

**Submission  
No 46**

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

**Organisation:** Australian Paramedics Association (NSW)

**Date Received:** 17 October 2023

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

## Contents

Introduction.....	3
Part 1: The state of broader issues in RRR Healthcare.....	5
Part 2: Implementation of RRRHI Recommendations .....	8
Annexures .....	20
Annexure 1: LABOR TO BOOST RURAL AND REGIONAL PARAMEDICS .....	20

## Introduction

*“Patients are dying and Paramedics will too soon if this isn’t fixed.”*

The Australian Paramedics Association (NSW) (‘APA (NSW)’) is a registered trade union representing the majority of Paramedics employed by NSW Ambulance (‘NSWA’). APA (NSW) is grateful for the opportunity to provide a submission on the implementation of recommendations from the previous inquiry into remote, rural, and regional (‘RRR’) health services. Paramedics work in RRR communities across NSW, from Bombala to Broken Hill. Our observations to this Inquiry are informed by feedback from Paramedics across the State.

In 2021, APA (NSW) submitted a detailed submission to the original Portfolio Committee 2 Inquiry into health outcomes and services in rural, regional, and remote NSW (the ‘RRRHI’).<sup>1</sup> Our submission opened with the above quote. It summated the desperation of APA (NSW) Paramedics to have the horrific state of healthcare in rural, remote, and regional (‘RRR’) NSW acknowledged for what it was: a crisis leaving behind myriad communities and the Paramedics who serve them.

Since May of 2022, when the final report of the RRHI was handed down (‘the Report’), it was swiftly acknowledged by the then Coalition Government and the then-opposition, now-governing NSW Labor. The Coalition responded by supporting 41 of the 44 recommendations.<sup>2</sup> NSW Labor pledged to implement all 44 recommendations if they won Government in the 2023 election.<sup>3</sup> Considering these responses, APA (NSW) and our Paramedic members have been awaiting the urgent implementation of the strong recommendations it contained.

To the dismay of the Union and our members, we have seen few of these recommendations eventuate in tangible policy outcomes working to address the critical issues laid out in the Report

---

<sup>1</sup> [https://www.parliament.nsw.gov.au/lcdocs/submissions/70364/0664%20Australian%20Paramedics%20Association%20\(NSW\).pdf](https://www.parliament.nsw.gov.au/lcdocs/submissions/70364/0664%20Australian%20Paramedics%20Association%20(NSW).pdf)

<sup>2</sup> <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/NSW%20Government%20Response%20-%20300822.pdf>

<sup>3</sup> <https://www.dr-michaelholland.com.au/news/media-releases/labors-commitment-to-rural-health/>

and APA (NSW)'s submission. For many Paramedics, and the communities they serve, the situation remains just as dire, if not worse, than in May 2022.

This submission is structured in two parts. The first outlines the general state of RRR healthcare provision as provided by NSW Ambulance and as experienced by NSW Paramedics, with reference to the issues laid out in sub-points (b), (c), (d), and (e) of the Terms of reference for this Inquiry. The second part addresses the progress of the implementation of the original RRHI recommendations directly relevant to NSW and NSW Paramedics.

In August of this year, NSW Health Minister Ryan Park said to the ABC that “The NSW government also remains committed to implementing all 44 recommendations of the landmark Parliamentary Inquiry into Rural, Regional and Remote healthcare.”<sup>4</sup> APA (NSW) looks to this submission as a reiterated call for the NSW Government to follow through on this promise urgently.

---

<sup>4</sup> <https://www.abc.net.au/news/2023-08-03/second-nsw-parliamentary-inquiry-into-regional-healthcare/102679958>

## Part 1: The state of broader issues in RRR

### Healthcare

This section broadly addresses some of the current issues facing the provision of NSW services in RRR NSW, and the Paramedics who work in these communities, in relation to the following terms of reference:

- (b) staffing numbers, recruitment and retention, and related workforce management and planning issues
- c) staff accreditation and training
- d) workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms
- e) funding for agencies, programs and incentives

Paramedics in remote, rural, and regional NSW face much the same issues today as they did in May 2022, when the Report from the RRHI was handed down. They continue to report staff shortages, a severe under-provision of appropriate primary healthcare, a lack of career progression, increasing workloads, remaining policy blocks on equitable Paramedic distribution and appropriate resource deployment, amongst numerous other serious issues originally laid out in APA (NSW)'s original submission to the RRHI. These issues continue to impact not only the patient outcomes of patients in RRR NSW, but also have hugely detrimental impacts on the wellbeing and working conditions of the Paramedics who serve these communities.

