

**Submission title:
Advancing Tasmanian's Health - 2022**

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| Submitted by | Australasian College of Paramedic Practitioners Inc |
| Date: | 11 July 2020 |

1. Australasian College of Paramedic Practitioners

- 1.1. The Australasian College of Paramedic Practitioners (ACPP) is the peak body representing Paramedic Practitioners and all Paramedics employed in primary healthcare within Australia and New Zealand.

2. Submission

- 2.1. Thank you for the opportunity to submit this submission from the Australasian College of Paramedic Practitioners to the inquiry into: Advancing Tasmanian's Health - 2022.

3. Summary

- 3.1. Currently Tasmanian Paramedics are siloed, by both policy and legislation, into providing healthcare only within the Tasmanian Ambulance Service.
- 3.2. Paramedics are skilled at providing rapid assessment, clinical reasoning, decision making and initiating, healthcare within a defined scope of practice.
- 3.3. Paramedics encounter the entire spectrum of healthcare presentations. Although primarily trained to provide emergency healthcare, paramedics rapidly become generalists.
- 3.4. Contemporary Paramedics are Ahpra registered and tertiary trained. A growing number of Paramedics have advanced clinical qualifications and skills in both emergency and primary healthcare.
- 3.5. Paramedic Practitioners are the most advanced primary care clinicians amongst this emerging cohort of specialist paramedics.
- 3.6. Paramedic Practitioners provide preventive, proactive, and reactive healthcare. They are trained to develop and implement individualised health care plans.
- 3.7. With advances in telehealth, Paramedic Practitioners could be supported to practice within clinics, hospitals, and communities. They are ideally suited for rural and remote communities.
- 3.8. Paramedic Practitioners would be a versatile and valuable addition to the wider Tasmanian health workforce. They should be employed in Tasmania's wider health workforce as well as the Tasmanian Ambulance Service.

Background to Australian Paramedics

- 3.9. All Australian paramedics are tertiary educated and Ahpra registered.
- 3.10. There are nearly 23,000 Ahpra registered paramedics in Australia.
- 3.11. Paramedicine is a highly sought-after undergraduate program with over 2500 new paramedics graduating each year. Due to a lack of employment opportunities almost half of these graduates are lost to the health system.
- 3.12. Paramedics are established health professionals that provide advanced, community based and relatively autonomous healthcare.
- 3.13. Historically, paramedics have been employed to provide healthcare to the acutely sick and injured, largely within jurisdictional ambulance services and to a lesser degree, the oil and gas industry.
- 3.14. The perception that paramedics work exclusively for ambulance services is strongly held and this premise obstructs paramedic inclusion into broader health care systems.
- 3.15. Paramedics are more often attending to a wider, and increasingly complex, range of primary care type patients. The reasons for this are complex and multifactorial but include a growing and aging population, convenience, and cost (usually free), limited access to primary healthcare services, and increasing demands on Emergency Departments.
- 3.16. Paramedicine is now a profession, and many paramedics are undertaking postgraduate studies to advance their career.
- 3.17. Traditionally advanced paramedic practice has been focused on high-acuity, pre-hospital care, however many paramedics are developing additional primary care capabilities through continuing professional development and postgraduate programs.
- 3.18. Paramedics with additional primary care skills are titled Community or Extended Care Paramedics (AQF8) and Paramedic Practitioners (AQF9).
- 3.19. There is growing interest to have these specialist paramedics practice in community-based healthcare systems and not just ambulance services.
- 3.20. When encountering primary care type patients these advanced paramedics are highly proficient at implementing community-based or alternative treatment plans. This is a significant departure from the traditional practice of “treat and transport” to an Emergency Department.
- 3.21. Paramedics that can safely and accurately decide on the right treatment, for the right patient at the right time, make a greater contribution to the individual patient's health care and the healthcare system more generally.

