



Special Commission of Inquiry into Healthcare Funding

Submission Number: 58
Name: Paramedicine Council of NSW
Date Received: 30/10/2023



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30 October 2023

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The Paramedicine Council of NSW is part of the health practitioner co-regulatory scheme in NSW and as a consequence does not have a specific role in advocating for or advancing a specific agenda. Its membership does however include a range of practitioners from the field of paramedicine with broad experience of the profession, in addition to two community members with expertise in paramedic regulation and governance. Additionally, through its stakeholder engagement, the Paramedicine Council (the Council) understands a great deal about the experiences of paramedics and employer groups, particularly with respect to the challenges faced in regional and remote areas within the health environment. The Council seeks to share some of those experiences with the Commission.

Paramedics are autonomous registered health professionals bound by a code of conduct and professional standards of practice and regulated under the National Regulation and Accreditation Scheme (the Scheme). An important objective of the Scheme is to support a consistent, high-quality, flexible professional healthcare workforce that is able to meet the needs of the Australian public. Paramedics have been included in the Scheme since 2018 and are bound by the provisions of the Health Practitioner Regulation National Law Act (NSW) as are the other registered health professions. There have been a number of issues that have limited the full utilisation of paramedics within the Australian health care system including the rigid demarcation of traditional professional scope boundaries by other professions and employers, the political challenges associated with the maintenance of traditional boundaries, the professional identity of paramedics (e.g. continuing association of paramedics with ambulances and the NSW Ambulance Service), few multi-disciplinary workplaces that employ paramedics, and funding are just some examples. However, the structure of the existing healthcare workforce regulation was designed and thus allows for an expanded role for paramedics beyond the traditional emergency ambulance response.

Paramedic data has been limited, and prior to regulation in 2018 was almost absent as there was no consistent classification system in use. The Australian Bureau of Statistics' recent review of the Australia and New Zealand Standard Classification of Occupations (ANZSCO) and the decision to review the classifications for paramedics in time for the next census is a great opportunity to improve the understanding of and data collection for the profession to better reflect the reality of the modern role of paramedics. It is known however from data obtained through the regulator, the numbers of registered paramedics have been increasing since registration commenced, beginning with 17,323 paramedics nationally (4,417 in NSW) in 2018, increasing to 24,164 nationally (6,264 in NSW) at 30 June 2023.

There are more paramedic students graduating each year than can find employment in traditional ambulance services. The Australasian College of Paramedicine in its media statement on 20 March 2022 said: *"Up to 2400 student paramedics graduate from degree programs each year, but generally only half are able to find employment with jurisdictional ambulance services, leaving 1200 qualified graduate paramedics left unutilised or heading*

overseas to work in the UK and North America". The Council regularly meets with returning paramedics who have lived this experience, and although most say they have benefitted from this experience, we are also told they would have preferred to remain in Australia.

A registered paramedic does not need to be employed by or associated with an ambulance service to call themselves a paramedic. In many situations, paramedics and jurisdictional ambulance services are often used and referred to by governments, officials, and others interchangeably. However, it is estimated that there are currently already more than 6,500 paramedics in Australia and Aotearoa New Zealand who do not work for jurisdictional ambulance services. They are employed in privately funded industry settings, as well as in some private practices and urgent care centres. The Council engages with the private sector paramedic employer groups in NSW regularly. The private sector, industry (remote mining and construction sites) and in some limited other situations, paramedics are utilised with great effect within a multidisciplinary team to deliver health care to the community. There exist many opportunities within existing health facilities for this to occur in NSW, in both the public and private sectors.

The recent federal government's proposed pilot of 50 Urgent Care Centres throughout the country to help ease pressure on hospitals is an opportunity to include paramedics as part of the workforce solution for these services. If the Urgent Care Centres being proposed are based on the New Zealand model, where paramedics are already working in integrated health teams with doctors, nurses and other health professionals, these centres will greatly boost primary and urgent health care services in these communities. Similar models can also be seen in Canada and the UK, where Community Paramedics, working outside of jurisdictional ambulance services, are key to delivering essential primary care to the community. Paramedics are ideally placed to play a vital role in the management and care of these unplanned and acute patient conditions that make up the bulk of presentations to Urgent Care Centres. In remote mining communities, where health services are provided by industry, it is no surprise that paramedics make up a significant number of healthcare workers.

The need to introduce new multidisciplinary models of health care (including paramedics) to address the challenges facing the wider health sector has increasingly been recognised. In June 2023, the National Rural Health Commission's Ngayubah Gadan (Coming Together) Consensus Statement on Rural and Remote Multidisciplinary Health Teams was released recommending a broader integration of paramedics in community-based primary healthcare to commence a new era of health service delivery for underserved communities across Australia. There is no one-size-fits-all model of multidisciplinary healthcare, and communities are best served when they are empowered to collaboratively design models of care that meet their health and wellbeing needs but current workforce mixes are mostly limited to traditional models (nurse, doctor). Workforce composition is an essential element to ensure the best possible place-based care. Sadly, there are limited opportunities for paramedic employment outside jurisdictional ambulance services due to existing funding models which limit opportunities to utilise paramedics. Greater flexibility in workforce classifications and funding is necessary to reduce workforce limitations and to provide greater opportunities for all communities to utilise the skill and scope of the existing health professional workforce.

Example: Some remote communities in NSW (e.g., Wilcannia, Tibooburra, Ivanhoe) have Registered Nurses located at community health clinics. These clinics fulfil the community's entire health care needs, from managing the facility, to providing community health care, supporting visiting health care teams, and dealing with emergencies in the community by responding in an ambulance. These are currently staffed exclusively by registered nursing positions. They are difficult to fill, and at times unrealistic expectations on those able to fill those positions. These communities have very limited emergency response capability, have difficulty in recruiting appropriately skill staff, and often rely on agencies and new

graduates in nursing to supplement often single practitioners. Just as with registered paramedics, registered nurses must complete a three-year accredited Bachelor degree course in order to be eligible for registration. There are some differences in scope of practice taught within these courses but there is no legislative restriction on the skills either profession can develop either in their course or following it. Diversification of the workforce to include paramedics would substantially enhance the capacity of the team to manage an emergency, bring broader skills mix to the community, ensure the community is provided with a standardised paramedic service, whilst also supporting a challenging workforce environment with alternative workforce options.

We encourage the profession, the respective governments, other health professions and the Public Health Networks to work together in the development of a sustainable healthcare workforce. The existing National Health Practitioner Regulation Law was designed to support this and clearly sets out the objective of the National Registration and Accreditation Scheme. The regulation not only provides for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered, but also to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners. The objectives of the legislation arose from the recommendations of a Productivity Commission (PC) inquiry into Australia's health workforce in 2005, which identified lack of flexibility in health workforce roles and responsibilities as an issue that would limit the capacity of the future healthcare workforce to meet community needs. The PC recognised that health workforce restructuring in the form of 'broadening scopes of practice and more major job redesign' of non-medical healthcare practitioners—including physician assistants, surgical care practitioners, rural health practitioners, nurse anaesthetists, medical assistants and paramedic practitioners—may be a way to address this.¹

Paramedicine Council of NSW

¹ For more discussion of these issues see the Paramedicine Council of NSW's legal member, Dr Ruth Townsend's unpublished PhD thesis, *'The role of the law in the professionalisation of paramedicine in Australia'* <https://openresearch-repository.anu.edu.au/bitstream/1885/144663/1/TownsendPhDthesis%202018.pdf>