

Unleashing the potential of our health workforce - Scope of Practice Review (round 1)

The College provided the following responses to Review round 1 survey questions:

How can these groups benefit? Please provide references and links to any literature or other evidence.

The Australasian College of Paramedics (the College) is the peak professional body representing and supporting paramedics and student paramedics across Australia and Aotearoa New Zealand since 1973. The College champions the unique role of paramedics in emergency, urgent and primary care, driving a connected, and multidisciplinary approach to high-quality healthcare in all communities. The College is future-focused and committed to enhancing patient-centred care through sustainable initiatives, sound policy and legislation, and models of care that utilise and empower paramedics to work to their capabilities. This consultation process is greatly welcomed by the College, as is the inclusion of paramedics in the list of health professions (ToR pg.7).

It is important to outline the significance and preference of the term "[capabilities](#)" over "scope of practice" as it accurately captures the dynamic and evolving nature of the paramedic profession. The term "scope of practice" implies defined limits set by an employer, while using the term "capabilities" recognises the diverse expertise that paramedics can develop and acknowledges the continuous learning and professional development that paramedics undertake to enhance their abilities in delivering person-centred care. Moreover, "capabilities" encapsulates the profession's multidimensional skills, including critical thinking, decision-making, and adaptability, which are vital in the ever-changing environments where paramedics operate. This terminology shift promotes a mindset of continuous improvement and encourages paramedics to explore advanced training and specialisation, ensuring that they remain at the forefront of delivering exceptional and nuanced healthcare services to consumers. By acknowledging paramedics' capabilities, the profession fosters a culture of excellence and innovation, reflecting the true essence of the paramedic role in modern healthcare.

Throughout this submission we will point to contemporary case studies, media coverage, and research findings from Australia and across the world, highlighting the positive impact that paramedics working in both traditional emergency response settings and urgent and primary care settings, are having on communities and across health service delivery. Through these examples we trust the consultation reviewers will see the potential positive impact that the paramedic profession could have on urgent and primary care accessibility and workforce sustainability, while not overlooking the critical need for appropriate resourcing and funding.

About paramedicine:

Accredited paramedic degree programs prepare people to qualify as registered paramedics and to provide healthcare in a variety of environments. Paramedics are provided core knowledge in anatomy, physiology, and pharmacotherapy as well as capabilities to treat the various conditions patients present with including trauma, respiratory, cardiovascular, mental health, maternal and

neonatal health, low acuity and chronic care, as well as emergency management skills and theory. Approximately 2,500 student paramedics complete their paramedicine degree programs each year, with jurisdictional ambulance services usually hiring only half of the graduate paramedics annually.

To become registered with [Ahpra](#), paramedics must first complete an undergraduate paramedical science degree accredited by the Paramedicine Board of Australia (PBA). Once registered, they must undertake 30 hours of annual continuing professional development and meet the ongoing requirements set by the PBA. Paramedics can also pursue postgraduate studies to expand their knowledge and skills in critical care, community care, primary care, extended care, and as a paramedic practitioner.

Potentially, there is a surplus of 1,000 work-ready, graduate paramedics available to deliver high-quality healthcare beyond jurisdictional ambulance settings. Since 2014, the majority of these paramedics have relocated to the United Kingdom and other countries, to help address their workforce shortages. A significant proportion of these skilled paramedics are seeking to return to Australia now, or in the future, but the limited jurisdictional ambulance service roles make it challenging for many to secure paramedic positions in Australia.

The PBA does not provide a specific scope of practice for paramedics, rather [“Professional capabilities for registered paramedics”](#), leaving it to health services to define the scope of their employed clinicians based on their education, experience and qualifications. As stated by the PBA, an individual practitioner's scope of practice is determined by their skills, training, and competence. The non-scope nature of the National Law offers opportunities for workforce flexibility and innovation, and recognises the broad range of clinical and non-clinical activities that paramedics can undertake in various roles and settings, including advanced, expanded, and emerging areas of urgent and primary care practice.

An excellent example of paramedics working beyond emergency response is community paramedicine. Paramedics employed to this high-impact role complete postgraduate training which is “designed to provide paramedics with the necessary knowledge and skills to undertake a career in community paramedicine, working in urgent care, non-urgent care and primary healthcare settings.” ([Edith Cowan University Graduate Certificate of Community Paramedicine 2023](#))

The community paramedicine definition: *“A community paramedic provides person-centred care in a diverse range of settings that address the needs of the community. Their practice may include the provision of primary health care, health promotion, disease management, clinical assessment, and needs-based interventions. They should be integrated with interdisciplinary healthcare teams which aim to improve patient outcomes through education, advocacy, and health system navigation. The adoption of the global consensus on the definition of a community paramedic will enhance efforts to promote the value of this specialist role, enabling a better understanding of how a community paramedic contributes to the wider healthcare system.”*¹

A 2022 study titled “The Nature of Paramedic Practice in Rural and Remote Locations: A Scoping Review” revealed ‘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.’²

¹ Shannon B, Baldry S, O’Meara P, et al. The definition of a community paramedic: An international consensus. *Paramedicine*. 2023;20(1):4-22. doi:10.1177/27536386221148993

² Spencer-Goodsir H, Anderson J, Sutton C. The Nature of Paramedic Practice in Rural and Remote Locations: A Scoping Review. *Australasian Journal of Paramedicine*. 2022;19:1-12. doi:10.33151/ajp.19.978

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 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"³.

