



# Submission to the Inquiry into Rural Health Services (Tasmania)

**Presented by** Australasian College of Paramedic Practitioners Inc

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## Background

1. The Australasian College of Paramedic Practitioners (ACPP) is the Peak Body for Paramedic Practitioners and Paramedics practicing in Community and Primary Health Care.
2. The ACPP is the voice of one of the most underutilised, highly educated and forgotten group of health professionals in the Australian and the Tasmanian Health Systems.
3. Not all Paramedics work in ambulances or ambulance services.
4. Innovation in health needs to be thoughtful and change needs to encompass new directions, not reinventing the same old systems and polishing it up to look different.
5. Paramedics are well established part of the health workforce for over 130 years. Paramedics are found in all states and territories of Australia.
6. Early paramedic services developed in Tasmania around 1887<sup>1</sup>, which at the time included ambulance transport and primary care first aid services in local communities not serviced by a doctor<sup>1</sup>.
7. Paramedics are the forgotten profession, University educated, highly skilled (performing many tasks at the same level of medical specialists) and assumed to only work in ambulance services.
8. Paramedics work in a range of clinical practices in remote and rural, rural, urban and metropolitan communities.
9. Unfortunately, the role of paramedics, their education and clinical practice is poorly understood by policy makers. This has resulted in underutilisation of Paramedic knowledge and skills, particularly in remote, rural and disadvantaged communities.
10. Internationally, paramedics have moved into a practitioner role, the Paramedic Practitioner, which allows paramedics to practice in a variety of clinical practices, particularly Primary Healthcare collegially with medical doctors, and are given the option to leave paramedicine to train as medical practitioners<sup>2,4</sup>

11. A Paramedic Practitioner is defined as;
  - 11.1 *“A Paramedic Practitioner is a Paramedic who has undergone top up education to be able to: order and interpret tests (pathology/imaging); perform physical examinations; prescribe medications (including restricted drugs); refer to specialists and/or allied health; and provide or delegate treatment in any health environment”<sup>8</sup>*
  - 11.2 Paramedicine, unashamedly and with great pride, evolved its roots from medicine, and evolved medicine into practice with or without modification. The title “Paramedic or Pmd” means para=alongside; medic=medicine.
12. In Tasmania, Paramedics are an underutilised resource and have their practice heavily restricted by unfavourable legislation. Paramedics cannot or allowed to practice to their full level of knowledge, skills and competency.

## **Paramedic Practitioners (PP)**

13. Based on proven UK model, paramedics completing an approved Master’s degree can work in a range of practices including: Ambulance Services, EDs, Specialists, Community settings, General Practice etc<sup>2</sup>
14. PPs in the UK have prescribing rights, can order tests, imaging and treatment<sup>3</sup>.
15. Proposed that PPs will be able to convert to medicine with a conversion degree<sup>4</sup>.
16. PPs have a generalist scope of practice and can practice in any area of medicine.
17. The PP model is extremely cost effective:
  - 17.1 “PP had a greater than 95% chance of being cost effective at £20 000 UK (\$42,000 AUD) per QALY per PP<sup>4</sup>” in aged care.
  - 17.2 PP in general practice reduced patient contact costs by £31,000 UK per PP<sup>6</sup>.
  - 17.3 Effectiveness in ED presentation diversion to primary care was demonstrated in South Australia using Extended Care Paramedics (ECP). Almost 50% of potential Emergency Department presentations were prevented<sup>7</sup>.
18. The education of ECPs in Tasmania is conducted as an in-service program by Ambulance Tasmania, is not aligned to any University and graduates appear to be insufficiently trained to fully practice in a community or primary health care setting.
19. Ambulance Tasmania delivers an ECP model in Hobart and Launceston.
20. The effectiveness ECP practice in Tasmania appear to be very limited with a large amount of utilisation of ECPs being diverted to emergencies cases rather than performing in home primary health care.
21. ECPs cannot practice outside the employ of Ambulance Tasmania, prohibiting access to medication and their use in private or public hospitals, GP clinics, community health or other primary care services.
22. Paramedic Practitioner is a superior and more robust model backed by University education within a medical school which is instructed by doctors, specialists and a multidisciplinary team of health professionals.