Issues with staffing numbers, recruitment and retention, alongside workforce management and planning issues, have remained serious in RRR NSW. The attrition rate for NSW Paramedics jumped to 4.8% in 2021-2022 – a 66% increase on the previous year, and the highest rate NSW has seen since 2013.<sup>5</sup> Paramedics in RRR are reporting highly concerning staff shortages, as well as continued burnout pushing current Paramedics to leave the service. Experiencing the lowest pay in the country, combined with record-high response rates and continued systemic health policy failures, is crushing NSW's RRR Paramedic workforce on both ends.

---

<sup>5</sup> <https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/ambulance-services> Table 11A.9: Ambulance service organisations' operational workforce, by age group and attrition

The SWIFT (Strategic Workforce and Infrastructure Team) enhancement introduced in the Perrottet Government's 2022-23 Budget, while having a marked and long-overdue improvement on staffing numbers and coverage in metropolitan and 'peri-urban' NSW through the funding of over 1800 Paramedics, additional non paramedic staffing, building of 30 new stations, and enhancement of existing stations, left most of RRR NSW behind. To the protest of APA (NSW) and our members, and without union consultation on this decision, SWIFT enhancements were not distributed to many of the most under-resourced RRR areas.

The 2023-24 Budget has seen the doubling of regional incentive payments through the Rural Health Workforce Incentive Scheme to \$20,000.<sup>6</sup> However, this scheme only covers a small percentage of Paramedic roles – such as Station Officers – which are not the roles forming the bulk of general staffing issues facing RRR NSW. So, while this may encourage some Paramedics to move to regional areas, there are still many roadblocks for people considering relocation. The lack of available housing is a serious and widespread issue in RRR areas. Other issues relating to health, such as a lack of GP, specialist, and mental healthcare services will likely continue contribute to a paramedics' decisions to refrain from moving away from Metropolitan areas.

Alongside a generalised staff shortage, there is still a highly impactful lack of specialised Intensive Care Paramedics and Extended Care Paramedics operating in RRR areas. This issue, explored in a later analysis of the implementation of Recommendation 29, continues to mean communities throughout the state are denied specialised Ambulance care that has the potential to drastically improve patient outcomes and health system strain.

Over-reliance on NSW Paramedics for long-distance, non-emergency patient transports ('NEPTs') continues to place risk on Paramedics for highly unsafe fatigue, as well continuing to pull previous emergency response resources away from the community. With no extension to non-Paramedic Patient Transport services, let alone the funding of 24/7 coverage as recommended by the 2022 NSW Parliament Ramping Inquiry, since May 2022, RRR Paramedics continue to report this issue worsening for both Paramedics and their communities.

---

<sup>6</sup> [https://www.health.nsw.gov.au/news/Pages/20230811\\_01.aspx](https://www.health.nsw.gov.au/news/Pages/20230811_01.aspx)

The issues outlined above cover only a fraction of the issues continuing to impact RRR NSW communities and Paramedics. APA (NSW) would welcome the opportunity to give evidence at a public hearing for this Inquiry to further detail the situation our members are reporting in RRR NSW.

The measures announced by the NSW Government in the 2023/24 Budget, including 500 Regional and Rural Paramedics, the Essential Services Fund, and scholarships for health students staying at NSW Health, may go some way to addressing these issues. However, in the absence of the implementation of many of the following recommendations laid out in the RRHI, APA (NSW) is concerned that these measures will once again be too little, too late.



## Part 2: Implementation of RRRHI Recommendations

This section reviews in more specific terms the implementation of the RRRHI recommendations directly relevant to NSW Ambulance and APA (NSW)'s Paramedic members since May 2022. We acknowledge that the healthcare system is an ecosystem that cannot be treated as isolated from one agency to the next, however we have chosen to address the following directly applicable recommendations for the sake of brevity.

