲ Immediate Past PANZ Chair, Sean Thompson and new Chair, Mitch Mullooly.



▲ PANZ delegates met with the New Zealand Minister of Health, The Hon Dr David Clark and Health Workforce New Zealand General Manager, Claire Austin to discuss paramedic registration in New Zealand. (L-R): Nigel Bryant, PANZ Registration Working Group Chair; Mitch

Mullooly, PANZ Chair; Claire Austin; Sean Thompson, PANZ spokesperson; The Hon Dr David Clark.

TASMANIA



▲ University of Tasmania students were presented with awards by Chapter Chair Bess Swinton at the UTAS Research Presentation Day. (L-R): Mahalia (Mally) McConkey – Tasmanian Chapter Professional Excellence Award; Bess Swinton; Esther Scott – Paramedics Australasia Tasmanian Chapter SPA Dedication Award.

VICTORIA



▲ The Victorian Chapter recently sponsored member and intensive care flight paramedic, Matt Shepherd, to present at EMS Today 2018 in North Carolina. Matt (centre) is pictured along with Team Australia EMS members.



▲ They also provided financial support to member Laura Bye to attend ROAR. Laura works at Air Ambulance Victoria and is involved in the co-ordination, management and retrieval of rural patients from Victoria and interstate and is often faced with the challenges of rural and remote health care.

QUEENSLAND



▲ All set for the Commonwealth Games with over 500 staff!



▲ Bragging rights at the Commonwealth Games Closing Ceremony while representing the emergency services contribution to the 2018 Games.



▲ Malcolm McDonald Award for Clinical Excellence recipients from Queensland University of Technology. First year, Rachel McCleary; second year, Kristof Gardon; third year, Jamieson Brown. (L-R): Jamie Rhodes (PA member), Rachel McCleary, Malcolm McDonald (PA member), Kristof Gardon, Elliot Bates (PA member).

SOUTH AUSTRALIA



▲ The Australian Council on Healthcare Standards recognised SA Ambulance Service for providing quality care for South Australians. The Council awarded SAAS a three-year

accreditation in the National Safety and Quality Health Service standards, making it the first ambulance service to receive this recognition. SAAS staff pictured with Doctor Christine Dennis and Robin Mead from the ACHS.



▲ 2018 ACM – with Cassandra McAllister, Manager-Governance and Corporate Policy, National Office.

National Office



▲ PA President, Peter Jurkovsky and Council of Ambulance Authorities CEO, David Waters at a meeting to discuss accredited university courses across Australia and New Zealand.



▲ PA CEO, Robyn Smith, in deep discussions at the CEO and Chair Symposium.



Society spotlight – CANPAMS

The Curtin Association of Nursing, Paramedicine and Midwifery Students (CANPAMS) represents students studying at Western Australia's Curtin University.

The newest society associated with Student Paramedics Australasia, CANPAMS is a fantastic social and academic resource for its members. The society has 171 members across all disciplines.

CANPAMS Committee

President: Benjamin Burke
 Vice-President: Jakki Brooking
 Treasurer: Elizabeth Fear
 Secretary: Madelynne Hodge

CANPAMS events

Between graduate information evenings, expert panels, bone marrow registry drives, sundowners and a yearly ball, CANPAMS hosts a variety of events designed to socially engage and further improve the educational resources of its members.

This year, partnership with SPA will lead to larger representation and support for paramedicine students studying at Curtin. Upcoming CPD events will be announced throughout the year, so make sure to keep an eye out for the amazing events to come at <https://www.facebook.com/CANPAMS/>

Why join CANPAMS?

CANPAMS represents a range of future health care professionals in nursing, paramedicine and midwifery. This broad representation offers a wider range of access to networking opportunities, student support and community engagement. Students from different disciplines are covered under one banner. This allows tighter relationships to grow between tomorrow's frontline health care workers, leading to better teamwork, an increased multidisciplinary understanding and improved patient care.