In contrast to the traditional ambulance services roles associated with paramedicine, paramedics internationally and across Australia are being employed in primary healthcare roles in rural and remote communities, in hospitals and health clinics, and as on-site paramedics for mining, industrial and other private organisations, in academia, in aged care, and in policy roles.⁴ Expansion of these roles has the potential to reduce costs to the health system associated with emergency presentations, the management of chronic health conditions and early entry into aged care. These models of treatment, utilising paramedics to provide care could be expanded to support the delivery of urgent and primary healthcare services, rural health clinics, urgent care centres and minor injury units among others.⁵

Community paramedics have been utilised in the UK, Canada, and the USA to help address similar healthcare challenges as those in Australia. The below international research showcases paramedics benefitting several groups:

- UK: 'The NHS GP Forward View and the Primary Care Workforce Commission have both recommended the development of a multidisciplinary primary workforce that includes general practice-based paramedics.'⁶
- Canada: 'Community paramedics have developed such pragmatic and collaborative approaches to care because they are a ubiquitous, highly skilled and mobile segment of the workforce who are interested in bridging gaps between service providers and stakeholders. These efforts are proving to be effective at both improving the quality and experience of patient care, and reducing overall costs of health care.'⁷
- Canada: 'across Canada and elsewhere, paramedics are increasingly conducting scheduled preventive home visits to improve chronic disease management in rural and remote regions'⁸
- Canada: 'in rural Nova Scotia, a community paramedicine program developed to address a shortage of available primary care services reduced annual trips to emergency departments by 40% and decreased overall annual expenses for health care from \$2380 to \$1375 per person'⁹

³ Breadon P, Romanes D. A new Medicare: strengthening general practice. Grattan Institute Report No. 2022-14, December 2022. Available at: [A new Medicare: Strengthening general practice \(grattan.edu.au\)](#)

⁴ Thompson, C., Williams, K., Morris, D., Lago, L., Kobel, C., Quinsey, K., Eckermann, S., Andersen, P., & Masso, M. (2014). HWA Expanded Scopes of Practice Program Evaluation: Extending the Role of Paramedics Sub-Project: Final Report A. H. S. R. I. Centre for Health Service Development.

⁵ *ibid*

⁶ Mahtani KR, Eaton G, Catterall M, Ridley A. Setting the scene for paramedics in general practice: what can we expect? *Journal of the Royal Society of Medicine*. 2018;111(6):195-198. doi:10.1177/0141076818769416

⁷ Michael J. Nolan, Katherine E. Nolan and Samir K. Sinha *CMAJ* May 28, 2018 190 (21) E636-E637; DOI: <https://doi.org/10.1503/cmaj.180642>

⁸ Ruest M, Stitchman A, Day C. Evaluating the impact on 911 calls by an in-home programme with a multidisciplinary team. *Int Paramedic Practice* 2012;2:125-32

⁹ White R, Wingrove G. Principles for community paramedicine programs [policy brief]. Washington

- USA: 'Early evidence indicates that CP programs have contributed to reducing health care utilization and improving patient outcomes leading some to call for a transformation of EMS into value-based mobile healthcare fully integrated within an interprofessional care team.'¹⁰
- USA: 'CP programs align well with population health strategies and could be better leveraged to fill gaps in care and promote appropriate access to healthcare services.'¹¹

Community paramedic pilot programs have been funded on-and-off across Australia for decades and, despite their success, the majority of programs have ceased to be funded exacerbating primary healthcare challenges. (see 'real life' section for contemporary Australasian case studies).

Below are quotes from recent Australian media coverage which highlights paramedic capabilities in urgent and primary care:

- SMH, 1 October 2023. Ryan Lovett, College Chair said: "Urgent care is paramedics' bread and butter," he said. "But there's no option for general practices to employ them. They can't pay a practice paramedic under Medicare like they can for nurses. "We've seen a small number of GP clinics and urgent care centres have made those decisions to employ paramedics themselves – bearing the cost – because they recognise the benefit."
- Crikey, 29 March 2023. John Bruning, CEO said: "If we as a nation are serious about systemic change across the health sector, there must be broader understanding and recognition among national and state governments of the value and utility of paramedics as a primary health workforce."
- The Australian, 23 January 2023 reports: "Paramedics are ready to play a "vital role" in primary healthcare as the federal government moves to overhaul Australia's 40-year-old system of Medicare funding to directly employ the skills of allied health workers working in multidisciplinary teams."

What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice?