### R. 4 – “That NSW Health review the funding available for air transport.”

The government supported this recommendation. In the NSW Government's Infrastructure Statement 2023-24, the Snowy Hydro Legacy Fund is the proposed funding instrument for Regional Infrastructure Projects. Over the four years to 2026-27, the Snowy Hydro Legacy Fund will support the delivery of \$64,000,000 for new regional helicopter ambulance bases.<sup>7</sup> In this budget, only \$1,000,000 has been allocated, and no start or end date is currently attached to the project.<sup>8</sup>

### R. 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.”

It is heartening to see that the NSW Government has established governmental bodies tasked with supporting the growth and developments of the primary health sector in RRR NSW, as well as pledging \$3.8bn for regional health facilities as part of the 2023-24 Budget.<sup>9</sup>

---

<sup>7</sup> [https://www.budget.nsw.gov.au/sites/default/files/2023-09/2023-24\\_01\\_Budget-Paper-No-3-Infrastructure-Statement\\_infrastructure-statement.pdf](https://www.budget.nsw.gov.au/sites/default/files/2023-09/2023-24_01_Budget-Paper-No-3-Infrastructure-Statement_infrastructure-statement.pdf), p.54

<sup>8</sup> [https://www.budget.nsw.gov.au/sites/default/files/2023-09/2023-24\\_01\\_Budget-Paper-No-3-Infrastructure-Statement\\_infrastructure-statement.pdf](https://www.budget.nsw.gov.au/sites/default/files/2023-09/2023-24_01_Budget-Paper-No-3-Infrastructure-Statement_infrastructure-statement.pdf), p.129

<sup>9</sup> <https://www.nsw.gov.au/media-releases/budget-boost-for-regional-nsw>

However, APA (NSW) member feedback and data on case numbers illustrates that hospitalisations in many parts of RRR NSW have not reduced since May 2022, but have instead increased. Unfortunately, data from the Australian Institute of Health and Welfare, as well as other reliable sources of Government-provided data on hospital admissions, have not been updated with information from 2022 and 2023.

However, up-to-date Ambulance response and Emergency Department (ED) admission data from the Bureau of Health Information (BHI) together provide an indicator for the increased load on RRR Paramedics. Data from the BHI shows that across the 9 LHDs designated by NSW Health as ‘regional and rural NSW’, there has been an average 2.9% increase in ED arrivals by Ambulance since 2022.<sup>10</sup> In some of these LHDs, these presentations have jumped as much as 8.4% (Murrumbidgee LHD) and 7.0% (Illawarra Shoalhaven LHD).

BHI data on the number of Ambulance responses in RRR NSW also illustrates that in many parts of the state, Ambulance response rates have skyrocketed. The percentage increases in Ambulance responses over the April-June period of 2022 to the same period in 2023 in the following RRR SA3 areas points to a failure to prevent emergency healthcare responses through accessible primary healthcare:

- Lower Murray: 23.3% increase
- Griffith – Murrumbidgee (West): 7.7% increase
- Upper Murray excl Albury: 8.4% increase
- Dubbo: 3.5% increase
- Lithgow – Mudgee: 8.8% increase
- Broken Hill and Far West: 3.3% increase

It is difficult to determine to what extent these increases are entirely due to cases that could be determined as ‘avoidable’ hospitalisations. However, considering that access to effective and accessible primary health care is a significant factor in reducing emergency Ambulance callouts, these increases should be seen as a clear indicator that measures taken since May 2022 to properly address the crisis of primary care in RRR NSW have not been effective enough.

---

<sup>10</sup> Data sourced from the Bureau of Health Information Data Portal (<https://www.bhi.nsw.gov.au/data-portal>), comparing the April-June quarter in 2022 and the same quarter in 2023.

R. 11 – “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. This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists.”

The Coalition Government supported this recommendation in principle. “NSW Health will work with the Commonwealth if they are committed to investing in a 10-year strategy for Rural and Remote Medical and Health Workforce Recruitment and Retention.

“As part of the 2022-23 Budget, the NSW Government has invested \$883 million over the next four years to attract and retain staff in regional NSW, as well as build the future regional workforce pipeline.”<sup>11</sup>

APA (NSW) has not yet been consulted in regards to the formation or implementation of this Strategy.

