The Council of Ambulance Authorities

The Factors Affecting the Supply of Health Services and Medical Professionals in Rural Areas

Submission to the Senate Standing Committee on Community Affairs

December 2011

The Council of Ambulance Authorities Inc.

The Council of Ambulance Authorities (CAA) is the peak body representing the principal statutory providers of ambulance services in Australia and New Zealand. The CAA unites independent ambulance services to develop common views on and approaches to, ambulance industry issues.

The CAA collaborates with various organisations in order to provide its members with information on current best practice for the education, training and delivery of pre-hospital emergency care in rural and remote locations. The CAA is a member of the International Roundtable on Community Paramedicine which has delegates from various countries and regions and promotes the exchange of information and experience related to the provision of flexible and reliable health care services to residents of rural and remote areas.

The CAA is also a member of the National Rural Health Alliance (NRHA), the peak body working to improve the health of Australians in rural and remote areas. The CAA is also represented on the Australian Emergency Management Volunteer Forum.

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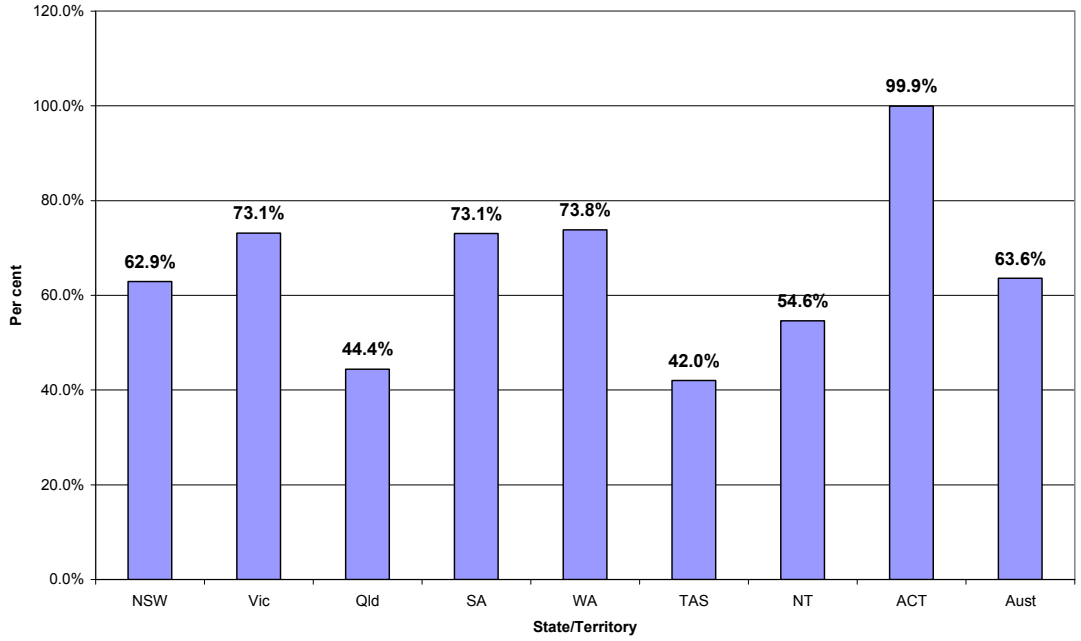
Introduction

Ambulance services provide pre-hospital and out of hospital clinical care to sick and injured people through the provision of emergency and non emergency patient care; transport; inter-hospital patient transport; specialised rescue services; response to multi-casualty events; and capacity building for emergencies[1].

Australia's vast geographical area makes providing ambulance services in rural and remote areas even more challenging than in the metropolitan areas. Around one third of Australians live outside capital cities with significant variations between jurisdictions – from virtually 100% urban in the ACT, to only 40-45% urban in Queensland and Tasmania.

Figure 1: Population Living in Capital Cities by State and Territory, 2007[2]



There is a variety of ambulance service delivery models used to ensure that communities have access to appropriate care. These systems use combinations that include community first responders, volunteer ambulance crews, paramedics, extended care paramedical services, air ambulance and rescue and the use of related agencies that provide aeromedical and rescue services, all of which are supported by efficient and effective communication systems.

Australian's living in rural and remote areas experience higher rates of illness and disease and a shorter life expectancy compared to those who live in the major cities. Rural and remote Australian's are more likely to be admitted to hospital for potentially preventable conditions that may be caused by a lack of primary and specialist medical professions in these areas.