Recognition and frameworks:

In the realm of healthcare, there is an inherent risk associated with any clinical practice. However, this risk can be significantly mitigated through appropriate governance mechanisms, such as registration, legislation, policies, and defined education standards. Properly structured frameworks not only provide a solid foundation for paramedics as a registered profession, but also instill confidence in their patients. Recognising and validating the advanced capabilities of paramedics are pivotal steps in reducing these risks. For instance, implementing stringent credentialing requirements and recognition by peak bodies, like the College, ensures that paramedics possess the necessary expertise to handle their expanded roles. Ensuring paramedics meet stringent educational and professional criteria not only safeguards patient welfare but also reinforces the integrity of the healthcare system.

Access and consumer confidence:

Access is twofold. Firstly, communities need to have access to health practitioners, and secondly, healthcare practitioners need to have an ability to access their full capabilities to deliver the highest

(DC): National Rural Health Association; 2012. Available: www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/PrinciplesforCommunityParamedicineSept-2012.pdf.aspx?lang=en-US (accessed 2023 October 9).

¹⁰ Whitney A. Thurman, Leticia R. Moczygemba, Kyler Tormey, Anthony Hudzik, Lauren Welton-Arndt & Chinyere Okoh (2021) A scoping review of community paramedicine: evidence and implications for interprofessional practice, *Journal of Interprofessional Care*, 35:2, 229-239, DOI: 10.1080/13561820.2020.1732312

¹¹ Myers LA, Carlson PN, Krantz PW, Johnson HL, Will MD, Bjork TM, Dirkes M, Bowe JE, Gunderson KA, Russi CS. Development and Implementation of a Community Paramedicine Program in Rural United States. *West J Emerg Med*. 2020 Aug 24;21(5):1227-1233. doi: 10.5811/westjem.2020.7.44571. PMID: 32970579; PMCID: PMC7514407.

level of care to their patients. In the 2022 'Patient Experience Survey' compiled by the Australian Bureau of Statistics, shows significant deterioration in wait times, with 39.1% of people who saw a GP for urgent medical care waiting 24 hours or more.¹²

Access to primary healthcare relies on the availability of healthcare workers. Data available in the Australian Institute of Healthcare Workforce (AIHW) shows a declining growth in nurses and GPs especially in rural and regional areas despite costly incentive programs and targeted international recruitment over more than 10 years.¹³

The strong healthcare expenditure outlined in the 2023-24 budget¹⁴ makes a start on repairing the inequalities and costs contributing to this decline, however existing legislation and policy impedes the ability for communities to receive the full benefit.

Specifically, the \$445.1 million over 5 years outlined in the 2023-24 budget that increases funding for the Workforce Incentive Program (WIP) Practice Stream is intended to support practices to expand multidisciplinary teams and employ more nurses and allied health professionals in regional, rural, and remote areas.¹⁵

Allied Health Professionals capture 26 different registered healthcare workers under Federal Government National legislation¹⁶. The inclusion of the term allied health professionals in current policy and legislation suggests that any of these healthcare providers could work in multi-disciplinary teams, however existing policy and legislation is not inclusive of all Allied Healthcare Professionals, limiting access to, and utilisation of, WIP to doctors and nurses only.

Without changes to the WIP that include registered paramedics (an existing Allied Health Professional), many communities will continue to exist without access to healthcare workers. Previous initiatives to improve access to primary care services, via workforce incentives to increase doctors and nurses have not delivered any improvement.

The risk of patients waiting longer for care or being cared for by overworked health professionals, e.g.: doctors and nurses, is a significant concern. Paramedics, with their enhanced skills and ability to provide advanced clinical care, can play a pivotal role in mitigating this risk in urgent and primary care settings. By expanding existing policy and legislation (including funding models) paramedics are a real solution to workforce shortages and community access to healthcare. Paramedics working to their capabilities, can alleviate the strain on the healthcare workforce by providing timely clinical interventions and healthcare in communities. Their presence in various healthcare settings not only improves the efficiency of the system through delivering timely care, but connects patients with ongoing healthcare services to meet their needs, enhancing the overall quality of patient care and long term health outcomes.

Restricting the recognition of paramedics' advanced capabilities solely within jurisdictional services poses a significant risk to the profession and the broader healthcare industry. No other registered healthcare professional is restricted to a single state-based healthcare provider. In confining the acknowledgment of these skills to specific employers, there is a potential hindrance to the career

¹² Australian Bureau Statistics, 2021-22

¹³ AIHW, 2023

¹⁴ Chalmers, J., & Gallagher, K. (2023). 2023-24 Budget Papers. Budget Measures: Budget Paper No. 2. C. C. P. Ltd

¹⁵ Ibid.

¹⁶ AIHW (2023)

growth, workforce retention, and evolution of the paramedicine profession. Limiting paramedic capabilities in this manner not only curtails the profession's ability to support the wider healthcare industry but also hampers its potential to contribute meaningfully to multidisciplinary teams. The consequence of such limitations could lead to the loss of exceptionally experienced clinicians from the profession, as talented paramedics might seek opportunities where their advanced skills are more readily recognised and appreciated.