O-WEEK around the states

SA

by Daniel Phillips, SPA Publications Officer

Flinders University's FUSPA was abuzz for O-week, with a 'meet-and-greet' welcoming students and their parents to the start of their new university lives. SPA's SA State Representative Dasha Budarina praised the success of the events, noting that the budding paramedic students left feeling far less anxious and overwhelmed by their new career path.



sity of Southern Queensland's USQSPA continued with both an information day and a market day stall, allowing the students a chance to really get to know their committee. A market day stall was on the cards in Brisbane for Australian Catholic University's BSPS, with first-years able to have an informal chat with students from second to fourth year, while getting their first hands-on experience with equipment they would be using for the rest of their careers. Finally, Central Queensland University's CQUSPA offered not one, but three orientation events around the state at their campus locations in Rockhampton, Townsville and Cairns. I was lucky enough to attend the Townsville event, and despite the torrential rain was able to meet both the internal students and some distance students who had travelled almost as far as I had to see what they were in store for over the next three years.

No matter which campus I was at or who I spoke with, the common thread among the first-years was excitement. They were excited to get started, excited to see where this journey would take them and excited to dive head first into what the world of paramedicine and SPA could offer them. I look forward to getting to know each and every one of these students as the year progresses, and with Queensland's calendar filling up already, it looks like there will be plenty of opportunities around the state to do so!

QLD

by Britt Shaw, SPA QLD Rep

Boasting six different societies that span across the entire state, Queensland's O-week was a busy one. I had the privilege to attend at least one event for each society – over 10 events in a 14-day period! Queensland University of Technology's SPU kicked off the festivities, with first-year students treated to a lecture by staff before observing second and third-year students running different scenarios in their paramedic labs. Both coasts featured next, with Griffith University's GPS and University of the Sunshine Coast's SCUPA offering information sessions to the incoming cohorts. Traveling out to Ipswich, Univer-



NSW

by Lewis Jones, SPA NSW Rep

Western Sydney University

This is where I started my week. WSSPA had a stall, talking to first-year students that came by and showing them some of the equipment they'll be using in the future. In the lecture hall, the faculty introduced themselves and spoke about the course, the university and the standards of the degree. Students spoke about their experiences, and myself and the WSSPA committee spoke about SPA.

The students were taken on a tour of the new paramedicine building, with live demonstrations. While this was going on, WSSPA was holding a barbeque and chatting to the first-years, who asked the older students about the course, about SPA and about placement/future jobs. In combination with SPA, WSSPA had a really good day, showcasing how great the university is and the benefits of SPA. I was impressed and had a great feeling about the rest of the week.

Australian Catholic University – North Sydney

Day two led me to ACU North Sydney and an early start with the lovely team at NORSPA. Due to poor weather, we had to pack up the stall a little earlier than we would've liked, but this didn't bring the spirits of the NORSPA team down. The team took me to where the faculty was introducing themselves to the new paramedic students. I was surprised by the smaller size of the cohort but impressed with their energy. The NORSPA team and myself visited the paramedic labs, where we showed the students what's ahead over the next few years. The first-years asked questions about SPA and why they should join. I spoke about the benefits and NORSPA president Amanda explained to the group how much SPA has done for her and how it helps you to get the most out of being a paramedic student. Lunch was provided by ACU and a couple of the first-years took me on in 'pop-a-shot', where I remain undefeated!

Charles Sturt University – Bathurst

After a long day with the NORSPA team I hopped in my car and headed west, to where the president of CSUSPA, Lana, generously offered me accommodation in Bathurst. The staff at CSU were extremely welcoming of my arrival and spoke positively about SPA. I presented with Jack

and Alex about SPA, CSUSPA and how we work together. We then headed down to the uniform store, where CSUSPA had an amazing idea to hold a boot drive, giving new students the opportunity for discounted boots and also talking to established paramedic students. Later that evening, I was invited to a Mexican-themed fiesta night, which helped teach the first-years the importance of family around the paramedicine community. They were all extremely keen, fun and really impressed me with their spirit. SPA got 98% of the first-years in Bathurst to sign up. An absolutely incredible achievement!

