



## Submission to Inquiry into provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

Submitted by	Australasian College of Paramedic Practitioners Inc
Date:	30 <sup>th</sup> September 2021

### 1. Australasian College of Paramedic Practitioners

- 1.1. The ACPP is the peak body representing Paramedic Practitioners and all Paramedics with primary healthcare skills across Australia and New Zealand.

### 2. Submission

- 2.1. Thank you for the opportunity to submit this submission from the Australasian College of Paramedic Practitioners (ACPP) to the inquiry into *“The provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians”*

### 3. Terms of Reference

- 3.1. The Australasian College of Paramedic Practitioners will be responding to the following terms of reference:
  - a. the current state of outer metropolitan, rural, and regional GPs and related services;
  - c. the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia; an
  - d. any other related matters impacting outer metropolitan, rural, and regional access to quality health services.

### 4. Summary

- 4.1. Contemporary Paramedics are Ahpra registered and tertiary qualified. Some Paramedics have developed qualifications and skills in both emergency and primary healthcare. ACPP recommends that experienced and registered Paramedics, with addition additional primary healthcare skills, be included as a member of the outer metropolitan, rural, and regional Australia primary health care workforce.
- 4.2. Paramedics are an underutilised and siloed member of the existing health workforce. As generalists, advanced Paramedics, with both emergency and primary health care

skills, could support doctors by not only providing acute medical services but also providing collaborative and supported primary health care services.

- 4.3. Primary health care services in many outer metropolitan, rural, and regional areas are currently stretched to capacity, struggle to maintain a health workforce or are often non-existent. Paramedics, with both an acute and primary health care skills, could not only provide acute medical services but also local primary health care services.
- 4.4. Advances in telehealth would allow Paramedics, with both an acute and primary health care skills, to be supported.
- 4.5. An experienced Paramedic, with both an emergency and primary health care skills, would be a versatile and valuable addition to the outer metropolitan, rural, and regional Australia primary health care workforce.

## 5. Background to Australian Paramedics

- 5.1. Paramedics are established health professionals who currently practice in a range of operational environments including very remote, remote, rural, urban and metropolitan environments.
- 5.2. Traditionally, Paramedics have been employed to attend to the acutely sick and injured and within jurisdictional Ambulance Services.
- 5.3. The perception that Paramedics only work in Ambulance Services continues to silo paramedics and excludes their inclusion into broader health care systems.
- 5.4. Paramedics, like all Australian healthcare providers, are now attending to a growing and aging population who are presenting with increasingly complex and chronic conditions.
- 5.5. Paramedics are expanding on their traditional emergency care and developing primary care skills through continuing professional development and postgraduate studies.
- 5.6. When encountering non-emergency patients, Paramedics are increasingly expected to implement community-based treatment plans or alternative treatment pathway decisions. This is a significant departure from the traditional practice of treat and transport to an Emergency Department.
- 5.7. Paralleling this change in patient demographic and disposition expectation is the educational and practice standards of Paramedics.
- 5.8. All Australian Paramedics are Tertiary Qualified and Ahpra registered.
- 5.9. Paramedicine is a highly sort after undergraduate course with over 2000 new Paramedics graduating each year. Due a lack of employment opportunities many of these graduates are lost to the health system.
- 5.10. There are currently over 21,000 registered Paramedics in Australia.
- 5.11. Contemporary Paramedics seek greater career progression and diversification. Many are undertaking postgraduate qualifications.
- 5.12. Traditionally advanced practice within Paramedicine has been focused on high-acuity, pre-hospital care.

- 5.13. There is an increasing national and international trend towards advanced paramedic practice that focuses on low-acuity, community-based care and primary health care skills.
- 5.14. The ACPP was created to advocate for Paramedics, developing primary health care skills, into Australian healthcare systems.

## 6. The Australasian College of Paramedic Practitioners (ACPP)

- 6.1. The ACPP is the peak body representing Paramedic Practitioners and all Paramedics with primary health care skills across Australia and New Zealand.
- 6.2. ACPP has developed four tiers of specialist Paramedics with primary health care skills:
  1. **Extended Care Paramedic**
  2. **Community Care Paramedic**
  3. **Primary Care Paramedic**
  4. **Paramedic Practitioner**

See the table below for Definitions and Function for each tier.

