

OFFICIAL

Special Commission of Inquiry into Healthcare Funding

Witness Statement

Name: Mr Michael Grayson

Occupation: Intensive Care Paramedic and Station Officer, NSW Ambulance

1. This statement contains evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

A. Role

3. I have been employed as a paramedic with NSW Ambulance since 1989. I am currently an Intensive Care Paramedic and Station Officer of the NSW Ambulance Station in Batemans Bay, on the South Coast of NSW.

B. Evolution of paramedicine as an area of expertise

4. The practice of paramedicine evolved after paramedicine was offered as a university degree. A Bachelor of Paramedicine takes 3 years to complete.
5. During my career with NSW Ambulance, my role as a paramedic has moved from providing first-aid and transport in the pre-hospital setting to providing emergency and non-urgent care with alternate pathway referrals outside of NSW Health. The evolution of paramedicine as a professional discipline means the community and health bodies acknowledge paramedics as skilled clinicians in their area of expertise.
6. Paramedics are registered Health Professionals under the Australia Health Practitioner Regulation Agency (AHPRA).

C. Paramedicine studies and attraction of high performing graduates

7. Top performing university graduates in paramedicine are enticed to move interstate, such as to Queensland or Victoria, due to the remuneration rates under those respective awards and

OFFICIAL

OFFICIAL

Special Commission of Inquiry into Healthcare Funding

financial incentives if moving to a regional or remote location. In my experience, graduates who are not recruited interstate are those who obtain graduate roles with NSW Ambulance.

D. Pay rates and continued professional development/training

8. During my time at NSW Ambulance, colleagues have told me that they struggle to live on the remuneration received under the award. Many of my colleagues have left NSW Ambulance due to their wage not meeting their costs of living. The new wage negotiated toward the end of 2023 will, hopefully, ameliorate some of these issues.
9. Retention and career progression in NSW Ambulance is difficult as there are limited senior roles or management roles to progress into as paramedicine, by its nature, is a hands-on discipline. For example, there is one Station Officer Position per module (a module consists of 12 paramedics). In Batemans Bay, I manage 20 full time equivalent (FTE) paramedics as Station Officer. There is one Clinical Training Officer for the South Coast section, which covers around seven NSW Ambulance stations from Batemans Bay to Eden.
10. Many colleagues have told me that they have left NSW Ambulance after hitting a ceiling regarding pay and career progression. This sentiment is especially prevalent in regional NSW.
11. As a senior paramedic, I am always partnered with a graduate or early career paramedic when responding to incidents and calls. That means I am often training young and comparatively inexperienced paramedics. Whilst constant training of young paramedics is helpful and a good way to maintain my skills, I do not receive that same level of continual training or professional development support from NSW Ambulance as a senior paramedic.
12. Although there are Clinical Training Officers in NSW Ambulance who are to provide clinical skills and development for senior paramedics, they are largely occupied with providing training to up-skill all paramedics in the NSW in accordance with the extended scope of practice as agreed in the pay increase negotiated at the end of 2023.

OFFICIAL

OFFICIAL

Special Commission of Inquiry into Healthcare Funding

E. Regional and remote challenges for the paramedic workforce

13. I am aware from discussions with colleagues and from my engagement with the Health Services Union that retaining paramedics in the workforce is hard when paramedics are assigned to work in remote and regional locations. There is insufficient workforce flexibility or financial incentives available for paramedics to work in these rural, regional or remote locations.
14. There is, based on what colleagues have told me, limited support to help facilitate any such move from NSW Ambulance such as a relocation allowance, rental assistance or assistance relocating a family. There are also limited financial enticements to make working regionally more appealing.

F. Opportunities for extended scope of practice

15. I am part of a Paramedic Professional Reform Taskforce formed by the NSW Government to consider extending the scope of practice of Paramedics.
16. The taskforce has looked into extended scope of practice for paramedics that could be introduced to benefit the community and career aspirations of Paramedics.
17. There are two current pilot programs arising from the Paramedic Taskforce to be implemented into NSW Health sites at Wagga Wagga and Mudgee. They are looking at the use of Paramedics as part of a multidisciplinary team within the health setting.
18. The Wagga Wagga Pilot sees Paramedics as part of an Alternate Pathways program working in the Rapid Access Clinic which is designed to treat patients outside of the emergency department. They also will be utilised for evaluating Paramedics role as part of the Hospital in the Home (HITH) Services as part of this trial.
19. The Mudgee Pilot will see Paramedics working in the Emergency Department of a regional hospital as part of the multidisciplinary team approach in the delivery of care and clinical interventions within the department.