Charles Sturt University – Port Macquarie

Our wonderful co-chair Amelia made an appearance at the CSU Port Macquarie campus. The day started with faculty introductions and general university information. Second and third-year students took to the stage answering questions about uni life, placement and job prospects. Amelia highlighted that even if they are worried about getting jobs at the end of their degree, SPA can provide the tools to prepare for the working world and even help them pull ahead from the pack! Once events concluded at the campus, it was time for some team building... surf lessons! Everyone enjoyed the day and the society showed off exactly what members receive through SPA and locally on campus at the market stall.

I had an amazing week and was thoroughly impressed by each of the societies that I saw. I apologise to Sam and CSUPM-SPA team for being unable to visit. I was really hoping to see first-years that were excited to join the paramedicine family and I found exactly that at each university. I couldn't be happier with how NSW orientation week went and I have to thank the faculties at each university for allowing me in to spread the word about SPA. I'm looking forward to working with everyone this year individually, and as a team.



TAS

by Emma Hill, SPA TAS Rep

This year's O-day at the University of Tasmania's Hobart campus saw new students embarking into the exciting world that is paramedicine. The formalities followed the usual routine of explaining the ins and outs of university life, and what it means to be a student paramedic. The introduction of new students to their society's committee UTAS' Society of Student Paramedics Australasia (USSPA) members, as well as their Tasmanian SPA representative, was met with excitement. A fun day was had conversing between the two student groups along with their respective tutors and academics.

The following week was met with more fun and games as the committee organised their first event – a sales day where old uniforms were sold at cheap prices and communication between the older students and the new occurred. With many new members joining SPA/USSPA, I'm sure it will be an exciting year for Tasmanian student paramedics.



2018 USSPA Committee

WA

by Josh Johnson, SPA WA Rep

Orientation week was an exciting time for many new students starting their pathway to becoming a paramedic. Edith Cowan University's Western Australian Student Paramedics (WASP) powered through with a strong O-day presence, backed up by competitions, goodie bags and a welcoming committee to help new members sign up and answer any questions. This year also brought about the formation of a new partnership between SPA and the Curtin Association of Nursing, Paramedicine and Midwifery Students (CANPAMS), resulting in a fantastic day

and added opportunities for students at Curtin University. You could feel the energy surrounding the events and I'm positive that 2018 will prove to be a special year for student paramedics.



NZ

by Sophie Ducker, SPA NZ Rep

Auckland University of Technology held their Clubs Day, an orientation for the societies at AUT, including AUT-SPA. Whitireia SPA also had orientation for their newest paramedic students. Both events were attended by myself.

We had an amazing turn out at both AUT and Whitireia. The enthusiasm from the incoming students, along with the returning students was great to see. The plans that the two societies have for the year sound amazing and I'm really looking forward to supporting them throughout the year.



Student paramedics create their own research conference

By Lauren Caruana

Charles Sturt University's paramedic students are changing the game forever by breaking the cycle of out-of-reach city conferences. Starting from scratch, they created a new and free, regional paramedic research conference – 'Dare to Know'.

I sat down with committee members Daniel Phillips, Bradley Steel and Lana Plews to understand what went into making their original idea such a successful reality.

Q Where did all this start?

Daniel: We began with the idea of running a conference that had never been done at CSU before and were in discussion with Sandy MacQuarrie (Paramedic Lecturer), John Rae (Associate Head of School) and Lyle Brewster (Paramedic Lecturer). We asked them how you would run such a thing; we'd never been to a conference before so we had no clue what we were getting ourselves into!

Lana: An interesting part initially was that we had to get the full support of the biomedical science team. We approached our BMS staff and sold our day!

Daniel: Over that year we continued to meet with them and work out step-by-step what we would have to do and then we started talking with speakers and emailing potential speakers.

Lana: The support of the faculty then led to a \$2000 grant that was created, which we applied for and were lucky enough to receive. Most of the conference was run off that \$2000 grant and donations from CSUSPA (Charles Sturt University Student Paramedics Australasia).



Lana: Liaising with speakers and continuing our studies and trying not to fail as a student, were huge challenges during the process.

Q How was the grant spent?