Health literacy:

There are also significant health literacy ([consumer and environment](#)) challenges which need to be addressed across the health sector for practitioners and consumers. 'Health literacy is the interaction between the skills that people have and the demands that systems make'¹⁷. Health literacy empowers consumers and health practitioners to make informed decisions about their health. For example, the College recently polled members asking if they felt the wider health sector understood their capabilities as a registered paramedic professional and, not surprisingly, 99% of respondents said 'no' the wider health profession didn't understand their capabilities. There is a great opportunity for the Government, during its Medicare and primary health reform process, to activate meaningful health literacy programs for both the consumer, and health practitioner.

Patient records:

Another important and complicated challenge concerns health practitioner access to patient records/information in multidisciplinary team-based care environments. Without access to patient records, health professions won't be equipped to provide best practice healthcare. Currently, paramedics working for jurisdictional ambulance services do not have access to patient records, rather, they rely on '000' triage, repeat '000' patients, and in-person assessment.

Please give any evidence (literature references and links) you are aware of that supports your views.

- Importance of health literacy: [Health literacy - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)
- Effective use of data for patient treatment and research¹⁸
- Paramedics in multidisciplinary teams, in rural and remote settings see Ngayubah Gadan Consensus Statement: [The Ngayubah Gadan Consensus Statement – Rural and Remote Multidisciplinary Health Teams | Australian Government Department of Health and Aged Care](#)

Please give examples, and any evidence (literature references and links) you have to support your example.

In response to this question, the College is providing four case studies which show evidence of paramedics in primary care, making a positive impact, around Australasia including rural and remote communities, and Aboriginal communities. Case studies have been taken from our own publication, *Response*.

Case study one: First paramedic private practice model in WA (*Response*: Autumn 2022 Edition)

¹⁷ Rudd, R.E. The Health Literacy Environment Activity Packet: First Impressions & Walking Interview. On-line tools. Health Literacy Studies. [Hsph.harvard.edu/healthliteracy](https://hsph.harvard.edu/healthliteracy)

¹⁸ Rudd, R.E. The Health Literacy Environment Activity Packet: First Impressions & Walking Interview. On-line tools. Health Literacy Studies. [Hsph.harvard.edu/healthliteracy](https://hsph.harvard.edu/healthliteracy)

Key points:

- Dianella Family Medical Centre, Western Australia: WA's first health clinic to utilise a paramedic as part of a multidisciplinary team.
- It's a model of team-based care that enables paramedics to provide support to doctors and nurses, particularly within the sphere of urgent care.
- The model has resulted in quality improvements in urgent care and has eased the pressure on hospitals.
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WA's first paramedic private practice model benefits patients, staff and the health system.

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.

Following paramedic registration in Australia in 2018, 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.

"I was doing a benchmarking project with my postgraduate course at the time and looking at how paramedics were working in different areas," Alecka said. "I wanted to go into a GP practice and see how we could fit. So as part of that benchmarking, we organised a meeting with Dianella Practice Manager Julie Stojcevski, and she agreed to let me come in for a couple of weeks and work alongside the nurses and GPs and see what value we could add and what sort of things they do, and how paramedics might fit. At the end of that meeting, I was offered a job.

"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." Julie said it was a case of "thinking outside of the box". The clinic was looking at the ways in which quality improvements could be made, and how paramedics could be incorporated in the practice to provide support, particularly within the sphere of urgent care.

"We came up with this model, which we thought would be very beneficial because the paramedic would be able to work closely with the doctors, and at the same time we would also have quality improvement in urgent care to take the pressure off the hospitals. And it's a wonderful model, and we're able to demonstrate the different roles that paramedics are playing, and how this is benefiting the health system and healthcare delivery."

It was a seamless integration, with the different practitioners aware of each other's strengths and the complementary nature of the different strands of professional practice. And for Alecka, staff are always available to guide her if she needs assistance or has questions relating to areas in which she is unfamiliar.

"We know each other's strengths and weaknesses. There's no judgement if there's something that you're not feeling confident about. Everybody is comfortable in their area of expertise; everybody is

comfortable that there is an overlap in some of our skills and expertise. And egos are parked. We will often work as a team to ask questions and get a get a history,” Alecka said.

The skill set, the experience, and the knowledge that the practice as a whole has gained from having Alecka as a paramedic has been amazing. When she first joined Dianella, her work was predominantly focused on preventative health care home visits for the over-75 population, listening to their histories, assessing the safety of their home environments, and making recommendations for support services if needed, such as fall safety education and nutritional guidance, that are then fed back to the GPs. She later began to work in the clinic on patient health care planning and talking with patients about issues such as weight loss and the prevention of cardiovascular disease.

Recognising that her skills were also well suited for the treatment room, Julie expanded her role to cover hands-on patient treatment, including administering vaccinations, wound care and closures and suturing, and assisting with other skin procedures such as biopsies.

“That’s been a new skill and it’s frightening but also exciting. I feel like a student again, but I’m very lucky to have a great mentor who’s a skin specialist and he’s been wonderfully patient. I’m so grateful for what I’m learning from him.”

Triage is also another important component of her work, with most walk-ins presenting after falls that result in wounds or fractures, as well as chest pains and myocardial infarctions. Julie said she was a multi-talented clinician who also did CPR training at the clinic and emergency trolley training with staff.