State and Territory governments are responsible for ambulance services. In Western Australia and the Northern Territory they contract with non-government organisations

[1] SCRGSP (Steering Committee for the Review of Government Service Provision). (2010). *Report on Government Services 2010*. Productivity Commission, Canberra.
[2] Australian Bureau of Statistics (2007). *Population by Age and Sex, Regions of Australia 2007*. Cat. no. 3235.0, ABS, Canberra.

(St. John Ambulance Australia in both cases) to provide services. In other jurisdictions State or Territory instrumentalities provide the services. In most jurisdictions ambulance services come under health departments but in Queensland and in the ACT they are the responsibility of emergency service departments that also cover police and fire services. This diversity in structural and governance arrangements is mirrored in the variety of service delivery models that have been developed to meet the needs of communities, including those in rural areas.

Ambulance service delivery in rural and remote areas includes volunteer models, salaried staff models and mixtures of both. Ambulance volunteers throughout Australia are primarily involved in providing front line care in the delivery of ambulance services often on an on-call basis. Many ambulance services use volunteers as first responders where the volunteer responds to an emergency and provides first aid care pending the ambulance arrival. Volunteers are also used to provide a wide range of administrative support roles.[3] The volunteer model ensures communities are provided with an ambulance service where the case load is not high enough to support a salaried staff member.

Term of Reference a)
Factors Limiting the Supply of Health Services and Health Professionals

Ambulance services have similar issues to many other health services in rural locations and some which are distinct. These include:

- difficulties in recruiting and retaining staff in rural and remote areas.
- an ageing workforce leading to higher rates of attrition and overall a less experienced workforce;
- younger recruits who demand better work/life balance and the option to work part-time; and
- increasing numbers of female recruits that the traditional roster does not easily accommodate.

Recruitment and retention

A 2007 survey of key issues impacting workforce planning identified that services are having increasing difficulty in retaining both salaried staff and volunteers in rural and remote areas[4]. Services were finding that the majority of paramedic graduates and experienced paramedics preferred to work in major cities.

Recruiting staff who already live in rural and remote areas has been shown to be a more successful recruitment strategy as the students already understand the life style and are better prepared for the challenges faced in these areas. Similarly providing educational opportunities in rural communities is understood to increase the likelihood of graduates, including in paramedicine, pursuing careers in these communities.

Issues that have been identified as barriers to recruitment and retention for ambulance career or salaried personnel include personal, professional, social and

[3] In Victoria, volunteers are remunerated for some of their time (response and training), but not for other time (on-call). Victoria also has a number of unremunerated ambulance community first responders

[4] Council of Ambulance Authorities. (2007). *Workforce planning survey.* Unpublished.

community factors[5]. Personal barriers include negative perceptions of working in rural and remote areas and the majority of current university students do not have a rural or remote background which is a predictor of willingness to work in these locations. Professional barriers include issues with education and training availability and opportunities and lack of professional and peer support. Relief to complete training programs can also be an issue.

Working conditions that result in being on call 24 hours a day, and inability to gain personal time off for various reasons are significant barriers to recruitment and retention. Social barriers identified include a partner's level of happiness and the availability of social and cultural activities for both the employee and their family as well as employment opportunities for family members. Community barriers include availability of quality schooling, availability of adequate resources including housing, supermarkets and other facilities, community acceptance and loss of privacy and anonymity.

For volunteer ambulance officers who are recruited from within the local community there are specific issues that impact the retention of these staff including: relations with local government and professional personnel, level of formality, training barriers, level of time commitment, and their relationship with clients and acceptance of new volunteers[6].

Ambulance services are also experiencing feminization of the workforce and a corresponding need to re-examine working arrangements such as shift patterns and leave arrangements which may pose additional challenges in rural services with lower overall staff numbers.

Ageing volunteer workforce

As the general population and workforce ages, so too will the volunteers in rural and remote locations. The Stand Up and Be Counted Report surveyed over 2,500 Volunteer Ambulance Officers (VAO) from Western Australia, South Australia, Victoria, Tasmania, Queensland, Northern Territory, and New Zealand with a response rate of 38%[7]. The age profile of volunteers ranges from 18 years of age up to over 60 years of age with the majority (60%) in the 30's and 40's. 21% of VAO's were in the 50-59 age group with only 7% over 60 which demonstrates that VAO's only generally volunteer up to the age of 60. This contrasts with the overall age distribution of volunteers which shows a volunteering rate as high as 30% at age 75. [8] As this large proportion of VAO's retires, ensuring the sustainability of the volunteer model will be an important focus of those ambulance services that rely on volunteers.