OFFICIAL

OFFICIAL

Special Commission of Inquiry into Healthcare Funding

20. The Paramedic Taskforce also identified significant opportunity outside of the normal NSW Health settings for Paramedics to effect change to patient outcomes.
21. Two examples of the suggested opportunities to the introduction into the scope of practice of the capacity to provide Point of Care testing (**PoCT**) would enhance treatment options for patients and of the use facilitating telehealth reviews in episodes of acute mental health presentations. PoCT is a range of body fluid tests (such as blood, urine) that are taken from a patient, analysed in real time by specialist PoCT devices and assist with diagnosing a patient's presenting condition.
22. Paramedics respond to low acuity calls at Residential Aged Care Facilities (RACF) as part of their assessment they would facilitate a telehealth review of the presenting complaint, including a clinical handover and PoCT results with the patient's usual GP or a medical practitioner. If the condition was not acute, the medical practitioner with the Paramedic could formulate a treatment plan which paramedics would be able to commence and then provide clinical handover back to the registered nurses of the Nursing Home, all at the premises of the aged care facility. Paramedics would not need to take the aged care resident to the ED and could, instead, provide the initial on-site diagnostic testing and facilitate treatment on-site. Therefore, reducing NSW Ambulance transfers to the emergency department (the ED) reducing pressure on the ED.
23. Paramedics have demonstrated real benefits in providing out of hospital care previously with the management of patients suffering heart attacks especially in regional settings. Paramedics currently perform 12 lead electrocardiograms (ECG) as part of their diagnostic assessment. If the ECG meets criteria for a cardiac condition such as ST-elevation myocardial infarction (STEMI), the ECG is sent by Paramedics to an on-call cardiologist / registrar for interpretation. Under advice from the cardiologist, Paramedics will administer thrombolytic medications (clot busting drugs) if clinically indicated.

OFFICIAL

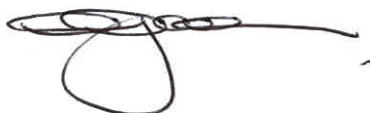
OFFICIAL

Special Commission of Inquiry into Healthcare Funding

24. From my professional experience and recollection, the practice of Paramedics administering Thrombolytic medications post cardiologist advice was initially resisted from stakeholders outside of NSW Ambulance. Many regional hospitals and medical staff were unaware of our capabilities to undertake the treatment and believed was beyond our scope. However, the patient benefit is clear and this expansion to the scope of Paramedic practice has been accepted.
25. There are other opportunities with the expansion of Paramedic practice under the Alternate Referral Pathways in the context of chest pain presentations. Chest pain can be caused by several medical conditions. With the introduction of PoCT, Paramedics would perform 12 lead ECG, undertake PoCT testing for Troponin (a cardiac enzyme) as part of their diagnostic treatment. There are models of care utilising screening tools to determine whether the patient should be transferred to the ED or an alternate option such as GP follow up or other health service.
26. The Paramedics Taskforce identified Mental Health patient cohort as a further opportunity to extend Paramedic scope of practice by enabling paramedics to respond to a person who is experiencing mental health concerns, administer first aid and facilitate a telehealth consult with a psychologist or psychiatrist. In my professional experience, patients in this cohort may find the busy activity of an ED overwhelming and hectic. I have observed exposure to an ED to cause anxiety for patients, which may worsen their behaviour and require additional ED resources to calm that patient. This expanded scope of practice would alleviate pressures on the ED as these patients would be able to receive care outside of an ED and receive treatment promptly, rather than leaving the ED prematurely before treatment due to wait times or due to finding the environment overwhelming.

Name: Michael Grayson

Date: 2/8/24



OFFICIAL