“She’s an all-rounder in the treatment room. Emergencies are usually thrown her way because she’s the most capable of doing that. She’s established an excellent rapport with a lot of our patients, a lot of whom come in and say, ‘I’m just here to see Alecka, she’s going to do my wound’, so she’s very actively involved in our practice.

“The best part of having a paramedic here is her urgent care skills. Our patients call up, and if Alecka’s in here she’ll get on the phone and make an initial assessment, and if she feels there is a need, she’ll say, ‘Okay, I need you to come in straight away’. By the time the patient has come in, she’s already liaised with the doctor, and we’ve got a plan in place. That whole emergency response for our patients - we never had that, so having that here now has definitely increased the flow of emergencies coming into our practice and eased the pressure on ambulances and the health system.

“It’s the best thing that’s happened to us. The skill set, the experience, and the knowledge that the practice as a whole has gained from having Alecka as a paramedic has been amazing. And moving forward, I would always ensure that we had a paramedic as part of our team.”

Case study two: Ngangganawili Aboriginal Health Service at the forefront of community paramedicine in Australia (*Response*: Summer 2022 Edition)

Key points:

- The Ngangganawili Aboriginal Health Service has pioneered an innovative model of community paramedicine that capitalises on the unique skill set of paramedics to provide a more holistic and integrated approach to remote healthcare.
- It is the only Aboriginal Medical Service in Australia utilising community paramedics.

- People are more open and receptive when receiving information in the form of an informal chat; having a level of rapport lessens the barrier between community and clinic.

In the vast desert country of central Western Australia, the Ngangganawili Aboriginal Health Service (NAHS) in Wiluna Shire is pioneering an innovative model of community paramedicine that capitalises on the unique skill set of paramedics to provide a more holistic and integrated approach to remote healthcare.

NAHS Community Paramedic Gary Pyle said the NAHS was contracted by the WA Department of Health to provide comprehensive accident and emergency services. Initially, the ambulance response fell under the St John volunteer system and was predominantly undertaken by support staff and on-call nurses. However, they were only able to provide the level of care stipulated under the St John volunteer system, such as the issuing of over-the-counter medications and no invasive procedures.

“The role of community paramedicine is well established overseas and is one that is in great need here in Australia.”

Given the shire’s large geographical area, encompassing multiple pastoral stations, many mine sites and two major transit and tourist routes, this proved to be inadequate.

In response to the challenges, the NAHS adopted a community paramedic model, encompassing emergency response, primary healthcare and preventive healthcare. It is the only Aboriginal Medical Service in Australia utilising community paramedics.

“The community paramedics are primarily employed for emergency response,” Gary said. “However, emergency response is only a small part of what we do. Most of our workload is general clinic-based, general GP-style presentations, similar to how a military or mine site medic operates, only in a town. We also find ourselves working as an extension of the clinic staff, going out to the community and surrounding areas and providing in-home treatment, ranging from simple dressings to IV AB’s.” The benefits of this model include better community integration and continuity of care.

“As we are out in the community a lot, we found that we have built a good rapport and the divide/barrier between clinic and community is lessened. This helps a lot with health promotion, as evidenced by our higher-than-average covid vaccine numbers (more than 80% double vaccinated). When education is conveyed via an informal chat, people are more open and receptive.”

In terms of continuity of care: “Generally, once we collect a patient, we will then transfer them to the clinic and assume the role of primary treatment provider. These treatments are generally at a level higher than most nurses’ training but lower than the doctor, so there is no stepping on toes.” Procedures include advanced wound closing and suturing, X-rays and casting, pathology collection, processing, and interpretation.

“There is a reason the paramedic profession is the specialty field that it is.”

Gary said the community paramedicine model could be replicated in other parts of Australia, particularly in rural and remote areas of the country, providing opportunities for the expansion of roles for paramedics within the health system.

He said that like Wiluna, many small towns had small clinics or Silver Chain nursing posts, and

experienced the same health service challenges. In the event of an emergency, a nurse from those clinics responded with volunteers to assist. The major issue, however, was the authority to practice.

“The nurse is not cleared outside their clinic, and they are only permitted to work to the level of the volunteer as stipulated by St John. Imagine if these roles were supplemented with an extended care paramedic; that high level of initial paramedic response would be enabled on scene then continued through into the clinic.”

He said the first step would be the recognition of paramedic practitioners as a field of specialisation, in the same manner as nurse practitioners, one that is registered and regulated as its own specialty. “There is a reason the paramedic profession is the specialty field that it is.”

“We already have the qualification and training framework available at many universities. Once recognized, the role would then be able to be put forward to some of these clinics as it is easily comparable and interchangeable.”

He said the role of community paramedicine was well established overseas and was one that was in great need Australia.

“As many on-road paramedics will attest, so many calls could be easily treated in home and not transported, if allowed the scope, tools and time. I personally believe it is inevitable that this role will be formalised here in Australia soon. If so, this could provide an avenue for those paramedics wanting a change of pace but not wanting to leave the profession.”