Lana: We supplied catering on the day and we got our own shirts, because we wanted to look professional. Everything else was self-done or free, so Periscope we did on the day was free, the internet site was done through Weebly and an easy domain buy. Everything fell into place very cheaply.

Daniel: We called in a lot of favours.

Lana: We had a lot of help from the uni, the Charlie store on campus made our shirts; it was all people backing each other.

Q How many speakers did you have during the day?

Lana: 11 in total, including joint CSU third-year students.

Daniel: Milly Sonter-Kelso and Jeremy Benson were the third-year speakers. They presented their drone study (which they showed at ANZCP in Queensland).

Q What year are you in and how did you get onto the committee?

Daniel: second year.

Lana: second year.

Brad: first year. We had to do a certain amount of committee hours for our subjects so I was able to come into Dare to Know to do volunteer work and help out, which allowed me to step up into more of a role when one of the other members had to stand down.

Q You're only in your first and second years of uni. Why did you decide to take on something so big when you're already busy with uni work?

Daniel: Lana, Tom and I decided that we wanted to host a conference because we had discovered that such a thing had never been done before at CSU. We had been inspired by the group that published 'Debriefing the Debriefers' posters and articles, and we wanted to do something that we could look back on and be proud of. We knew when we began that we would be busy with uni, so we all established at the start that if the planning for this conference interfered with our grades then we would withdraw.

Q Did students or attendees have to pay?

Lana: We offered it for free. We came to the conclusion that education should be something that everyone should get.

Q What impact do you think this conference will have on your degree?

Daniel: We really wanted the students currently studying paramedicine here at CSU to become interested in doing their own research, so the idea of bringing the conference and having all of those minds here to Bathurst, have them attend for free and witness what research is in our field would encourage them to say, well I have an idea that I'd like to study or to look at and learn the basics of research in a scientific field.

Daniel: Paramedicine is changing very quickly from where it used to be as a vocational pathway on-road, into this university centred health profession. The only way we can continue that is if we get a lot of paramedics doing research on top of their degree. The best way to get that happening is to start early in your degree, when you're actually studying and doing research as well.

Lana: People are interested in the research and doing more, but it's the continuation of that, that we need to keep going and keep people thinking that way.



Committee members (L-R):
Brad Steel, Lana Plews, Daniel Phillips

Q Is this something you want to keep doing every year at CSU?

Daniel: Yes. Lana and I only have one more year of study, and Brad has a little longer. We would like for Dare to Know to be a yearly event and continue to grow and get better each time.

Q Do you hope to take the conference to other universities or other CSU campuses?

Lana: It sounds selfish, but we'd love to keep it in Bathurst.

Daniel: That's the identity of our conference that it's based in a regional setting.

Q How did the experience of organising the event change you?

Daniel: Aside from gaining incredible insight from the speakers, just being involved in the planning process has made me want to get more involved outside of uni. I've been inspired to try and contribute to the evolution of the paramedic profession.

Lana: I will add that not one of us had ever organised a conference before and there was a lot to learn, but all in all it was a great experience.

Daniel: What a lot of students don't realise, and what I never used to realise, was that if you have an interesting

idea or a body of work you are proud of, you can put it out there. You don't have to be an established academic or paid by a university or running a large research project. You can be a student with an idea or a story that you are proud of, that you think others may be interested in, and you can be published.

Q What did you personally take away from the conference?

Brad: The introduction into research and getting students to start asking why certain things work and why you're using that particular drug for that particular thing and doing their own research into it to gain evidence-based practice. That introduction for me, as a first year, because we haven't touched on drugs yet, just having that introduced to us had a lot of benefit.

Lana: I think it should be noted that CSU has been running this course for many years, and had started the first higher educational paramedicine degree in Australia, which is a pretty cool thing.

Daniel: I really liked the enthusiasm of everyone in attendance – lecturers, students, speakers – everyone we got involved and everyone who was there on the day was happy to be there.

Lana: the biggest thing I learned was when we started the day with people like Ruth Townsend and Peter O'Meara, who were presenting on two topics: evidence based practice and law, so moving into the regulation and registration of paramedicine.