- 6.3. An experienced Paramedic, with both an emergency and primary health care skill set, will be a versatile and valuable addition to the Australian health workforce, not only within Ambulance Services but all areas of the Australian health care system.
- 6.4. ACPP's mission is to create standards, employment pathways and ongoing professional development for these specialist Paramedics.
- 6.5. ACPP believes that these specialist Paramedics are largely ignored as potential members of the wider health workforce. ACPP attributes this to a lack of understanding by policymakers and workforce planners.
- 6.6. ACPP also notes that legislation and regulations do not enable these specialist Paramedics to practice outside of Ambulance Services.
- 6.7. These specialist Paramedics have the capacity to contribute to health prevention, keeping people safe and well in their homes/community, supporting General Practice and working as an integral member of a multidisciplinary health workforce.
- 6.8. These specialist Paramedics should be enabled to practice in a range of clinical settings including ambulance services, GP surgeries, hospitals, metropolitan, rural and remote communities and clinics.
- 6.9. Paramedics with advanced primary healthcare skill sets can provide efficiencies in both the outer metropolitan (reduce ED presentations, keep people in the community care systems, redirect patients to primary health care) and rural/remote locations (provide front line primary care capabilities, support rural Doctors and other health services).

## 7. Recommendations

ACPP recommends that this Senate inquiry enable Paramedics (with both emergency and primary health care skills) provide a greater contribution to primary health services in outer

metropolitan, rural, and regional Australians. To achieve this ACPD recommends the inquiry consider two key recommendations:

1. Greater collaboration between Ambulance Services based Paramedics working in outer metropolitan, rural, and regional and local primary health services.
2. Inclusion of Paramedics in the wider outer metropolitan, rural, and regional health workforce.

### **Recommendation One:**

- 7.1. Greater collaboration between Ambulance Services based Paramedics working in outer metropolitan, rural, and regional and local primary health services. Closer relationships between local primary care providers and Ambulance based Paramedics would:
  - 7.1.1. Provide additional support local doctors during Paramedic downtime.
  - 7.1.2. Create opportunities for local Paramedics to professionally develop with skills and knowledge that is directly relevant to the needs of local communities.
  - 7.1.3. Reduce the burden on Emergency Departments as local Paramedics could provide community-based care or redirect appropriate patients back to primary care providers.
  - 7.1.4. Where local primary care services do not exist, advanced Ambulance based Paramedics could provide primary care services with the assistance of telehealth.

### **Recommendation Two:**

- 7.2. The inquiry eliminates the barriers that negate the capacity for Paramedics to contribute directly to the primary health care system. This will require:
  - 7.2.1. The addition of Paramedics into the broader health workforce. This will require the inclusion of Paramedics in workforce modelling and policy development.
  - 7.2.2. Changes to State legislation and/or regulations that allow Paramedics, with appropriate training, to possess, carry and administer medication and immunisations.
  - 7.2.3. Changes to Federal legislation that allows Paramedics, with appropriate training, access to certain MBS and PBS items.
  - 7.2.4. Change State legislation and/or regulations to allow Paramedics, with appropriate training, to order pathology and radiology and develop treatment plans in the same manner as Medical Practitioners and Nurse Practitioners.
  - 7.2.5. Changes to State legislation and/or regulations to allow Paramedics with appropriate training, to declare death, sign off workers compensation documentation, witness statutory declarations, order and administer blood products, sign medical certificates and complete any documentation in the same manner as Medical Practitioners and Nurse Practitioners.