There is some preliminary indication that the NSW government intends to act on workforce retention. However, nothing has been put into place yet, except for some funding, as mentioned

---

<sup>11</sup> <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/NSW%20Government%20Response%20-%20300822.pdf>, p12

above. Once the Commonwealth commits to NSW's 10-year strategy, we may see more work done in this area. Right now, there is no indication of when this support from the federal government will be granted.

One issue that has been flagged by APA (NSW) members and delegates is the availability of housing in regional areas. Members reported their colleagues living in tents or vans, and that dedicated relief accommodation was condemned/unliveable. In the past year, APA (NSW) has had to work with NSW Ambulance in delivering safe accommodation options for paramedics working in regional areas. However, attempting to relocate a portion of the workforce to areas where there is no housing available is not a sustainable strategy for retention.

While there are some financial incentives through regional relocation payments, one of our delegates flagged that the decrease in on call in regional areas means that there are fewer financial incentives for paramedics considering moving away from urban centres.

**R. 19 – “That the rural and regional Local Health Districts ... engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting.”**

The Coalition Government supported this recommendation in principle, saying “Many LHDs have implemented, or are implementing the recommendations from the Anderson Report, a review to identify and consider whole of NSW Health strategies for security in hospitals.” One APA (NSW) delegate from Northern NSW noted that there is now 24-hour security presence at Grafton Base Hospital ED. Another delegate from Southern NSW supported this statement, saying “We are seeing some security in places they didn't have previously.” An APA (NSW) delegate in the Hunter noted that they were unaware of existing security issues in that area.

**R. 22 – “That NSW Health and the rural and regional LHDs work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to provide continuity of care for patients.”**

APA (NSW) is not aware of any programs that have implemented since May 2022 to address the disjointed medical communication systems navigated by APA (NSW) Paramedics that have yet made a meaningful contribution to addressing these issues. Paramedics still face difficulty accessing critical information about patients they are responding to, including records detailing potential previous history of occupational violence while being treated in hospitals. The continuing lack of shared medical records not only places Paramedics in greater danger, but undermines patient treatment and continuity of care – as outlined by the original Report.

**R. 25 – “That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.”**

This recommendation was noted in the Coalition Government's response. The government justified this position by saying that any review would duplicate recent reviews by the Productivity and Mental Health Commissions. While NSW Health has not made a commitment to an inquiry, the NSW Legislative Council are currently conducting an Inquiry into Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. APA (NSW) made a submission to this Inquiry and will monitor the government's response to the recommendations made.

R. 28 – “That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional Local Health Districts explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews.”

So far, the NSW Government has not made a commitment to expanding patient transport services.

This places Paramedics at risk, as non-urgent patient transports can dangerously extend shift times. Paramedics in Rural and Regional NSW experience this to a higher extent, because less hospitals are available and the level of care available to patients is not always at the required level.

One APA (NSW) delegate wrote that inter-facility transports were being reviewed by NSW Ambulance’s Virtual Clinical Care Centre, albeit inconsistently. They noted that in the New England Zone, patient transports are never stuck in ‘bed block’ whereas we consistently see multiple Ambulances waiting in access block for multiple hours. A delegate from Southern NSW noted that Patient Transport Service officers would reject jobs where they would incur overtime, making these jobs the responsibility of Paramedics.

These services should be available to patients 24 hours a day, to relieve the burden of extended transfers from Paramedics.

R. 29 -- “That NSW Health in conjunction with NSW Ambulance:

- undertake a community profiling program across rural, regional and remote New South Wales to identify the paramedic needs of communities
- ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered

- expand the Intensive Care and Extended Care Paramedics program across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally
- explore innovative models of care utilising the skill sets of paramedics to better support communities that lack primary health care services, including consideration of embedding paramedics at facilities that do not have access to a doctor
- undertake a review of the efficacy of the current call triaging system and referral services.

**1. Undertake a community profiling program across RRR NSW to identify the paramedic needs of communities**

Profiling the Paramedic needs of RRR communities is a critical step to properly determining the way forward for emergency healthcare provision. The last such review, concluded in 2021, set out the categorisation system currently used for allocation of ICP and ECP Paramedics. APA (NSW) is not aware of a review of this program having been, or currently being, undertaken by NSW since this point.