Daniel: It was very encouraging for us and hopefully it was for other students, that if you want to go that extra mile or do something that is outside what you're expected to do at university you're going to have support from the lecturers. They were just super helpful for us.

Q Final thoughts?

Lana: If you're going to run a conference, give yourself at least a year.

Brad: Very fortunate for the opportunity as it has broadened my view on a lot that is happening and how quickly paramedicine is moving.

Daniel: We wanted to do it because we wanted to do it, and the day was our own.



Presenters and attendees after a very successful day



Lauren Caruana graduated with a Bachelor of Communications (Journalism) in December 2017. She says, "Doing this interview has been a great experience and an incredible opportunity for which I am very grateful to Dan, Brad and Lana."



Lana Plews recently completed her second year of a Bachelor of Clinical Practice (Paramedicine) at Charles Sturt University in Bathurst. Lana is also on the CSU Student Paramedics Australasia (CSUSPA) committee.



Daniel Phillips has recently completed his second year of a Bachelor in Clinical Practice (Paramedic) at Charles Sturt University in Bathurst. He is interested in regional and remote pre-hospital care, and advocating for paramedic students in research. Daniel is the SPA Publications Officer.



Bradley Steel is currently studying a Bachelor of Clinical Practice (Paramedicine) at Charles Sturt University in Bathurst.



The conundrum of defining paramedicine: more than just what paramedics ‘do’

David Long, Jakki Lea and Scott Devenish

The following editorial and abstracts have been taken from the *Australasian Journal of Paramedicine* Vol. 15, No. 1, 2018.
Available at <https://ajp.paramedics.org>

The term ‘paramedicine’ at first glance is deceptively simple. After all, paramedicine is an ever-increasing part of the lexicon in numerous ambulance services and stakeholder organisations across the globe. However, it is unclear if a consensus exists on the definition of paramedicine that transects international boundaries. A lack of consensus is unsurprising given the rapid evolution of our profession, fundamentally changing both professional and clinical boundaries. The impetus for change is multi-factorial, although it is clear that paramedics are increasingly seen as an integral component of the healthcare continuum.¹

An international consensus on the definition of paramedicine has important implications for the profession. Perhaps most significantly, it offers an assertive voice in

establishing paramedicine as a unique discipline within health care. Whether policy makers formally recognise paramedics as health professionals is a matter of debate.² However, in gaining a consensus in the definition of paramedicine, the comprising principles and attributes become less opaque. In this way, the journey towards professionalisation can be navigated more efficiently through a coordinated approach across national and international borders.

Surprisingly, few notable attempts at defining paramedicine have been offered by peak industry and representative bodies worldwide including the National Emergency Medical Services Management Association from the United States³ and a report on the self-regulation of paramedics in Manitoba, Canada.⁴ In Australia, formative works

around competency standards for the profession⁵⁻⁶ and paramedic role descriptors⁷ have been published, yet a clearly articulated definition of paramedicine is elusive. Furthermore, the College of Paramedics in the United Kingdom appear to distance themselves altogether from the term 'paramedicine'⁸ raising the spectre that the term does not adequately reflect the discipline.

The apparent lassitude in defining paramedicine is also evident in the peer-reviewed literature. While the issue of confusing nomenclature in paramedicine has been recognised previously,⁹ a recent article published in this journal by Bowles, van Beek and Anderson¹⁰ provides the most authoritative examination to date of what term(s) best describe the profession. The authors conducted a study on the conceptualisation of paramedic practice, but were limited to a mostly provincial context in Canada. Nevertheless, the authors rightly argued their findings can be used as a framework to better understand traditional and evolving roles in the paramedic profession.

The challenge to define paramedicine should not be underestimated. For example, the definition should describe effectively paramedics working within both 'traditional' and emerging models of care; be relevant across national and international boundaries; be adaptable to allow for the future growth of the profession; and articulate the attributes that allow paramedics to stand apart from other cognate health disciplines, such as nursing. Ultimately, a consensus on a single definition of paramedicine may herald a 'coming of age' for an occupation to become a profession.