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	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>
<b>Definition</b>	<b>Extended Care Paramedic (ECP)</b>	<b>Community Paramedic (CP)</b>	<b>Primary Care Paramedic (PCP)</b>	<b>Paramedic Practitioner (PP)</b>
<b>1.1 Registration and ACPP Membership</b>	Is an AHPRA/PCNZ registered paramedic and Member of ACPP.	Is an AHPRA/PCNZ registered and experienced paramedic and General Member of ACPP.	Is an AHPRA/PCNZ registered and experienced paramedic and Associate Fellow of ACPP.	Is an AHPRA/PCNZ registered and experienced paramedic and Fellow of ACPP.
<b>1.2 Education</b>	Has completed basic primary health care education in an ACPP accredited training program.	Has a Graduate Certificate (AQF8/NZQF8) in an ACPP accredited training program.	Has a Graduate Diploma (AQF8/NZQF8) in an ACPP accredited training program.	Has a Masters/Doctorate (AQF-9/NZQF-9/10) in an ACPP accredited training program.
<b>1.3 Clinical reasoning</b>	Can take a comprehensive history, perform physical examinations, apply clinical reasoning, assess risk and make evidence-based decisions.	Can take a comprehensive history, perform physical examinations, apply clinical reasoning, assess risk and make evidence-based decisions.	Can take a comprehensive history, perform advanced physical examinations, apply clinical reasoning, assess risk and make evidence-based decisions.	Can take a comprehensive history, perform advanced physical examinations, apply clinical reasoning, assess risk and make evidenced-based decisions.
<b>1.4 Patient-Centred</b>	Practices patient-centred care and work collaboratively and within a multidisciplinary team to safely monitor, treat and refer patients on an individualised health care plan.	Practices patient-centred care and work collaboratively and within a multidisciplinary team to safely monitor, treat and refer patients on individualised health care plan.	Practices patient-centred care and works collaboratively and within a multidisciplinary team to safely monitor, treat and refer patients on individualised health care plans.	Practices patient-centred care, works collaboratively, and at times leads a multidisciplinary team to safely monitor, treat and refer patients on individualised health care plans.
<b>1.5 Pathology and Imaging</b>		Can perform and interpret basic (point of care) pathology tests.	Can perform and interpret basic pathology and imaging.	Can order and interpret pathology and imaging.
<b>1.6 Medication administration/prescription</b>	Administers medication in accordance with clinical guidelines.	Administers medication following clinical guidelines. Consults for addition or alterations for prescriptions.	Administers medication in accordance with clinical guidelines. Consults for addition or alterations for prescriptions.	Administers and/or prescribes medication in accordance with Therapeutic Guidelines and within the scope of professional practice.
<b>1.7 Apply treatment plans</b>	Can safely provide care for, contribute to and, with consultation, adjust treatment plans within their professional practice capabilities.	Can safely provide care for, contribute to and temporality adjust treatment plans within their professional practice capabilities. Permanent alterations to treatment plans require consultation.	Can safely provide care for, contribute to and temporality adjust treatment plans within their professional practice capabilities. Permanent alterations to treatment plans require consultation.	Can safely apply, modify, create, or delegate, treatment plans within their professional practice capabilities. Alterations to treatment plans outside of practice capabilities require consultation.

Function	Extended Care Paramedic (ECP)	Community Paramedic (CP)	Primary Care Paramedic (PCP)	Paramedic Practitioner (PP)
<b>2.1 Practice location</b>	Practice in a variety of clinical settings. This includes, but is not limited to, home based care, aged care facilities, community clinics, hospitals, GP surgeries, remote and isolated environments and ambulance services.	Practice in a variety of clinical settings. This includes, but is not limited to, home-based care, aged care facilities, community clinics, hospitals, GP surgeries, remote and isolated environments and ambulance services.	Practice in a variety of clinical settings. This includes, but is not limited to, home based care, aged care facilities, community clinics, hospitals, GP surgeries, remote and isolated environments and ambulance services.	Practice in a variety of clinical settings. This includes, but is not limited to, home based care, aged care facilities, community clinics, Hospitals, GP surgeries, remote and isolated environments and ambulance services.
<b>2.2 Domain of care</b>	Perform care that is preventive, proactive and/or reactive.	Perform care that is preventive, proactive and/or reactive.	Perform care that is preventive, proactive and/or reactive.	Perform care that is preventive, proactive and/or reactive.
<b>2.3 Scope</b>	Provide emergency and generalist primary health care, ethically and to a broad range of patients within their professional practice capabilities.	Provide emergency and generalist primary health care, ethically and to a broad range of patients within their professional practice capabilities.	Provide emergency and generalist primary health care, ethically and to a broad range of patients within their professional practice capabilities.	Provide emergency and generalist primary health care, ethically and to a broad range of patients within their professional practice capabilities.
<b>2.4 Health care plans</b>	Adjusts, or creates, health care plans in consultation with more senior members of the health care team.	Adjusts, or creates, health care plans in consultation with more senior members of the health care team.	Adjusts, or creates, health care plans within their professional practice capabilities. Alterations to treatment plans outside of practice capabilities require consultation.	Adjusts, or creates, health care plans within their professional practice capabilities. Alterations to treatment plans outside of practice capabilities requires consultation.
<b>2.5 Evidence-based</b>	Provide care that is evidenced-based practice and consistent professional practice capabilities.	Provide care that is evidenced-based practice and consistent professional practice capabilities.	Provide care that is evidenced-based practice and consistent professional practice capabilities.	Provide care that is evidenced-based practice and consistent professional practice capabilities.
<b>2.6 Collaborate</b>	Support the wider health system by working collaboratively within multidisciplinary teams.	Support the wider health system by working collaboratively within multidisciplinary teams.	Support the wider health system by working collaboratively within multidisciplinary teams.	Support the wider health system by working within and leading multidisciplinary teams.
<b>2.7 Reflective</b>	Participate in reflective practice, continual professional development and quality improvement systems.	Participate in reflective practice, continual professional development and quality improvement systems.	Participate in reflective practice, continual professional development and quality improvement systems.	Participate in reflective practice, continual professional development and quality improvement systems.