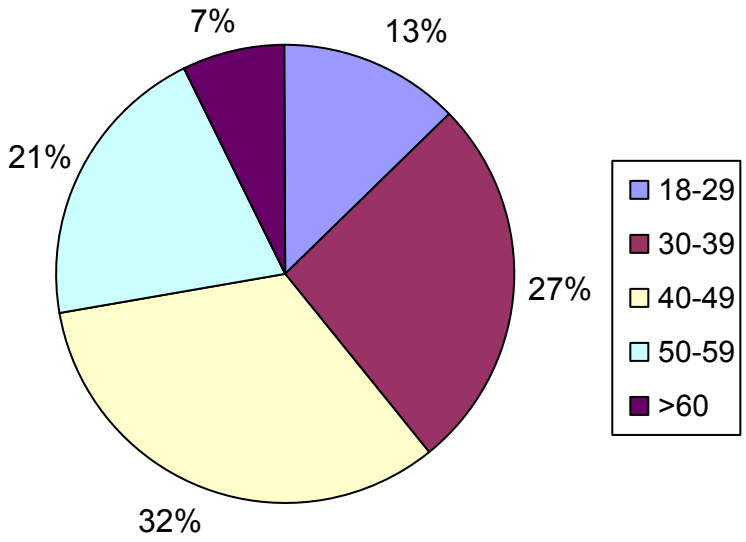
[5] Rural Ambulance Victoria – Centre for Regional Innovation and Competiveness (CRIC). (2004). *Literature Review: Recruitment and Retention in Rural and Remote Areas.* University of Ballarat, Australia.

[6] Rural Ambulance Victoria – Centre for Regional Innovation and Competiveness (CRIC). (2004). *Literature Review: Recruitment and Retention in Rural and Remote Areas.* University of Ballarat, Australia.

[7] Fahey, C., & Walker, J. (2002). *Emergency Services in Australia and New Zealand: Problems and Prospects for Volunteer Ambulance Officers.* University Department of Rural Health, University of Tasmania.

[8] Department of Prime Minister and Cabinet (2011) *National Volunteering Strategy* Commonwealth of Australia

Figure 2: Age profile of Volunteer Ambulance Officers



Term of Reference b) The Effect of the Introduction of Medicare Locals

Medicare locals are an opportunity to support coordinated, client-focused health service delivery in all parts of Australia. The extent to which this opportunity will be realized remains to be demonstrated but it is there to be grasped.

From an ambulance service perspective there is much to be gained from the development of specific local protocols between services on issues such as patient flows, referrals and after hours services. This will require Medicare Locals to break out of their mainly General Practice origins and play a facilitating role with all health services in their area, including hospitals, aged care, mental health and ambulance services.

Ambulance services are necessarily organized on a wider geographic scale than Medicare Locals. The communications and dispatch systems on which efficient and effective ambulance service delivery depends need to be significantly bigger in scale – statewide for example – and common systems of clinical governance, training and operating procedures are essential to meeting patients' needs between and across local areas. A balance will need to be struck between the requirements of statewide interoperability and local flexibility but this is not a new requirement brought about by Medicare Locals it is a modification to the context. Models of Community Paramedicine around the world tend to be context specific and the Australian experience to date confirms this. There will always be a need to balance local solutions with broader scale requirements such as the need to transport some patients to specialist services. (See Other Issues below).

Term of Reference c) – Current Incentive Programs

The CAA is a member of the National Rural Health Alliance (NRHA) and shares its concerns with current methods of 'measuring' remoteness and the associated

distribution of funds. The CAA commends the NRHA's submission on this topic. This states *inter alia*:

"The Alliance's view is that, for a number of reasons, the ASGC-RA system is the most appropriate basis for a rurality classification system to be used for various purposes, including for the allocation of public resources. However it should be seen as necessary but not sufficient. For particular purposes, ASGC-RA should be augmented by a particular filter or lens suitable for that purpose. For instance, it will make sense for many purposes to add to ASGC-RA ranking or score a measure of population size. For access to GPs, for example, it would make sense to include the existing ratio of GPs to population as happens for the definitions of Districts of Workforce Shortage and Areas of Need.[9]"

A similar calculation could be applied to the provision of ambulance services noting the multiple roles performed by paramedics in many rural areas, including effectively substituting for shortfalls in other health services, see below.

Notwithstanding issues with the measurement of remoteness, there is even less precision in the measurement of the additional costs associated with providing services in remote locations. There is no systematic national approach to the resourcing of ambulance services generally including services in rural and remote areas. There have been individual initiatives in some jurisdictions to support, for example, rural education for paramedics.

