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## **Position Statement**

### **Paramedics: A sustainable healthcare workforce supporting team-based primary and urgent care across Australasia**

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#### **Key statement**

With primary and urgent healthcare in Australasia under increasing pressure, and significant health workforce shortages in rural and remote locations, the Australasian College of Paramedicine (the College) urges decision-makers to recognise paramedicine as a sustainable and untapped health professional workforce capable of delivering connected, high-quality, community-based healthcare in primary and urgent care multidisciplinary teams.

Paramedics are highly capable registered health practitioners who work across a range of healthcare settings throughout Australia and Aotearoa New Zealand. Paramedics deliver high-quality care that involves autonomous practice, complex patient assessments, and the delivery of treatment that may include invasive procedures and the administration of scheduled or restricted medicines.

There are several key barriers that are preventing the effective utilisation of paramedics across primary and urgent healthcare, those being: A general lack of inclusion of paramedicine across policy and legislation; exclusion from healthcare funding models; insufficient support for paramedic students; and interdisciplinary knowledge and awareness of paramedic capabilities. These barriers need to be addressed to enable primary and urgent care providers to utilise paramedics more efficiently for the benefit of improved health outcomes for all communities across Australasia.

#### **Benefits of paramedics being utilised across primary and urgent care**

The expansion of paramedic roles into primary and urgent care has the potential to:

- Reduce unnecessary ED presentations
- Reduce costs to the health system associated with emergency presentations
- Improve management of chronic health conditions
- Improve workforce retention and attraction
- Improve health equity and access for rural and remote communities

- Reduce the risk of losing highly trained paramedics who are "burnt out" by the demands of emergency care work by creating career growth and opportunities for this valued profession in primary and urgent care settings.

## Background

Quick facts and key points about paramedicine:

- Paramedics are a registered health profession through [Ahpra](#) (since 2018), [Te Kaunihera Manapou](#) | NZ Paramedic Council (since 2021)
- 2023 data shows that more than 25,000 paramedics are registered, with 24% not employed by a Jurisdictional Ambulance Services (JAS). (1)
- Every year, approximately 2,400 paramedic students graduate from tertiary institutions across Australia yet there are routinely not that number of roles available through JAS for graduate positions. (Anecdotal due to incorrect ABS/ANZSCO reporting.)
- Paramedics are uniquely placed to work alongside doctors, nurses and allied health professionals in team-based primary and urgent care as they are tertiary trained and have clinical experience and capabilities in patient assessment, triage, clinical treatment and communication in dynamic settings.
- Like other health professionals who gain further specialised training in specific health areas, i.e. medical doctors and nurses, registered paramedics working in primary and urgent care also complete additional training specific to primary and urgent care.
- Paramedics work widely in primary and urgent care settings in the United Kingdom, to good effect, and have comparable if not identical training and capabilities to Australasian paramedics. (2)

## Overview

Across the globe, countries are investing in innovative primary and urgent care models to help address current and future health system demands. Paramedics providing care beyond an emergency ambulance setting is not a new concept; community paramedics were first introduced in Nova Scotia, Canada, almost 20 years ago to help address primary healthcare access issues (3), while in the UK, paramedics have played a pivotal role in delivering primary healthcare for more than 20 years, working in high-functioning multidisciplinary teams across the community. (2, 4, 5)

In Australia and Aotearoa New Zealand, there are examples where paramedics are being employed in primary care roles in rural and remote communities, in hospitals and health clinics, as on-site paramedics for mining, industrial and other private organisations, in academia and education, in aged care, and in policy roles. Despite professional advancements, current legislation, policy and funding models barriers, as well as limited knowledge of paramedic capabilities throughout the health sector, are holding the profession back from broader utilisation across primary and urgent care - a position acknowledged by the Australian Productivity Commission in 2015. (6)

## Evidence

Several recent studies and reports point to the successful utilisation of paramedics in primary and urgent care, emphasising the need for governments and decision-makers to play "catch-up" on the evolution of the paramedic profession. Some examples are outlined here:

- A recent narrative review conducted in 2023 led by Spelten et.al, *Implementing community paramedicine: A known player in a new role*, identified several community paramedicine models that were successfully implemented, noting that "community paramedicine could alleviate current stresses in the healthcare system" but more long-term evaluation was required to facilitate integration. (7)
- The Royal Flying Doctor Service (RFDS) recognises the uniqueness of paramedic capabilities, employing paramedics in a range of leadership roles and as part of multidisciplinary care teams outside of ambulance services. A recent research report prepared by the RFDS (2023), *Best for the Bush, Rural and Remote Health Base Line*, recommended that "further work is required to identify relevant roles and opportunities to determine how this skill set can be used beyond ambulance services. This includes in aeromedical retrievals as well as community paramedicine". (8)
- The 2022 study led by Shannon et.al., *The development of community paramedicine; a restricted review*, revealed the impact of "community paramedicine programs result in a net reduction in acute healthcare utilisation, appear to be economically viable and result in positive patient outcomes with high patient satisfaction with care". (4)
- A 2022 study titled *The Nature of Paramedic Practice in Rural and Remote Locations: A Scoping Review* stated that "factors which were beneficial to the outcomes of patients in rural settings included enhanced paramedic scopes of practice, the implementation of community paramedicine programs and wider roles within the community for paramedics". (9)
- The Grattan Institute's report [A new Medicare: Strengthening general practice](#) recognised paramedics as a key primary healthcare workforce, recommending the nationwide adoption of multidisciplinary health teams to provide better health services for all Australians, outlining that paramedics and community paramedicine were an integral component of that new landscape, and paramedics are identified among the clinicians for whom there is "a very significant gap between the contribution they are able to make, and what funding and policy let them do in Australia". (10)
- A paper published by Adie et.al. in 2017 highlighted the opportunity within the Australian health system to provide alternative models of community healthcare, easing the pressure on emergency departments and ambulances. This paper refers to Urgent Care and Integrated Primary Care Centres, and highlights the role paramedics can have in delivering this care safely, effectively and at a lower cost than providing the same care in a hospital environment. (11)

### Paramedicine: a registered health profession

Paramedicine has been a registered health profession in Australia since late 2018 (12) and Aotearoa New Zealand since 2021 (13), whereby the professional standards, the accreditation of education, the supervised practice framework, notification and compliance measures ensure public safety. As of December 2023, there were 24,425 paramedics holding registration to practise within Australia (1), and in March 2023 more than 2,040 (13) in Aotearoa New Zealand. In Australia, paramedic capabilities are set by the legislation (1) and the paramedic scope of practice is determined by the employer.

In Aotearoa New Zealand, the paramedic scope of practice is set by the legislation (14) and Te Kaunihera Manapou Paramedic Council (13) defines paramedics' scope of practice.

A paramedics' capabilities may vary, and the following tools will assist paramedics and employers to determine a paramedics' scope of practice in a primary and urgent care setting:

- Australasian Clinical Practice Framework for Paramedicine DRAFT (draft available upon request, email: [policy@paramedics.org](mailto:policy@paramedics.org))
- Professional Capabilities for Registered Paramedics (AU): [Paramedicine Board of Australia - Professional capabilities for registered paramedics](#)
- Scopes of Practice (NZ): [Scope of practice \(paramediccouncil.org.nz\)](#)
- [Collaborative Aotearoa guideline: A Guide for General Practices Employing a Paramedic or Extended care Paramedic](#)

## **Paramedic roles, models and education in primary and urgent care:**

### Paramedic roles in primary and urgent care

Paramedics in primary and urgent care refer to paramedics employed in primary and urgent care settings. Due to a lack of standardisation in nomenclature used to describe these terms by employers, these roles may include:

- Paramedic
- Community Paramedic
- Extended Care Paramedic
- Paramedic Practitioner (primary/urgent care)

Paramedics working in primary and urgent care have the necessary education and training to attend to both scheduled and unscheduled patients, making complex and critical clinical judgements in a multidisciplinary, collaborative team environment. Paramedics ensure involvement of the patients' primary-treating healthcare professionals, where possible, and without direct supervision working to scope of practice. These roles are engaged by JAS, health departments, hospitals, healthcare clinics, and private sector providers. These roles currently operate predominantly in the community, residential aged care, urgent care or supported care facilities and in rural and remote hospitals and clinics where access to healthcare is limited.