For students/graduates and working paramedics wanting to embark on such a career pathway, he recommended exploring extended care paramedicine studies available at many universities. “Regardless of your current area of work, you will still learn advanced assessment tools and gain a better understanding of many chronic health issues and treatment pathways.”

Case study three: The changing face of general practice: Paramedics to breathe new life into ailing health clinic (*Response: Summer 2023 Edition*)

Key points:

- Doctors at Avon Medical in Stratford in the Taranaki region of Aotearoa New Zealand have brought paramedics into the practice in a new model of multidisciplinary healthcare in response to GP and nurse shortages in the area.
- It’s a practice model that offers hope for improved health services for traditionally underserved communities and, according to the doctors, represents the changing face of general practice and the future of GP clinics.
- Paramedics, who have worked extensively in acute care and have more experience in this space than most GPs, are taking the burden off GPs in attending to acute presentations, which in turn is enabling the clinic to provide better and more comprehensive healthcare.
- Bringing paramedics into the practice is helping to curb unnecessary emergency department transports and presentations, is reducing pressure on ambulance services and hospitals, and improving acute-care health service delivery.

In the early months of 2022, Avon Medical in Stratford in the Taranaki region of Aotearoa New Zealand’s North Island was struggling to meet the healthcare demands of the local community. The departure of its long-serving doctors and other key staff left just one part-time GP to serve the

practice's 7,500 patient population.

The backlog meant three to four-month delays for routine appointments and the lack of almost all acute care. A dedicated team of nurses was shouldering the burden and were largely responsible for enabling the clinic to remain operational, but as new Avon Specialist General Practitioner Dr Shaun Butler said, they were "drowning".

Coastal Medical Ltd, with whom Dr Butler is a Director, was approached to provide assistance for the ailing clinic and initially deployed locum GPs on a part-time basis. Recognising that the company had better staffing and resources, then owner Primary Health Care Ltd offered to sell the practice and in July it officially changed hands, with doctors Shaun Butler and Nick Loveridge-Easther at the helm. However, addressing the clinic's longer-term staffing shortfalls required thinking outside of the box and adopting a new model of multidisciplinary healthcare.

The days of a GP having to see every single patient are gone. It's going to be team-based care from now on.

"We needed to find a balance between keeping continuity of care but also allowing our GPs to enjoy the work and not burn out, so we're shifting to more team-based care where we have different specialists within primary care. We'll have paramedics seeing a lot of the acute presentations alongside Physicians Associates and the nursing staff doing more long-term routine care," Dr Butler said.

"The General Practitioner is probably going to move to more of a consultant-type role, where they'll be available for case discussions with the non-GP clinicians, such as Extended Care Paramedics, as well as seeing more of the complex health presentations, palliative care, and difficult kinds of medication issues. This is the changing face of general practice."

And in a country facing chronic GP shortages, particularly in rural areas, it's a practice model that offers hope for improved health services for traditionally underserved communities. For the Stratford community, it will also mean improved acute care health service delivery. The half-dozen to a dozen acute care appointments available each day are typically filled within half-an-hour, requiring patients who miss this window and are unwell or have been injured to travel up to 45 minutes to another clinic or to a hospital emergency department to receive treatment.

"First and foremost, we will have capacity to be able to better serve the local population and their acute care needs. That in turn also takes a lot of the load off GPs, enabling them to have more time to see other cases and their routine care consults as opposed to having the bulk of their day tied up with acute care presentations.

"And the reality is that paramedics are the ideal people for this space. If I have a health issue, I want to see the best person to treat that issue, and nine times out of 10 that's going to be the paramedic who has worked extensively in acute care and has done way more acute care than most GPs. It's providing better care as a whole."

It also helps curb unnecessary emergency department transports and presentations, reducing pressure on ambulance services and hospitals, and the clinic's impact on ED attendance rates has been included in its new Key Performance Indicators.

The idea of bringing paramedics into the clinic was born out of a casual conversation with a Hato Hone St John Intensive Care Paramedic and Extended Care Paramedic. As word of the initiative spread, a group of paramedics assisted the clinic in the planning stages, and in early 2023 Avon will employ its first two full-time paramedics.

“Due to the shortage of GPs, a lot of the ECPs have been providing community primary care for quite some time now, so for them it's a bit of a shift from being out in the community to actually having a fixed location in the clinic.

“A lot of it is about developing ways in which we can make the clinic function more efficiently without the paramedics always having to come and knock on the GP's door to get scripts done and that sort of thing. So a lot of our work has been setting up things like standing orders for certain conditions that the paramedics can work within. That way they can manage patients in the clinic and provide medicine in the clinic without us as the GPs having to be involved in a supervisor-type role.” That process involved reviewing Hato Hone St John's existing standing orders and selecting those that were applicable for paramedics in the clinic, as well as identifying areas that were not currently covered.

“That might be certain ways we would like things like migraines or ear infections to be managed, so for a lot of those things we've basically created our own standing orders, and that involves everything from how to assess a patient to what medications can be used in the clinic for that purpose and when to discuss with the GP.