Defining paramedicine in a concise and descriptive statement however, should not be confused with defining paramedicine as a profession. Indeed, a number of articles have been published in this journal dating back over a decade, canvassing the issue of professionalism and professionalisation in the paramedic discipline.¹¹⁻¹⁴ This is not to say the issues of defining paramedicine and defining paramedicine as a profession are completely exclusive of each other. On the contrary, both issues are inexorably linked and complement the other. In this regard, the debate on defining paramedicine has already begun.

This editorial intends to stimulate a robust discussion to find an international consensus on the definition of paramedicine. Defining paramedicine is more than simply an exercise in explicating what a paramedic 'does'. Rather, a definition underscores the philosophical pillars on which paramedic practice is built and has implications in numerous domains such as paramedic role perception, education and service delivery. A definition of paramedicine reached through expert consensus can serve as a beacon

to guide the profession towards a collective understanding that ultimately better meets the needs of the community we serve.

About the authors

David Long PhD, is a paramedic academic and Clinical Placement Unit Coordinator, School of Clinical Sciences, Faculty of Health, Queensland University of Technology; Jakki Lea DipParaSc(Amb), is paramedic academic, School of Clinical Sciences, Faculty of Health, Queensland University of Technology; Scott Devenish BN, DipParaSc, MEdT, PhD, is Fellow, School of Clinical Sciences, Faculty of Health, Queensland University of Technology.

References

1. Catterall M. The role of paramedics with extended practice: exploring the healthcare context. *Journal of Paramedic Practice* 2012;4:569-75.
2. O'Meara P. Paramedics marching toward professionalism. *Australasian Journal of Paramedicine* 2009;7:(1).
3. National EMS Management Association. Call for common nomenclature for the profession of paramedicine 2017. Available at www.nemsma.org/images/pdfs/Position-Paper-Paramedicine-Nomenclature-Final.pdf
4. Toews R. Consultant report on the implementation of self-regulation for paramedics 2017. Available at www.gov.mb.ca/health/rhpa/docs/paramedic_selfregulation.pdf
5. Paramedics Australasia. Australasian competency standards for paramedics 2011. Available at https://paramedics.org/wp-content/uploads/2016/09/PA_Australasian-Competency-Standards-for-paramedics_July-2011.pdf
6. The Council of Ambulance Authorities. Professional competency standards 2013. Available at http://caa.net.au/~caanet/images/documents/accreditation_resources/Paramedic_Professional_Competency_Standards_V2.2_February_2013_PEPAS.pdf
7. Paramedics Australasia. Paramedicine role descriptions. 2009. Available at www.paramedics.org/content/2009/07/PRD_211212_WEBONLY.pdf
8. College of Paramedics. Paramedic career framework, 3rd edn, 2015. Available at www.collegeofparamedics.co.uk/downloads/Post-Reg_Career_Framework_3rd_Edition.pdf
9. Long D, Clark M, Lim D, Devenish S. What's in a name? The confusion in nomenclature of low-acuity specialist roles in paramedicine. *Australasian Journal of Paramedicine* 2016;13:(3).
10. Bowles R, van Beek C, Anderson G. Four dimensions of paramedic practice in Canada: defining and describing the profession. *Australasian Journal of Paramedicine* 2017;14:(3).
11. Johnston T, Acker J. Using a sociological approach to answering questions about paramedic professionalism and identity. *Australasian Journal of Paramedicine* 2016;13:(1).
12. Williams B, Brown T, Onsmann A. From stretcher-bearer to paramedic: the Australian paramedics' move towards professionalisation. *Australasian Journal of Paramedicine* 2012;7:(4).
13. Williams B, Brown T. Is the Australian paramedic discipline a full profession? *Australasian Journal of Paramedicine* 2010;8:(1).
14. Reynolds L. Is prehospital care really a profession? *Australasian Journal of Paramedicine* 2004;2:(1).