However, the current resource modelling used to determine the placement of new Paramedics, including the 500 new Regional and Rural Paramedics announced in the 2023/24 Budget, is locked behind ‘Cabinet in Confidence’ designations on modelling undertaken by a private consulting firm, *Operational Research in Health Limited*, on NSW’s behalf. Repeated attempts by APA (NSW) to request access to the modelling supposedly underpinning this Paramedic distribution have been rebuked.

With the announcement of 500 new RRR Paramedics as part of the 2023/24 NSW Budget, there has been no open disclosure, let alone pre-emptive consultation, with APA (NSW) or our members about where these Paramedics will be deployed, or how many ICP/ECP specialists will be trained and funded as part of the roll out.

**2. Ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics, and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered**

Neither of these recommendations have been implemented with meaningful impact since May of 2022.

There is currently a highly inequitable distribution of paramedics at all levels, particularly the distribution of ICPs and ECPs. RRR NSW is still entirely left out of ongoing ECP coverage, and has very minimal ICP coverage. This will be explored in more detail below.

Due to a complete lack of transparent information sharing from NSW, APA (NSW) is unable to verify whether ambulance deployment modelling has been updated to reflect present day demand. NSW Ambulance steadfastly refuses to share the resource modelling undertaken by external consultancy agencies with APA (NSW), and has refused to do so even with the NSW Parliament during their recent inquiry into the use of consultants by NSW Government agencies.<sup>12</sup>

However, our members continue to report that, despite the mass recruitment of new Paramedics as part of the 2022 SWIFT program, RRR communities in particular continue to suffer from significant staff shortages and insufficient community coverage.

Particularly noteworthy has been the steadfast refusal of NSW to ensure that ambulances are deployed as rostered, as prescribed by the above recommendation. *Planned Ambulance Rosters* (PAR) is the term used by NSW to refer to the minimum staffing levels it commits to providing. With the introduction of the 2022 SWIFT Paramedic uplift, which is bringing over 1800 Paramedics into the service and opened or upgraded many stations around the state, there has been a disappointing refusal to commit to deploying ambulance as per the new and upgraded rosters.

---

<sup>12</sup>

<https://www.parliament.nsw.gov.au/lcdocs/other/18343/AQoN%20and%20SAQoN%20-%20NSW%20Health%20-%20received%20%20August%202023.pdf>, p. 7



For RRR stations on the east coast who have received SWIFT upgrades, this has meant crews at stations such as Morriset (on the Central Coast) which have a new Paramedic module are consistently sent to work away from their local communities and cover staff absences in the Newcastle area, as there is no obligation for NSW to ensure these crews are used to maintain a lifted PAR number.

It has been an ongoing battle by APA (NSW) to push NSW to commit to PAR being raised commensurately with the stations and staff that are being brought online. This is a change that APA (NSW) has been consulting on with NSW for months – if not years. It has also been brought to the attention of NSW Labor multiple times throughout this year in consultative meetings.

It has not been confirmed to APA (NSW) officially as to whether the additional 500 RRR Paramedics announced this year will be added to PAR to ensure consistent deployment to rosters and proper community coverage for RRR communities.

**3. Expand the Intensive Care and Extended Care Paramedics program across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally**

This is a recommendation of particular significance to APA (NSW) and our RRR Paramedics.

APA (NSW) member Liu Bianchi noted in her 2021 evidence to the RRHI that, while there were 58 funded ECP positions in Metro Sydney at the time, there were no funded positions in regional areas beyond Wollongong and Newcastle.<sup>13</sup> Damningly, this complete absence of funded ECP positions in areas outside of Sydney, Wollongong, and Newcastle is still the reality in October of 2023.

---

<sup>13</sup>

<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/Report%20no%2057%20-%20PC%202%20-%20Health%20outcomes%20and%20access%20to%20services.pdf> p. 130

While more ICPs have been trained and deployed across RRR NSW since May 2022, there are too few, and unnecessary systemic policy barriers within NSW prevent already trained ICPs and ECPs from working in RRR stations.

Alongside additional funding for specialist positions, removing “location limits” is the measure identified by APA (NSW) members as one of the key barriers preventing the distribution of specialist ICP and ECP Paramedics to Regional and Rural NSW. Location limits refers to the policy that prevents already qualified ICPs and ECPs from retaining and therefore using their specialist qualifications when moving to regional locations that are not one of the very few existing stations permitting specialist practice.