“The days of a GP having to see every single patient are gone. It's going to be team-based care from now on, and that's what we're working towards. By bringing in different specialties, different clinicians, to manage different patient needs, we think we can improve healthcare as a whole.” Dr Butler said such team-based models of practice demonstrated to patients and other clinicians that opportunities existed to reshape the way healthcare was delivered to the betterment of the community and the health system as a whole.

“It's going to take a bit of a shift in mentality here as patients throughout the years have become accustomed to seeing their GP every time, and it's strange for them to come in and see a paramedic or a nurse, but this is very much the evolution of medical care.”

Case study four: Expanding paramedics' horizons *(Response: Summer 2022 Edition)*

Key points:

- David McLeod advocates for paramedics to work beyond traditional ambulance services and to utilise their capabilities in more out-of-hospital settings to reduce pressure on the health system and health professionals.
- He has worked with Primary Health Networks (PHNs) to review after-hours services and new models of care (i.e., multidisciplinary medical teams) inclusive of paramedics to improve patient outcomes, particularly in metropolitan, regional and rural areas.
- Misunderstandings about paramedic capabilities require re-education and internal advocacy.

As an advocate for the expansion of roles for paramedics beyond traditional ambulance-based duties in Australia, Paramedic David McLeod, Clinical Governance and Medical Response Manager with Crown Resort Sydney, is keen to see the development of more specialisation pathways to enable the

profession to better respond to health system needs, gaps, and priorities.

David said paramedics had the capability to reduce pressure on both the health system and on other healthcare professionals by utilising their extensive out-of-hospital experience in reducing patients' reliance on the hospital system, and by becoming part of multidisciplinary medical teams that would improve patient health outcomes.

"It's amazing the misunderstanding that still exists throughout the healthcare industry on what paramedics are capable of doing."

In the past 12 months, he has been involved with Primary Health Networks (PHNs) in reviewing current after-hour services and examining new models of care. Initially, the majority of the work was focused on educating healthcare managers and senior clinicians about the ability of paramedics to safely and effectively undertake clinical assessments and provide emergency and non-emergency treatment.

"It's amazing the misunderstanding that still exists throughout the healthcare industry on what paramedics are capable of doing, as well as the education and training the paramedics undertake compared to 20 years ago," he said.

"Once these misunderstandings were dismissed, healthcare managers and clinicians rapidly opened up to looking at where paramedics can fit in to assist with after-hours services in metropolitan, regional and rural areas. It quickly became apparent that due to the unique training, education and experience of paramedics, they had the potential to offer improved patient assessment, treatment and referrals within the after-hours setting."

He said these sectors were entering a modernisation phase in the way they provided contemporary healthcare, with growing recognition that paramedics were well-placed clinicians able to provide primary healthcare services to the aged care and disability sectors, brought unique clinical experience to multidisciplinary healthcare teams, and could assist in providing advanced autonomous clinical care in patients' homes, particularly after hours.

"There is still an internal struggle about the definition of paramedics."

His advocacy work and discussions with PHNs have resulted in paramedics being included in modellings of remote and rural primary health services outside of the traditional jurisdictional ambulance service setting, and has begun to challenge the thinking of policymakers. However, he said that before approaching government and pushing for professional practice changes, there was a need for internal advocacy and re-education within the paramedicine profession on the roles paramedics could play within the community.

"Even post-registration, there is still an internal struggle about the definition of paramedics and still the belief that paramedics 'scoop and run' to hospital. Some of our own clinicians still believe that all patients are better cared for in hospitals and that paramedics are only capable of 'using diesel' when providing care. How do we expect other healthcare professions or policymakers to understand that paramedics are capable of working outside of traditional roles if we continue to struggle with the idea ourselves?"

He said support was also needed from academia to undertake research and studies on the ways in which paramedics can reduce pressure on the healthcare system, and in ensuring that paramedics

have the necessary skills and capabilities to safely and effectively treat patients in primary health and community settings. Doctors and nurses could also assist in advocating in both the public and private sectors.

“Having the support of associations like the Royal Australian College of General Practitioners will have a massive impact on future policy and legislative changes that could impact primary health paramedics.”

With that support, he said those different models of care could easily be replicated throughout metropolitan, regional and rural Australia with minimal modifications to meet jurisdictional needs. “Imagine paramedics being embedded into medical centres and undertaking home visits. The experience that paramedics have in assessing patients in their homes and initiating treatment while undertaking an ADL assessment and commencing referrals isn’t new to our profession. “Let’s take this a step further; while paramedics are doing those tasks, they’re uploading this information to the medical centres’ patient records and requesting pathology (even radiography if needed), all in the comfort of the patient’s home. The next day, their regular GP is notified that there are notes and results to be reviewed.

“GPs review those results in conjunction with the paramedics’ clinical, ADL and environment assessment and are able to tweak the patient’s treatment plan or medications. What impact could this have on the patient? It could improve quality of life, reduce potential hospital admissions, reduce pressure on emergency services, and assist in ensuring that the correct multidisciplinary care is being provided to the patient. This is just one idea of how one model of community/ primary health paramedicine can have a positive impact on the wider healthcare system, and most importantly on patient outcomes.”