Selected abstracts

Improving paramedic confidence with paediatric patients: a scoping review

James Fowler, Bronwyn Beovich, Brett Williams

Introduction

Paediatric patients comprise a reasonable minority of paramedic workload, but cases involving children often evoke anxiety and discomfort. Subsequent feelings of low confidence and self-efficacy have been linked with a reluctance to initiate treatment and possibly, poorer care. It is unknown to what extent these apprehension-producing perceptions are held by paramedics and what educational strategies can improve them. This study aims to fill this gap by reporting on a scoping review that examined and mapped the effectiveness of educational interventions on improving paramedic perceptions of caring for paediatric patients.

Methods

Arksey and O'Malley's scoping methodology was used. CINAHL, AMED, EMBASE, MEDLINE and PsychINFO databases were searched, alongside several networks and grey literature services. The search strategy was validated by a subject research-librarian. Two reviewers independently reviewed retrieved articles against inclusion and exclusion criteria determined in advance.

Results

Seventeen articles were included in the review, comprising six conference abstracts, one letter to the editor and 10 journal articles. These articles were categorised into three themes: identifying educational needs and preferences, novel education programs and evaluating education delivery methods.



Conclusion

Paramedics feel uncomfortable treating paediatric patients and desire more paediatric training, particularly simulation and exposure to children. There is insufficient evidence to demonstrate superior effectiveness of any particular training program. While the most effective education delivery method is unclear, it seems web-based learning can be as effective as traditional teaching. The efficacy of existing pre-established paediatric training programs needs to be investigated, alongside paediatric education in the initial training curriculum. Further research, particularly from outside the United States of America, is needed to identify and develop the most effective educational intervention to improve paramedic confidence with paediatric patients.

Read the full article at <https://ajp.paramedics.org>

Pre-hospital advanced life support education: core components for pre-hospital professionals

David Reid, Russell Jones, Moira Sim

Introduction

There is a broad evidence base supporting advanced life support (ALS) education to health care professionals to be structured, realistic and inclusive of a range of human factors. However, published literature largely focusses on ALS education within institutional settings such as hospitals and associated health care facilities, with typically predictable human and material resources. The aim of this paper is to explore the literature on ALS education and report the results of an international survey undertaken to identify those educational elements which differ in the pre-hospital setting compared to the institutional setting. High quality education in pre-hospital resuscitation is important because it is critical that pre-hospital professionals provide high quality ALS to maximise the likelihood of patient survival.

Methods

MEDLINE was searched using MESH terms 'resuscitation', 'advanced life support' and 'prehospital' as core terms. Fifteen articles relating specifically to pre-hospital resuscitation and a further 91 articles on resuscitation education were reviewed. Articles ranged in publication year from 1987 to 2016.

An online survey on ALS education was developed and administered and attracted 177 responses from a range of health care professionals nationally and internationally. A total of 83 respondents completed the full survey.

Results

The literature identifies that best practice ALS education should (a) be taught in the environment in which ALS will be performed, (b) involve team members who are similar to those they will encounter while providing ALS, and (c) use equipment the provider uses in their workplace. Human factors, in particular leadership and communication, are important components of ALS education. However, results of the survey demonstrate that best practice is not well incorporated into pre-hospital ALS education.



Conclusion

To improve pre-hospital patient outcomes and maximise the chances of patient survival, ALS education to pre-hospital providers should incorporate the context of their workplace (that is, the environment in which they function), the team members they regularly work with and the equipment they use in the pre-hospital setting. Human factors, in particular leadership, should be considered as part of pre-hospital.

Read the full article at <https://ajp.paramedics.org>

It's not all lights and sirens

You'll sleep soundly knowing you're covered by a comprehensive insurance policy developed specifically for you. For over 54 years Guild Insurance has been providing health professionals with leading professional indemnity and public liability insurance. We partner with over 130 industry associations to protect more than 80,000 professionals.

As the endorsed insurer for Paramedics Australasia (PA), we are working together to develop insurance products that keep pace with the changing needs of the paramedic profession.

To find out why PA believe that no other insurer represents better value for their members, call us on **1800 810 213** or visit guildinsurance.com.au



PARAMEDIC

**ADVANCING
THE PROFESSION**



PARAMEDICS
A U S T R A L A S I A

www.paramedics.org