Title variations, scope of practice and models will differ across jurisdictions and between employers. The explanations below have been provided to help governments, decision-makers and employers understand these roles.

**Definition of a paramedic:**

*“Paramedicine is a domain of practice and health profession that specialises across a range of settings including, but not limited to, emergency, [urgent] and primary care. Paramedics work in a variety of clinical settings such as emergency medical services, ambulance services, hospitals and clinics as well as non-clinical roles, such as education, leadership, public health and research. Paramedics possess complex knowledge and skills, a broad scope of practice and are an essential part of the healthcare system. Depending on location, paramedics may practise under medical direction or independently, often in unscheduled, unpredictable or dynamic settings.” (27)*

**Definition of a community paramedic:**

*“A community paramedic provides person-centred care in a diverse range of settings that address the needs of the community. Their practice may include provision of primary healthcare, health promotion, disease management, clinical assessment and needs-based interventions. They should be integrated within interdisciplinary healthcare teams with the aim to improve patient outcomes through education, advocacy and health system navigation”. (15)*

**Definition of an extended care paramedic:**

Extended Care Paramedics (ECPs) usually employed in ambulance services where this term was first used, are knowledgeable and highly capable paramedics, whose primary function is to respond to low-acuity cases and treat the patient in their residence, with a focus on avoiding unnecessary hospital attendance in a reactive model of care. (16)

**Definition of a paramedic practitioner:**

The paramedic practitioner, an emerging advanced practice role in Australia, will see paramedics work autonomously as the peak clinical speciality for the profession. This will include primary, urgent care and community healthcare in rural and remote settings to begin with, but will likely grow to include other specialty areas, such as critical care, as seen in the UK. (17, 18)

An adaptive and flexible health workforce: examples of models of care

The community paramedic model predominantly operates in rural, regional and remote settings, providing preventative and longitudinal care of patients who would otherwise be heavily reliant on ambulance and ED services. The community paramedic role supports working in collaboration with GPs and the patient’s primary care team and social services to proactively support patients in managing chronic disease through early intervention, health promotion and education. (19)

The patient-centred, integrated approach in the South Australian model allows community paramedics to contribute to keeping people well in their homes, reducing their dependence on ambulance and acute health services, and focusing on a proactive outreach approach through understanding local communities. (20) The ECP model comparatively provides the point of

intervention in the patient journey where the paramedic remains reactive, responding to and treating patients who have requested an ambulance. (21)

Paramedics have the education, experience and capabilities to contribute to new models of multidisciplinary and interdisciplinary healthcare delivery. Their capabilities and knowledge are broad and transferable to any setting, and higher education opportunities already exist to support the transition into specialist roles, including primary and urgent care.

A recent poll conducted by the College asked paramedics about urgent care.

Key findings show:

- 88% of the paramedics polled were interested in working in urgent care.
- 91% were interested in completing a microcredential/upskilling course designed for employment in an urgent care or priority care clinic.

### Education

The College is of the opinion that paramedics looking to work in primary and urgent care should complete an approved program of study as determined by the regulatory bodies in Australia and Aotearoa New Zealand, usually a Bachelor of Paramedicine or equivalent and a post graduate qualification in an area of relevant specialisation.

### Case studies

#### **Three Amigos: Paramedics shaping the ECP model**

At the Te Mata Peak Practice in Havelock North in Aotearoa New Zealand, paramedics Warren Elliott, Stacey Fisher and Dale Walters are at the forefront of a pioneering effort to introduce a new model of Extended Care Paramedicine that is reconceptualising the role of ECPs and expanding the scope of paramedic practice.