Paramedicine education was also evolving to encompass more professional specialisation pathways, with a number of universities shifting from an emergency clinician focus towards the development of all-round undergraduate clinicians, and postgraduate courses similarly were starting to offer Extended Care and Community Paramedicine courses as they adapted to the changing needs of patients. “Continuing to make changes in not only the course context but also in assessment scenarios will help develop well-rounded clinicians and help with the internal stigma of paramedics only being skilled to work for statutory services.”

What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

Recognition, policy and legislation, models of care:

Through this review, and several reports already mentioned, multidisciplinary team-based care has been identified as the way forward for Australia’s health system. Despite government initiatives and short-term block funding opportunities in urgent and primary care, policy and legislation amendments maintain traditional models of care e.g. doctors, nurses and receptionists. Any health reform must be matched with policy and legislation amendments to ensure health service providers can engage other health professions such as paramedics.

Furthermore, paramedics have not traditionally been part of the Commonwealth Government’s healthcare workforce, historically associated with the delivery of emergency care in state and territory run ambulance services, which limits the profession’s capacity to be engaged beyond

jurisdictional ambulance services.

Key policy and legislation barriers holding back paramedics from being engaged in multidisciplinary teams in urgent and primary care include, but are not limited to: Medicare Benefits Scheme (MBS), Workforce Incentive Programs (WIPs), National Disability Insurance Scheme (NDIS), and The Australian National Aged Care Classification funding model (AN-ACC).

Evaluation:

Evaluating the success of healthcare programs and initiatives like community paramedicine requires resources, support and a collaborative approach from governments, employers, and regulators. For programs to be implemented on a wider scale, sharing information learned will improve their likelihood of success.

What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

Chief Paramedic Officers:

The need for formal paramedic representation in policy development and healthcare advisory roles is paramount in ensuring the comprehensive and effective integration of paramedicine within the broader healthcare landscape. Just as in the fields of medicine, nursing, and allied health, paramedicine should have a dedicated representative. This representation could come in the form of the establishment of Chief Paramedic Officers (CPOs) within the Health and Aged Care Department and across all state governments – currently only Victoria has a CPO. The role of CPO would serve as experienced leaders, bridging the gap between paramedics and policymakers, ensuring that policies and practices are not only informed by the latest medical advancements but also tailored to the specific needs of paramedics and the patients they serve. See College Position Statement: Chief Paramedic Officers: [The Australasian College of Paramedicine \(paramedics.org\)](https://www.paramedics.org.au/paramedics-positions-statements/paramedic-officers)

Government:

As the Government leads the way, demonstrating the effectiveness of paramedics in roles that transcend traditional boundaries, it paves the path for states to embrace similar policies. This demonstration becomes a compelling argument, not just in words but in actions, encouraging states to adopt progressive policies that fully utilise the capabilities of paramedics, ultimately reshaping the landscape of healthcare services nationwide.

The broadest range of views will give the review a thorough foundation on which to consider new policy and regulation. Please share with the review any additional comments or suggestions in relation to scope of practice.

The College is developing, in consultation with stakeholders and members, a Complete Career Framework for paramedicine and therein a Clinical Practice Framework. The Clinical Practice Framework, once established, will provide guidance for decision-makers on ways to best utilise paramedics across the healthcare system. The draft Clinical Practice Framework, which has overwhelming support from the profession can be viewed here: [The Australasian College of Paramedicine \(paramedics.org\)](https://www.paramedics.org.au/paramedics-positions-statements/paramedic-officers).

Important documents relating to paramedicine capabilities:

- Professional Capabilities for registered paramedics: [Paramedicine Board of Australia - Professional capabilities for registered paramedics](https://www.paramedics.org.au/paramedics-positions-statements/paramedic-officers)
- Registration Standards: [Paramedicine Board of Australia - Registration standards](https://www.paramedics.org.au/paramedics-positions-statements/paramedic-officers)

- Codes, Guidelines and Policies: [Paramedicine Board of Australia - Codes, guidelines and policies](#)

Quick facts and key points about paramedicine:

- Paramedics are a registered health profession through [Ahpra](#) (since 2018)
- 2023 data shows that almost 24,000 paramedics are registered, with an estimated 20% not employed by jurisdictional ambulance services (JAS) <https://www.paramedicineboard.gov.au/News/Annual-report.aspx>
- Sustainable workforce: Every year approximately 2,400 paramedic students graduate from tertiary institutions across the country, yet there are not that number of roles available through JAS. (anecdotal due to incorrect ABS/ANZSCO reporting)
- Paramedics are uniquely placed to work alongside doctors, nurses and allied health professionals in team-based urgent and primary care as they are tertiary trained, and have real-world experience in patient assessment, triage, clinical treatment and communication.
- Like other health professionals who gain further specialised training in specific health areas, i.e. doctors and nurses, registered paramedics would also complete additional training specific in urgent care (e.g. micro credentialling).

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