

Consultation Draft - Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032

Date: 9th November 2021

Contributors

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The Australasian College of Paramedicine (the College) welcomes the opportunity to make a submission in relation to the Consultation Draft - Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032. This submission is being made in addition to our online survey responses which have been submitted separately.

The College is the peak professional association supporting and representing over 10,000 paramedics and student paramedics from across Australia and New Zealand. Our members include front line paramedics, paramedicine academics and researchers, student paramedics, doctors and nurses working in the emergency medicine field, non-paramedic qualified staff working in paramedicine, retrieval, first responder and volunteers. The College is future focused and brings together paramedics from across Australasia to represent, advocate, promote and celebrate the achievements of this notable health profession.

Comments

The College acknowledges and supports the position of the Consultation Draft in relation to Australia's health system and primary health care services facing a raft of challenges and opportunities over the next 10 years. The need to build capacity, focus on early intervention and promotion of wellbeing is paramount.

The College is in complete alignment with the need to empower patient centred care and continuity of care, which reflects closely our purpose to advance and support excellence in paramedicine and out of hospital patient centred care across Australasia.

Of concern to the College with regards to the Consultation Draft, is that paramedics and paramedicine is not mentioned at any stage in the report, apart from in Annex B which simply lists responsibility for ambulance and paramedic services being that of state and territory governments. Given the 10-year term of the plan, it is a failure to identify a key health profession such as

paramedicine, who primarily delivers primary emergency health care in the community, as an important present and future primary care workforce. With a presence across metropolitan, regional, and remote Australia, along with an oversupply of graduate paramedics, this plan lacks vision for the role paramedicine can play in supporting the primary health care systems and health outcomes for all Australians.

Paramedics: A unique health profession

Paramedics provide millions of patient care episodes across Australia each year with hundreds of thousands of patient presentations safely and successfully managed in the community, without transfer to hospital.

Paramedics undertake independent patient assessment, diagnosis and the development and implementation of short-term care plans with procedural and pharmacological interventions, with the majority for emergency/unplanned presentations in the community. This role spans the gap between primary and emergency health care and is a role that is not undertaken in a similar manner by any other health profession.

Paramedics work unsupervised in a variety of patient care settings and initiate and implement patient assessments, diagnosis, and treatment and/or referral based on their body of clinical knowledge and evidence-based guidelines. In many communities Paramedics 'fill-the-gap' left by primary health care services after hours, on weekends and when staffing is not available.

Paramedics do not neatly fit into the medical, nursing, or allied health care stream, instead providing a pragmatic, holistic, responsive health service spanning all facets of community and out of hospital care and requires a unique and individual professional approach.

The College acknowledges that paramedicine may be included under the term 'Allied Health' within the Consultation Draft and was included as a last round addition under Allied Health by the Steering Group without consultation with the College. The College strongly disagrees that paramedicine should be contained under this umbrella term within this draft, and within the wider health system. This is reinforced by:

- The Commonwealth Department of Health itself not listing paramedicine as a health profession under the allied health banner¹
- The absence of paramedicine from state and territory allied health definitions^{2,3,4,5}

¹ About Allied Health. Australian Government, Department of Health. 2021. Available from [About allied health | Australian Government Department of Health](#)

² Allied health professions. Victoria State Government, Department of Health. 2016. Available from [Allied health professions](#)

³ Allied Health Professions' Office of Queensland. Queensland Government, Queensland Health. 2017. Available from [Allied Health Professions' Office of Queensland | Queensland Health](#)

⁴ Allied and scientific health. Government of South Australia, SA Health. 2021. Available from [Allied and scientific health | SA Health](#)

⁵ Allied health. NSW Government, Health. 2018. Available from [Allied health - Careers \(nsw.gov.au\)](#)

- Paramedicine not being included as an allied health professional by Australia's peak body for allied health, Allied Health Professions Australia⁶, nor by Indigenous Allied Health Australia⁷
- Paramedicine not being an eligible profession for the Allied Health Rural Generalist Pathway⁸
- Paramedicine also routinely left off government grants and other funding opportunities targeted at allied health professionals⁹.

The College is advocating for paramedicine to be considered as a standalone and unique health profession that requires its own funding model, workforce strategy, and inclusion and consideration under Australia's Primary Health Care 10 Year Plan.

Should the government feel that paramedicine must sit under the allied health banner, then paramedicine must be fully acknowledged as such, across all government (federal, state and territory) platforms, being included in all allied health workforce strategies and funding models, MBS subsidies, as well as inclusion and access to government funding opportunities afforded to other professions in this category, and other initiatives as outlined in section 3.7 of the Consultation Draft.