After the original RRHI, the then Coalition government supported the above recommendation in principle. It was a noted initiative to support in their *10-Year Regional Health Strategic Plan* to be “supporting Paramedics to become Intensive Care Paramedics and rolling out Specialist Intensive Care Ambulances in regional NSW.”<sup>14</sup> NSW Labor, then in opposition, also pledged to implement it. During the current Government’s election campaign in 2023, expanding the specialist program was a publicised campaigning item, with publicity material identifying that “in particular there were entrenched policy barriers that prevented Intensive Care and Extended Care Paramedics working in rural and regional NSW.”<sup>15</sup>

Disappointingly, in response to the 2022 Ramping inquiry, the current government has back flipped on the position they had alluded to in their campaign materials and response to the RRHI, by rejecting the recommendation to scrap location limits for ICP and ECPs.<sup>16</sup> This was the only recommendation from the Ramping inquiry that was outright rejected. While this rejection was stated to be based on not being able to ensure skills maintenance for regional specialists, this is an issue that APA (NSW) has provided a number of practical solutions to on multiple occasions.

---

<sup>14</sup> <https://www.health.nsw.gov.au/regional/Publications/regional-health-strategic-plan.pdf>, p.25

<sup>15</sup> See Annexure 1: LABOR TO BOOST RURAL AND REGIONAL PARAMEDICS

<sup>16</sup>

<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2892/Government%20response%20-%20PC%20-%20-%20Ambulance%20ramping.pdf>, p.6

The lack of local specialist training continues to mean that RRR Paramedics do not have the accessible option to upskill and better serve their communities. RRR Paramedics constantly reiterate to APA (NSW) their desire to become specialists, yet explain the barrier of moving away from their home communities and families for training and accreditation in Sydney or other far-away centres means this is functionally impossible for them. This particularly limits the ability for more experienced Paramedics, who may have families or caring responsibilities, from accessing the training needed to provide more comprehensive and badly needed care to their communities.

**5. Undertake a review of the efficacy of the current call triaging system and referral services.**

To APA (NSW)'s knowledge, NSW has not undertaken a review of this sort. The inefficacy of call triaging systems and referral services continues to undermine the ability for already thinly stretched RRR Paramedics to be available for the most pressing emergencies, and a lack of appropriate referral services places continued pressure on an already overburdened Ambulance and hospital system.

**R. 40 – “That NSW Health and the rural and regional Local Health Districts:**

- commission an independent review of workplace culture including complaints management mechanisms and processes to align with a culture in which feedback from staff is encouraged, based on values of openness, continuous improvement and Respect implement complaints management training for staff, particularly those in management positions
- commission the conduct of independent and confidential staff satisfaction surveys to measure progress and cultural improvements over time
- review and enhance whistle blower protections to ensure staff feel comfortable in speaking up, with training material to be developed and implemented across the Local Health Districts to support this change
- develop and fund a plan to eliminate bullying and harassment within the rural and regional Local Health Districts.

It is APA (NSW)'s understanding that there has not been significant progress on these recommendations since May of 2022, insofar as they include the treatment of Paramedics in the workplace and their ability to safely raise complaints and incidents of occupational violence.

APA (NSW) has not, since May of 2022, been contacted or made aware by NSW Health in relation to any independent reviews of workplace culture including complaints management mechanisms and processes for staff feedback, nor the conducting of independent and confidential staff satisfaction surveys for progress and cultural improvement measurement.

## **Annexures**

Annexure 1: LABOR TO BOOST RURAL AND REGIONAL PARAMEDICS



[← Back to Media](#)

## LABOR TO BOOST RURAL AND REGIONAL PARAMEDICS

[SHARE ON TWITTER](#)

[SHARE ON FACEBOOK](#)

**A Minns Labor Government will begin the long task of repair and structural reform of the delivery of health care services across New South Wales, beginning with a boost to rural and regional paramedics.**

The first phase is a \$150 million commitment to fund an additional 500 paramedics in Labor's first term, to ease the burden of chronic paramedic shortages and the unprecedented strain on our rural and regional health system.

This new workforce will be spread across areas with the most need – to be determined following significant consultation with health care professionals.