Other Issues

Workforce redesign

Across Australia, and in other countries, the paramedics' role is expanding both formally and informally to provide primary health care, improve emergency response capabilities and strengthen community healthcare collaborations in rural and remote communities[10].

The paramedic is a well placed health professional to take a key role in contributing to better health outcomes of Australians particularly in rural and remote areas. Ambulance services can play a key role in contributing to service and health outcome improvements in rural and remote Australia through redesign of its rural and remote workforce and in turn contribute positively to the sustainability and social capital of these communities.

A survey of ambulance jurisdictions in 2007 found that in rural and remote locations paramedics' roles are being redeveloped to provide services in the following[11]:

- Assisting nurses in hospital emergency departments;
- coordinator roles primarily aimed at supporting ambulance volunteers; and
- to promote injury and disease prevention and provide integrated health services in partnership with other health professionals.

[9] National Rural Health Alliance submission to this Inquiry

[10] Stirling, C.M., O'Meara P., Pedler, D., Tourle, V., and Walker, J. (2007). Engaging rural communities in health care through a paramedic expanded scope of practice. *Rural and Remote Health*. 7: 839. Accessed 17th December 2007. http://www.rrh.org.au

[11] Council of Ambulance Authorities Inc. (2007). *CAA expanded scope of practice: An Australasian overview of emerging paramedic models of care* – unpublished internal document.

These roles are primarily developing as a response to a lack of available health services and health workforce in rural and remote locations and there are a number of health professional initiatives developing to address this problem. Such initiatives include the expanded role paramedic, nurse practitioner and physicians' assistant which are all designed to provide the community with access to a wider range of health services.

Patient Transport

Ambulance services in many jurisdictions are routinely called upon to move patients between various health service facilities. In rural and remote areas this can place a significant burden on local ambulance resources. A CAA survey of services in July 2008 was conducted to identify strategies employed by ambulance jurisdictions across Australasia in respect of patient movement and clinical coordination[12].

The results were as follows:-
For non emergency transport ambulance services use a range of vehicles and types of staff varying from patient transport officers to paramedics depending on the location of the patient. Some jurisdictions do not operate patient transport services in rural areas and fully equipped ambulances are used. Aeromedical services are used for long distance transports.

A number of factors impact the scheduling of transfers including; availability of staff/volunteers or vehicles, the distance of the transport in relation to the availability of crews, fatigue issues, and environmental hazards. The high demand for these services or emergency responses due to hospital access block or increased patient call outs can also impact the availability of these resources.

The effects of regionalisation of health service provision or structure in regional or rural and remote areas has resulted in longer transport times for the patients and decreases the availability of ambulance resources as a single transfer can take an entire shift length. This can decrease the service's ability to respond to core emergency calls. Regionalisation of specialty health services to larger population centres can result in the requirement for ambulance services to provide an increased frequency of patient transfers to access these services.

A main barrier to improvement of patient coordination identified by a number of services was the complexity or availability of funding for both health services and ambulance service resources. As the cost of the infrastructure to provide aeromedical and road based transport is high, enhancements come at a significant cost. Other barriers identified include:

- Fragmented health services with individual rules within the organisations that may conflict with other organisations and lack of central direction.
- The diminishing numbers of facilities with no well thought out alternatives.
- Lack of integration of the ambulance services in the overall health service annual funding.
- Bed availability in referral and tertiary hospitals.
- Loss of autonomy and control of resources.

A main theme arising from the survey was for better coordination across the whole health system or various components of the system in order to provide patients with

[12] Council of Ambulance Authorities (2008). *Clinical Coordination and Patient Movement Survey.* Unpublished.

the most appropriate care in a timely manner. As set out above, such coordination will need to occur both within and between Medicare Locals and Local Hospital (or Healthcare) Networks.

Attraction and Retention Strategies - Volunteers

Ambulance services have specific strategies to attract and retain salaried and volunteer staff to rural and remote locations. Some examples are provided below.

Training and development
Providing flexible quality initial and ongoing training is an effective tool for recruiting and retaining volunteers. Ambulance education and training for volunteers is provided through a variety of methods across Australasia. For example SA Ambulance Service has improved the flexibility of the delivery of education making it easier for volunteers to undertake the training to suit their needs and pace. This also involves increasing the number of exit points in training to enable those who don't want to undertake training to the highest level to undertake a lesser level and still provide a resource to their communities.