Engaging with Paramedicine

Paramedicine has been a registered health profession in Australia since late 2018, whereby professional standards, the accreditation of education, a robust professional practice framework, and notification and compliance measures ensure public safety. As of June 2021, there were 21,492 paramedics holding general registration to practice within Australia.

Since the introduction of paramedic registration, paramedics are increasingly working across a variety of health care settings, not just jurisdictional ambulance services. The challenge for paramedicine is that regulation either impedes or does not support paramedics working independently or from taking up opportunities in other health care settings, such as primary care and aged care.

Of significant concern to the College is the lack of engagement and consultation between government and the paramedic profession. As a key health profession, paramedics attend to a wide variety of patient presentations, ranging from critical, traumatic injury to chronic, complex medical syndromes, yet continue to be overlooked in the development of health strategies and initiatives, including in this 10-year Plan. The College believes that significant engagement with the paramedic profession is paramount to ensure that problems facing health systems can be addressed with a co-designed, multidisciplinary, interprofessional approach, that takes into consideration the role that paramedicine can play in helping delivery quality patient-centred care.

⁶ Allied health professions. Allied Health Professions Australia. 2021. Available from [Allied health professions - Allied Health Professions Australia \(ahpa.com.au\)](https://www.ahpa.com.au)

⁷ About IAHA. Indigenous Allied Health Australia. 2021. Available from [About Us - Indigenous Allied Health Australia: Indigenous Allied Health Australia \(iaha.com.au\)](https://www.iaha.com.au)

⁸ The Allied Health Rural Generalist Pathway. Services for Australian Rural and Remote Allied Health. 2021. Available from [Allied Health Rural Generalist Pathway - SARRAH](https://www.sarra.gov.au)

⁹ Allied health workforce, Commonwealth initiatives. Australian Government, Department of Health. 2013. Available from [Department of Health | 8.2 Allied health workforce](https://www.health.gov.au)

The College stands ready to engage with the Commonwealth on the role paramedicine can play in primary care and be part of the solution to the health workforce challenges the system is currently facing.

Chief Paramedic Officer

The College supports the appointment of a Chief Paramedic Officer within the Commonwealth Government. When Governments are making key decisions that impact on the health care of their communities, the College feels strongly that the role of a Chief Paramedic Officer would add value to the existing chief clinical officer positions.

Like other senior officers in health roles (such as Chief Health and/or Medical Officer, Chief Nursing and Midwifery Officer, etc.), the role of Chief Paramedic Officer should be included as part of the clinical leadership team for health. With Commonwealth oversight of primary and aged care, there is an urgent need for paramedicine to be represented at a national level given the lack of regular engagement with paramedics by the government.

The role is critical to ensure that difficult problems facing health systems can be addressed with a co-designed, multidisciplinary, interprofessional approach. A Chief Paramedic Officer would enable the Australian government to have an expert paramedic available to advise how paramedics could contribute to existing health systems through their unique clinical skill set and help to address some of the health workforce challenges seen across the health system, particularly around the metropolitan, rural, remote divide.

Community Paramedicine

The College supports the introduction of Community Paramedics as a model of care where paramedics apply their training and skills in non-traditional community-based environments outside of the usual emergency response/transport model.¹⁰ This model of Community Paramedicine could assist in addressing health workforce shortages, particularly in regional and remote areas, and contribute to quality patient outcomes and care.

Since the introduction of paramedic registration, paramedics are increasingly working across a variety of health care settings, not just within jurisdictional ambulance services. Paramedics are being used in various primary, community or extended paramedic models of care internationally and in limited capacity in Australia. These models utilise the highly qualified paramedic workforce that is uniquely placed to support existing health infrastructure to deliver responsive, flexible, high-quality, and affordable primary and community health care services.

The role of a Community Paramedic is differentiated from that of acute, emergency ambulance services by the broader domains of practice and models of care that incorporate urgent care, primary care, aged care, community engagement, preventative care, response to unplanned care

¹⁰ International Roundtable on Community Paramedicine. 2020. Available from [international roundtable on community paramedicine > About Us \(ircp.info\)](#)

needs, and integration with medical, allied health, aged and social care services^{11,12}. While Australian and international models of care for Community Paramedic programs are varied in response to local need, they share a similar focus on the prevention and management of chronic diseases, the utilisation of interprofessional collaboration, specific and global home health assessment, follow-up care post hospital discharge, management of frequent users of ambulance services, and identification and assistance to at-risk populations^{13,14}.