Labor in government will also be working to progressively upskill new and existing paramedics to intensive care and extended care paramedics – meaning they can deliver more life-saving and compassionate care 24 hours a day, and ease pressure on our hospitals.

**For the last decade under the NSW Liberals and Nationals, health care in the regions has been in a state of crisis.**

A landmark parliamentary inquiry, which Labor fought to establish, shone a light on a decade of mismanagement, leading to significant gaps in service delivery and a dire shortage of clinicians and healthcare professionals across our regions.

The lack of access to highly skilled paramedics and slower ambulance response times was an issue that was raised consistently in the inquiry. It found that rural and regional NSW was underserved by paramedics of all levels, and in particular there were entrenched policy barriers that prevented Intensive Care and Extended Care Paramedics working in rural and regional NSW.

### **Perrottet Claims That 'WestConnex' Is Now A Tourist Attraction**

The NSW Liberals don't understand the cost of living pressures that Western Sydney is facing, particularly when it comes to the rising cost of tolls on working families.



### **Sydney Hits One Million Tolls Under Perrottet**

Dominic Perrottet's legacy of gouging Western Sydney with tolls will come under the spotlight

Ambulance response times have been trending down in NSW for a decade. The latest data from the Bureau of Health Information (BHI) for the April to June 2022 quarter found that patients waited longer even for an ambulance, than any time since reporting started.

For the highest priority life threatening callouts, only 57.6 per cent meet the clinical benchmark – down from 72.6 per cent 12 years ago.

Sadly, the issue is worse outside our cities. In the most recent quarter, 58.9 per cent of callouts reached the 10-minute benchmark in metro areas, but only 54.7 per cent in rural areas.

Right now, NSW has the second-worst ambulance response times in Australia. We also have the second-fewest number of paramedics per person, well below the national average, and substantially behind states like Victoria and Queensland.

As a result, our paramedic-attended heart attack survival rates are the second worst in the country, at only 43.6 per cent (compared to over 58 per cent in Victoria and Queensland).

**NSW Labor will also seek bipartisan support for an in-principle agreement to the outcomes of the NSW Government’s taskforce that has been established to look at professional recognition for paramedics across the state.**

Professional recognition for paramedics will formally acknowledge the change in education, training and skills required of paramedics over the years.

Professional paramedics will offer significantly enhanced scope of emergency health care across NSW, and help to ease pressure on emergency departments.

This follows an announcement recognising paramedic practitioners in Victoria, and is modelled on the United Kingdom, where paramedics attend more complex callouts, can give more medications, and use more advanced equipment than they currently do.

NSW Labor looks forward to the findings of the taskforce, and will look to implement the findings in government.

This commitment is the first of many required steps to repair the New South Wales health system – in crisis after a decade of mismanagement and underinvestment.

**NSW Labor Leader Chris Minns said:**

of a NSW parliamentary inquiry hearing today.



### **Labor's Plan To Rebuild NSW**

NSW Labor today outlined a positive plan to help New South Wales avoid an economic crisis after almost four months of lockdowns and restrictions from COVID-19.



### **Marsden Park High School Fast-Track Needed As Teacher Vacancies Show Strain On Sydney's Growing West**

NSW Labor today met with parents from North West Sydney to push for construction to begin on the promised Marsden Park High School.





“ The New South Wales system cannot cope with another four years of Band-Aid solutions.”

“We need long term, structural repair and this announcement from Labor today is only the beginning.”

“I want to thank the hardworking paramedics, especially those in the regions who go to work every day and do the very best they can in difficult circumstances.

“I’m interested in finding long term solutions to the health crisis in New South Wales. It’s not an easy task but I am determined to do it.

**NSW Shadow Minister for Health Ryan Park said:**

“Our ambulance services, but particularly those in rural and regional areas are in desperate need of an injection of resources to fix the mess, and the shortages crippling our health network.

“It’s like going to work with one hand tied behind your back.

“This Government has had 12 years – and they’ve failed to address chronic issues in our health system. This has meant chronic shortages and an overstretched and overwhelmed ambulance network across the state.”

“A Minns Labor Government will begin the task of repairing that”.

**CHECK OUT OUR FRESH  
START PLAN**



Authorised by Chris Minns, Suite 1/22-24 Regent St,  
Kogarah NSW 2217.