Professional and career support
Strategies to foster professional and career support involve establishing effective communication channels, understanding the differences between rural and metropolitan areas, making volunteering enjoyable, not wasting volunteers time, stressing the rewards of volunteering, building a sense of 'exclusivity', providing tangible evidence, using performance based awards, providing information kits, and by raising the profile of volunteers[13].

Some services provide reimbursement to volunteers for out of pocket expenses. St John New Zealand also uses recognition programs and attempts to keep duty hours at a reasonable level as retention strategies.

Ambulance jurisdictions across Australasia recognise their volunteers through various means mainly through awards, medals, and certificates for length of service and completion of training. Professional support is also provided through conferences and volunteer forums to gain feedback. Other support strategies involve providing resources such as vehicles, equipment, and uniforms. Support is also provided from salaried paramedics/ambulance officers who work in the area.

Marketing
Specific marketing campaigns designed for promoting rural and remote areas can assist in recruiting volunteers. A common strategy used throughout Australasia is recruiting volunteers from within the local community. Local recruitment strategies include a number of measures including local advertising, word of mouth, participating in local events and through team members being active in the community.

Attraction and Retention Strategies - Salaried staff
Services have developed specific strategies to attract and retain salaried staff to rural and remote areas.

[13] Rural Ambulance Victoria – Centre for Regional Innovation and Competiveness (CRIC). (2004). *Literature Review: Recruitment and Retention in Rural and Remote Areas.* University of Ballarat, Australia.

Education (pre-employment)
Education strategies can be used to expose potential recruits to rural locations, attract recruits from local rural areas, or by providing training and mentoring in the local rural environment and providing opportunities for those who live in these areas to participate in university training which may otherwise be inaccessible to them.

SA Ambulance Service has introduced a regional sponsored degree student program where students are recruited from the local area into a supported degree program where recipients undertake part time degree studies via distance education and work part time in their town service.

Training and development (post-employment)
Training and development strategies can be used to provide context specific training and development according to community needs, access to professional development, flexible training delivery modes and in particular on-line training programs.

SA Ambulance Service provides intensive care paramedic training programs for rural paramedics where students undertake the didactic and internship components of their studies in the metropolitan area but are given a break mid course allowing them to return to their families and communities to work on roster, and also maintaining a connection with their colleagues.

Providing training and opportunities for secondment is a common retention strategy amongst services. Flexible training delivery models are provided through E-learning opportunities to enable access to training wherever staff is situated. Expanded roles can provide paramedics with a wider range of skills specifically chosen to assist the local community which can assist in the retention of staff to rural and remote areas.

Financial incentives
Financial incentives range from allowances or subsidies, retention grants based on length of tenure, student loans or attraction packages and are used in the majority of services to recruit and retain staff.

Social and community support
Social and community support strategies focus on providing support to the partner or family of the recruit, providing information about quality housing and community facilities, local community involvement, and industry/employer involvement.

Professional and career support
Professional and career support include strategies that involve the development of multidisciplinary teams, providing on-call relief arrangements, providing up to date equipment and facilities, and information about the benefits of working and living in these locations.

Queensland Ambulance Service has a term transfer policy that guarantees officers undertaking service in rural and remote locations a right of return to the station of origin. Ambulance Service of New South Wales has created town profiles to promote advantages of living in rural locations.

Marketing
Specific marketing campaigns designed for promoting rural and remote areas can assist in recruiting to the area.

In St John Western Australia paid staff working in rural and remote areas of WA are generally recruited from within ranks of metropolitan staff though an internal advertising campaign. SJWA are also working towards using direct intake recruits from overseas to work in these areas. Ambulance Victoria promotes the tree and sea change aspects of working in rural and remote locations to qualified staff from Metro settings.

Reference websites

Council of Ambulance Authorities www.caa.net.au

Emergency Management Australia http://www.ema.gov.au/

International Round table on Community Paramedicine http://ircp.ncemsi.org/

Report on Government Services http://www.pc.gov.au/gsp

National Rural Health Alliance http://nrha.ruralhealth.org.au

Volunteering Australia http://www.volunteeringaustralia.org/html/s01_home/home.asp

Volunteer ambulance association of Tasmania
http://www.tasmanianambulancevolunteers.asn.au/

Stand up and be counted report http://www.ruralhealth.utas.edu.au/band-aid/

Australian Institute of Health and Welfare http://www.aihw.gov.au/

Australian Bureau of Statistics http://www.abs.gov.au/

Statistics New Zealand http://www.stats.govt.nz/default.htm

National Health and Hospitals Reform Commission
http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/home-1