Paramedics are trained and well versed at providing emergency care, as well as low acuity health care to people in a variety of different settings. Paramedics attend to a wide variety of patient presentations, ranging from critical, traumatic injury to chronic, complex medical syndromes in aged care facilities, mental health illness, substance use disorders, and palliative and end-of-life care.

There is scope for Community Paramedic roles to be expanded in rural and remote communities, in hospitals and health clinics, in aged care and other key primary health care settings. Expansion of these models of care could support hospital avoidance initiatives and potentially reduce costs to the health system associated with emergency department presentations. Additionally, it may improve the management of chronic health conditions, and reduce early entry into aged care. Community paramedics can play a role in supporting GP services, rural health clinics, after-hours care, urgent care centres and minor injury units, and would see paramedics work more comprehensively as part of an integrated multidisciplinary teams.

The expectation for Community Paramedics is that they are Ahpra registered paramedics and have completed a postgraduate diploma in community paramedicine, primary or urgent care.

Each year, approximately 2,400 student paramedics graduate from their paramedicine degree programs. Jurisdictional ambulance services collectively employ around 1,200-1,400 graduate paramedics per year, leaving over 1,000 graduate paramedics available to help address the health workforce shortage. Since 2014, more than 1000 graduate paramedics have moved to the United Kingdom to offset their workforce shortages, with many of these paramedics having worked in primary health care as part of their roles. A sizeable percentage of these highly skilled paramedics are looking to return to Australia now and in the coming years, but many will struggle to find paramedic roles in Australia under the current limited jurisdictional ambulance service roles.

Numerous reports highlight the ongoing workforce shortages and limited access to primary health care services for different communities, especially in rural and remote Australia, and we would contend that paramedicine is one health profession underutilised and unrepresented in supporting primary health care.

¹¹ O'Meara P, Stirling C, Ruest M, Martin A. Community paramedicine model of care: an observational, ethnographic case study. *BMC health services research*. 2016;16(1):39-.

¹² Elden OE, Uleberg O, Lysne M, Haugdahl HS. Community paramedicine—cost—benefit analysis and safety with paramedical emergency services in rural areas: scoping review protocol. *BMJ open*. 2020;10(9):e038651-e.

¹³ Han J, Griffith LE, Costa AP, Leyenaar MS, Agarwal G. Community paramedicine: a systematic review of program descriptions and training. *CJEM*. 2019;21(6):749-61.

¹⁴ Leyenaar MS, McLeod B, Penhearow S, Strum R, Brydges M, Mercier E, et al. What do community paramedics assess? An environmental scan and content analysis of patient assessment in community paramedicine. *Canadian Journal of Emergency Medicine*. 2019;21(6):766-75.

Community Paramedics should be utilised:

- In Urgent Care centres
- With GP clinics and health clinics to provide clinic and in home health care as part of multidisciplinary teams and utilising telehealth
- With aged care, NDIS and home care service providers
- In conjunction with jurisdictional ambulance services to treat and refer low/mid acuity patients in the community away from emergency departments
- In rural and country areas to be utilised across the health service, providing the emergency response ambulance service, working with the local GPs and health clinics, and country hospitals.

Telehealth

The College believes that telehealth has a crucial role to play in the delivery of health services in all areas but particularly in rural and remote Australia.

The ongoing shortage of general practitioners, health professionals and other health services, especially in rural and remote areas is a significant barrier to the health of Australians, resulting in delays to care and ultimately unnecessary transport and hospital admissions. Many rural and remote communities have a reliance on paramedics for the delivery of health care highlighting the key role paramedics play in the health and welfare of their communities, particularly where primary health care services are difficult to access or unavailable¹⁵.

By introducing a comprehensive telehealth service, community paramedics would be well placed to provide a wider range of health interventions with the assistance of medical specialists located across Australia. Care could be provided on-site by paramedics with relevant internet or satellite connected technology (iPad etc), situated with patients, taking observations, administering tests, and providing treatments while a GP or specialist can be consulted for input as required. Placing the telehealth technology with the paramedic who provides care delivers the patient-end support for telehealth without having to address the socio-economic barriers to internet or satellite access. This innovative use of telehealth could significantly alter health services in rural and remote areas and reduce burden on communities who are without access to health services.

¹⁵ Batt A, Morton J, Simpson M. RETHINKING. Rural Remote Health. 2015;14(3):2821.