4. The Australasian College of Paramedic Practitioners (ACPP)

- 4.1. The Australasian College of Paramedic Practitioners (ACPP) is the peak body representing and advocating for the specialist paramedics with the most advanced (AQF9) primary healthcare skills: - the Paramedic Practitioner.
- 4.2. A Paramedic Practitioner can provide health care that is preventive, proactive, and reactive. Thus, they are advanced healthcare generalists that routinely perform detailed biopsychosocial history, perform comprehensive physical examinations, conduct evidence-based risk assessments, and develop patients centred and definitive treatment plans. This makes Paramedic Practitioners a very versatile and valuable addition to the Tasmanian health workforce, particularly for rural and remote settings.
- 4.3. A Paramedic Practitioner is experienced at providing community-based healthcare with a high degree of autonomy. This makes the Paramedic Practitioner ideally suited for home/community-based care and working within a collaborative and multidisciplinary healthcare team.
- 4.4. ACPP's mission is to create educational and practice standards, employment pathways and ongoing professional development for Paramedic Practitioners.
- 4.5. ACPP believes that Paramedic Practitioners are largely ignored as potential members of the wider health workforce. ACPP attributes this to a lack of understanding by policymakers and workforce planners.
- 4.6. ACPP also notes that legislation and regulations do not enable these specialist paramedics to practice outside of Ambulance Services. A recent Tasmanian Senate Inquiry recommended Paramedics should be offered roles outside Ambulance services as a matter of high priority.
- 4.7. ACPP believes these Paramedic Practitioners should be treated as "generalists" with an emergency background and that they should be enabled to practice in variety of clinical settings including home-based care, aged care facilities, community clinics, hospitals, GP surgeries, remote and isolated environments as well as ambulance services.
- 4.8. Paramedic Practitioners 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.
- 4.9. Paramedic Practitioners can provide access 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).

5. Recommendations

5.1. Recommendation One:

ACPP recommends that Paramedic Practitioners be included in the wider Tasmanian Health workforce:

1. Include Paramedic Practitioners into Tasmanian mainstream health workforce.
2. Consider Paramedic Practitioners when developing workforce models, particularly for outer metropolitan, rural and remote locations
3. Change Tasmanian legislation and regulations to allow Paramedic Practitioners to order pathology and radiology and develop treatment plans in the same manner as Medical Practitioners and Nurse Practitioners.
4. Changes Tasmanian legislation and regulations to allow Paramedics Practitioners 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.
5. Advocate for changes to Federal legislation that allows Paramedic Practitioner access to certain MBS and PBS items.

Recommendation Two:

ACPP recommends that Paramedic Practitioners should be employed by the Tasmanian Ambulance Service (TAS).

1. There should be greater collaboration between TAS based Paramedic Practitioners and local primary health services.
2. Closer relationships between local primary care services and Ambulance based Paramedic Practitioners would:
 - Provide additional support for rural and remote doctors during TAS Paramedic Practitioner downtime.
 - Create opportunities for local TAS Paramedic Practitioners to professionally develop the skills and knowledge that are directly relevant to the needs of local communities.
 - Reduce the burden on Emergency Departments as TAS Paramedics Practitioners could provide community-based care and redirect appropriate patients back to primary care providers.
 - Where local primary care services do not exist, Ambulance based Paramedic Practitioners could provide primary care services with the support of telehealth.



Paramedic Greg Reaburn

President

Australasian College of Paramedic Practitioners

Email: greg.reaburn@acpp.net.au Web: <https://www.acpp.net.au/>

| Domain | Descriptor |
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| Registration and ACPP Membership | Is an AHPRA/PCNZ registered an experienced paramedic and Fellow of ACPP. |
| Education | Has a postgraduate qualification (AQF-9/NZQF9) (or equivalent) in primary healthca |
| Domain of care | Performs care that is preventive, proactive and/or reactive. |
| Practice location | Practices in a variety of clinical settings. Including, but not limited to, home based ca Hospitals, GP surgeries, remote and isolated environments, and ambulance services |
| Patient centred care | Practice's patient centred care, works collaboratively, and often leads a multidisciplin patients on individualised health care plan. |
| Clinical reasoning | Takes a comprehensive biopsychosocial history, performs advanced examinations a reasoning, assesses risk, and makes evidenced based decisions. |
| Pathology and imaging | Orders, interprets, and can advise others about pathology and imaging. |
| Medication/prescription | Administers and/or prescribes medication in accordance with Therapeutic Guidelines Practitioner. |
| Treatment plans | Safely applies, modifies, creates, or delegates, treatment plans within practice capab of practice capabilities, requires consultation. |
| Scope | Provides emergency and generalist primary health care to a broad range of patients standards, professional practice capabilities and experiences. Scope, grows with cor consistent with local needs. |
| Evidence based care | Provides care that is evidenced based and consistent with professional practice cap |
| Collaboration | Supports the wider healthcare system by collaborating with more qualified and exper leads, multidisciplinary teams. |
| Reflective | Participates in reflective practice, continual professional development, and quality im |