The three, all former St John New Zealand paramedics, are working as part of a multi-modal team of health practitioners that is the brainchild of the practice's Medical Director Dr Kunjay Patel and St John Deputy Clinical Director Dr Craig Ellis, who together with another ECP subject matter expert developed a more contemporary ECP model that recognises and utilises paramedics' specialist knowledge and skills in the provision of primary healthcare.

Warren said it was a new way of thinking, based on the practice's need to keep up with growing patient demand and the belief that other clinicians could be brought in to take on additional complementary roles to both alleviate the burden and provide a new level of patient care

Extract from *Response*, Winter 2023

### **First paramedic private practice model in WA**

It was a tongue-in-cheek question that led paramedic Alecka Miles to begin working alongside doctors and nurses at Dianella Family Medical Centre in Western Australia - the only private health clinic in the state to employ a paramedic in such a capacity.

The Dean of the School of Paramedicine at Edith Cowan University, where Alecka works as a community paramedicine postgraduate course coordinator, was jokingly asked if paramedics would now be able to work in GP clinics, such as they were in the UK.

The Dean, who is a GP and has worked with paramedics for more than a decade and understands their unique skill sets, replied, "That's a really good question. Let me speak to the practice manager at Dianella." A year later, Alecka was spending one day a week in clinical practice at the clinic.

"It's the most amazing team, with so many forward-thinking practitioners, and it's a very multidisciplinary team. We've got GPs, practice nurses, a diabetes educator, a podiatrist and a physiotherapist, as well as a pharmacist next door. It's a phenomenal environment to work in," said Alecka.

*Extract from Response, Autumn 2022*

## **Challenges and barriers**

Despite a growing body of international and Australasian literature reporting on positive outcomes of community paramedicine models (5), the Australian and Aotearoa New Zealand health sectors are yet to fully appreciate the substantial and sustainable benefits paramedicine in primary and urgent care can offer health systems. This is pertinent in rural and remote locations, where people experience socioeconomic disadvantage, vastly disproportionate access to primary healthcare services and poorer health outcomes. (22)

There are several barriers impeding the advancement of paramedics in primary and urgent care which fall under three main themes.

### **1) Funding, legislation and policy**

A lack of funding and outdated legislation creates barriers across Australasia. In Australia, emergency ambulance services are funded by states and territories, and primary care is funded by the Commonwealth. As an example, the community paramedicine model, which is based on integrating paramedics into the primary care system, sees funding options fall into a blind spot between state and federal governments. Current funding models and policies are not designed to support multidisciplinary teams and healthcare workers practising at full scope of practice. (23) A profound barrier to paramedics working within multidisciplinary teams in private practice is the 'fee-for-service' funding model that Australia uses for primary care access, which does not promote team-based care in GP practice. (10) The Medicare Benefits Schedule (MBS) omits funding for paramedics to provide primary and urgent care in Australia. (24) Similarly funding primary and urgent care funding barriers exist in Aotearoa New Zealand however, at time of developing this position

statement there is a government consultation process underway proposing to fund paramedics to provide Accident Compensation Commission (ACC) treatment beyond ambulance service. (25) (Likewise, legislation has not kept pace with the professionalisation of paramedics as a nationally registered health profession making it difficult for paramedics to work outside of JAS.

### **2) Insufficient support for paramedic students: a multifaceted problem**

Paramedic students in Australia face significant challenges and inadequate support. Paramedic students face the challenge of securing placements due to the limited availability of placements, which is worsened by places being filled by student peers (other student health professions).

### **3) Workforce and consumer literacy: Misconception of paramedicine**

A major barrier found to be inhibiting the growth and advancement of paramedics in primary and urgent care is the misconception among other healthcare professionals, stakeholders and consumers that paramedics are only associated with providing emergency care in ambulances. Education about the diverse roles paramedics undertake and in which they can be engaged needs to be influenced by professional entities and leaders to represent the profession at legislative, state and local levels.

