

**Submission
No 15**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND
REGIONAL HEALTH**

Organisation: Australasian College of Paramedicine

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22 September 2023

Parliament of New South Wales
Legislative Assembly
Select Committee on Remote, Rural and Regional Health
Via Parliament of NSW inquiry submission platform: www.parliament.nsw.gov.au

Dear Select Committee on Remote, Rural and Regional Health,

Submission – Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.

Thank you for your consideration of this submission to the NSW Parliamentary Inquiry addressing the implementation of the recommendations from Report 57: “Health outcomes and access to health and hospital services in rural, regional and remote New South Wales”.

The Australasian College of Paramedicine (the College) provided a submission and evidence to the initial inquiry in its capacity as the peak representative body for the paramedic workforce in Australasia. The College is future-focused, representing and supporting over 10,000 paramedics and student paramedics, and champions the role of paramedics being more broadly utilised across emergency, urgent and primary care settings, as well as non-clinical roles, to deliver high quality person-centred care.

The original submission from the College focused on the ways in which paramedics, particularly community paramedics, could be more broadly integrated into the rural and regional healthcare system to help meet the needs of underserved populations. Since the original submission was tabled, and evidence given to the inquiry, an international consensus definition of a community paramedic has been published:

“A community paramedic provides person-centred care in a diverse range of settings that address the needs of the community. Their practice may include provision of primary health care, health promotion, disease management, clinical assessment and needs based interventions. They should be integrated with interdisciplinary health care teams which aim to improve patient outcomes through education, advocacy, and health system navigation.” (Shannon, B., Baldry, S., O’Meara, P., Foster, N., Martin, A., Cook, M., ... & Miles, A. (2023). The definition of a community paramedic: An international consensus. *Paramedicine*, 20(1), 4-22.) (p.10)

Also, within the intervening period, the Australian Federal Government; Office of the National Rural Health Commissioner, released the *Ngayubah Gadan (Coming Together) Consensus Statement*. This landmark document includes paramedicine as its own discipline within rural and remote multidisciplinary healthcare teams (p.11). This is an important step in recognising and valuing paramedics as a unique and distinct healthcare profession, outside of the context of a jurisdictional ambulance service, who can contribute to, and deliver high quality, health and wellbeing outcomes of regional, rural and remote populations.

We would like to take this opportunity to address the progress that has been made against the Terms of Reference (Part A and Part B) set by the Committee, as they pertain to the recommendations set out in Report 57.

a) Any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs;

- There has been a lost opportunity to incorporate paramedicine into models of community based and primary healthcare outside of jurisdictional ambulance services. The *NSW Regional Health Strategic Plan 2023 – 2033*, while recognising the need to strengthen the workforce by “encouraging innovative workforce models and recognition of staff experience and skills” (S1.5; p.30), refers only to increasing the number of paramedics in specialist roles employed exclusively by NSW Ambulance. There has been no recognition of the unique role that paramedics, as registered, autonomous health care practitioners, can fulfil within multidisciplinary teams.
- Despite the College being represented at the original inquiry, the recommendations made in Report 57 do not include any further consultation with the College. Nor do they encourage or allow for the possibility of stakeholder engagement outside of the NSW Ambulance service.

Collaboration with the College as the peak professional paramedicine body and all paramedic employers, whether the jurisdictional service or for-profit paramedic employers, is going to will be essential for NSW Health if they are to truly make inroads into addressing and rebalancing the ongoing inequities of access and service to health care for those in regional, rural and remote parts of the state. As well, the College advocates for a Chief Paramedic Officer to be appointed to provide further professional leadership, governmental advice, and diverse perspective beyond jurisdictional ambulance services.

b) Staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)

We would like to take this opportunity to address **Recommendation 8** “*That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales.*”

As discussed in our original submission, the development of a community paramedic model that is linked directly to primary and community healthcare services can help meet the objectives of supporting and growing the primary health sector.

Investigating the ways in which this might be achieved by collaborating with key stakeholders addresses the strategic objectives within **Sections 2.5 and 3.1** of the NSW Regional Strategic Plan that aim to “*Drive and support improved clinical care, timely access and safety and quality outcomes for patients in hospitals and other settings*” (p.18) and “*Address the social determinants of health in our communities by partnering across government, business and community*” (p.19).

- The development of robust career pathways that includes paramedics in innovative workforce models, such as community and primary healthcare, that builds the pipeline of regionally based health workers, will help meet the objectives of recruiting and retaining healthcare workers in regional and rural Australia.
- Based on the NSW Health Regional Strategic Plan (2023–2033) there have been missed opportunities to utilise the benefits that paramedicine brings to multidisciplinary care teams and coordination of healthcare that meets the objective of reducing avoidable hospitalisations and further strengthening equitable access to care for the community.

In **Section 3.140** (p.74) as a subsection of **Recommendation 10**, the Committee recommended *“that NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy.”*

- There was a singular opportunity for NSW to advocate for the inclusion of paramedics within Medicare funding models. The successful incorporation of paramedicine as part of the broader health workforce would have opened avenues of Federal funding in important areas such as the aged care and primary healthcare workforce. This has amounted to another missed opportunity to draw on Federal funding via the Strengthening Medicare Taskforce.

In conclusion, the recommendations arising from the NSW Parliamentary Inquiry Report 57 have continued to effectively overlook the potential of paramedics to contribute to the broader regional and rural health workforce in ways that would achieve genuine and sustained change to the sector.

A dedicated effort is needed within NSW Health to engage with the College to achieve meaningful integration of the paramedicine workforce. To continue relying on the jurisdictional ambulance service as the only source of a relationship to the paramedicine workforce perpetuates a narrow understanding of the profession and denies the paramedicine workforce its full potential, to the detriment of the regional and rural population and healthcare workforce.

Thank you for your consideration of this submission.

Sincerely,

Sascha Baldry (on Behalf of the Community Paramedicine Working Group)

Australasian College of Paramedicine

College contact:

Jemma Altmeier

Advocacy and Government Relations Manager

Australasian College of Paramedicine

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