## ACPP Model of Paramedic Practitioners

24. Engage with robust, evidence-based post-graduate university programs to extend paramedic base education to become essential members of multidisciplinary health teams providing and delivering effective hospital, community health and primary healthcare services.
25. Deakin University, School of Medicine is delivering a program practice designed to allow paramedics work in Hospital, Community Health, Primary Healthcare services primarily in rural and remote Australia. The course allows practicing paramedics to remain in the workforce whilst completing their studies.
  - 25.1 The Master/Doctor course is based on international benchmarks and evidence-based practice, including meeting the ACPP Accreditation Standards.
  - 25.2 ACPP supports and proposes that the PP program articulates into medicine. PP concept has been supported by former National Rural Health Commissioner Professor Paul Worley, and
    - 25.2.1 ACPP are presently working towards MOUs with key medical colleges to gain their support
  - 25.3 The Deakin Medicine model could easily be duplicated in Tasmania by the University of Tasmania School of Medicine. This would ensure local content and adaption.
26. PPs would be independent prescribers, with the ability to order a range of tests and treatments. PPs would be employable within the public, private, community and primary care healthcare sectors in the same way as any other nationally registered health professional.
27. Governance of PP practice takes two forms:
  - 27.1 Oversight of paramedic registration by the Paramedicine Board of Australia, to ensure community safety and to protect the community
  - 27.2 Credentialing of PPs by ACPP in the form of the Paramedic Practitioner Framework<sup>8</sup> and accreditation of educational programs – Accreditation of Paramedic Practitioner Programs. This allows seamless Fellowship of the ACPP<sup>9</sup>.
  - 27.3 The model is based directly on the successful Medical College system (which is over 400 years old) and ensures additional governance in addition to the Federal statutory requirements of the Paramedicine Board of Australia.
28. ACPP has been working with the Paramedicine Board of Australia (PBA) to ensure legal legitimacy of the above. The PBA has informed the ACPP that there are no impediments to the above model.
29. Tasmanian Legislation would require amendment to support a PP Model. This would include:
  - 29.1 Tasmania: Poisons Act 1971 and Regulations, Mental Health Act 2013, Public Health Act 1997, Human Tissue Act 1985, Evidence Act 2001, Workers Rehabilitation and Compensation Act 1988 as examples.
  - 29.2 Federal Legislation would need to be amended to allow PP access to the MBS and PBS
30. Cost to State of Tasmania: Minimal:
  - 30.1 Federal Government Funds: University Education, Primary Care (diversion of patients and there are several potential MBS items that can be used by paramedics), and eventual MBS and PBS funding.

31. Both in the UK and Australian models, PP models have been funded by cost saving and have not put a burden of health budgets.

## **Innovation in Tasmanian Health Care – Particularly in areas of medical shortage**

32. Paramedics and Paramedic Practitioners can be an innovation in health care within the Tasmanian health care setting
33. Paramedics and Paramedic Practitioners enhance the work of medical practitioners, nurse practitioners and allied health in a range of clinical setting, but particularly in Primary Healthcare
34. Paramedic Practitioners as medicine prescribers, diagnosticians, and directors of treatment can work in a team or if necessary, can practice independently if the services of medical practitioners are not available in a particular location.
35. Paramedics can be immediately introduced into locations at risk and be trained on the job while completing Paramedic Practitioner studies. Paramedics can already provide advanced clinical practice.
36. Paramedic Practitioners do not want to compete with doctors, and in fact, if PPs want to advance further, are encouraged to leave the Paramedicine Profession undertake medical training to become a medical practitioner.
37. Paramedicine is an old and well-established health profession. Paramedics are already available in many areas of Tasmania that have no doctors.
38. With a mix of simple innovative, changes to clinical practice, expectations and legislation paramedics can be a solution to the health problems within the Tasmanian rural health system.

## **Recommendations**

- Engage key and expert stakeholders such as the ACPP to help implement a Primary Healthcare Paramedic and Paramedic Practitioner Model into Tasmania
- Work with the University of Tasmania School of Medicine to implement a Paramedic Practitioner post graduate training program (at Master/Doctor (AQF 9, 10) and accredited by ACPP, which can articulate into medicine) like the Deakin University School of Medicine model.
- Either implement Paramedics/Paramedics directly into the health care system or pilot programs into rural Tasmania, community health, primary healthcare, and hospital Urgent Care services to evaluate the services of Paramedics and Paramedic Practitioners.
- Convert Ambulance Tasmania ECPs into Paramedic Practitioners and allow PPs to practice inreach and outreach services in Hospitals, Emergency Departments, Urgent Care Services and Primary Healthcare Services decreasing ambulance dispatch and Emergency Department presentations.
- Implement legislative changes to allow Paramedics and Paramedic Practitioners to practice to the full scope of their practice in Tasmania, outside of the employment of Ambulance Tasmania and in all clinical settings
- Lobby or gain consensus through COAG to persuade the Federal Government to implement changes to Federal law to allow Paramedics and Paramedic Practitioners access to the MBS and PBS

- Begin employing Paramedics and Paramedic Practitioners into clinical settings as soon as possible by recruiting locally or internationally from the United Kingdom.

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