## **Recommendations**

### **1) Governments and decision-makers**

- a. The College calls on the Australian Government, Department of Health and Aged Care to include paramedicine in the MBS.
  - i. This will achieve affordable healthcare options for individuals
  - ii. Provide private providers that employ paramedics a low risk to business profitability
  - iii. Create career opportunities for paramedics beyond JAS
  - iv. Retain paramedics, skilled healthcare professionals, in the health workforce.
- b. The College calls on all governments and decision-makers to establish funding enablers to support multidisciplinary teams inclusive of paramedics, as highlighted in the *Scope of Practice Review, Issues Paper 2 (28)*.
  - i. This will achieve affordable healthcare options for individuals
  - ii. This will increase health care activity by providing more health professionals to primary care teams
  - iii. This may incentivise health professionals to work together to meet the needs of their patients
  - iv. Address barriers to multidisciplinary activities, healthcare and health literacy
  - v. Create career opportunities for paramedics beyond JAS
  - vi. Retain paramedics, skilled healthcare professionals, in the health workforce.
- c. The College calls on all governments and decision-makers to review, in consultation with the wider health sector, existing legislation and regulations pertaining to prescribing rights at both state and federal levels. Changing the language in the Poisons Acts to be inclusive of all registered healthcare providers so that it gives all healthcare providers the right knowledge



and training to work to full scope of practice in relation to prescribing and administering medications.

- d. The College calls on all governments and decision-makers to review, in consultation with the wider health sector, all patient referral pathways to both primary and urgent care clinics (or by any other name), including ambulance services, to improve patient experience, person-centred care and reduce unnecessary ED presentations.
  - i. This is a person-centred approach to care, improving patient experience and outcomes. (26)
- e. The College calls on all governments and decision-makers to review, in consultation with the wider health sector, patient record access for paramedics to ensure optimal holistic healthcare.
- f. The College calls on all governments, decision-makers, and funders to initiate and support paramedic student grant opportunities, including:
  - i. Develop interprofessional student grant programs that build a multidisciplinary team-based culture at the student level
  - ii. Rural and remote student grant programs that support accommodation and living costs.

## **2) Health equity and cultural competency**

- a. To improve health equity across Australasia, the College recommends that paramedics employed in primary and urgent care settings engage in continuous cultural competency training and education. This should include experiential learning opportunities and participation in informal discussions and teachings. Such initiatives are crucial for developing a community-specific knowledge base, ultimately improving healthcare access, delivery, and outcomes.

## **3) Education providers and funders**

- a. The College recommends postgraduate education for paramedics seeking employment in primary and urgent care settings
- b. The College calls on governments, decision-makers and education providers to increase student paramedic placement opportunities in primary and urgent care clinics
- c. Student grant opportunities: *See Governments and decision-makers*
- d. The College calls on governments to increase targeted research funding for this area of paramedicine to understand and evaluate the impact of community paramedicine on the wider healthcare system and on patient outcomes. (4, 5)

## **4) Primary and urgent care employers**

- a. The College recommends that health providers utilising paramedics in primary and urgent care embed measurable evaluation methods from the outset, and that outcomes are shared widely across the Australasian health and paramedicine sector so that lessons can be shared to support funding sustainability and enrich the understanding and benefits of this model of care.
- b. The College recommends that paramedics practising in non-government and private sectors be governed to practice under a Standards of Practice and Governance Framework, which provides for the transferability of capabilities from one position to another. The currency of practice should remain the responsibility of the registered practitioner.

## 5. The Role of the College

The College, as the peak professional body, is:

- a. Developing a Clinical and Professional Standards and Governance Framework in consultation with the paramedicine profession and wider health sector to support the utilisation of paramedics in primary and urgent care
- b. Developing continuing professional development programs to support the currency and clinical capability of paramedics working in primary and urgent care
- c. Collaborating with stakeholders on the development of frameworks across health settings
- d. Supporting the Paramedicine Board of Australia to establish Area of Practice Endorsements for advanced practice paramedics.

## Australasian College of Paramedicine

The College is the peak professional body representing and supporting paramedics and student paramedics across Australia and Aotearoa New Zealand. The College champions the role of paramedics in emergency, urgent and primary care, and we are committed to enhancing patient-centred care. The College is future-focused and brings together paramedics from across Australasia to represent, advocate, promote and celebrate the achievements of this integral health profession.

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