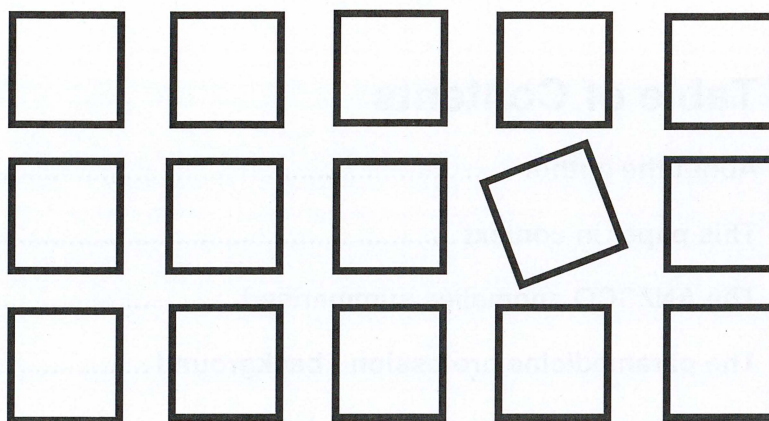


Occasional Paper



## The ANZSCO Anomalies:

An examination of the Australian and  
New Zealand Standard Classification  
of Occupations (ANZCO) for paramedicine

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## About the author

This paper outlines the anomalous occupational classifications for the profession of paramedicine in Australia and the need for review. The author is Adjunct Associate Professor Ray Bange OAM and the paper is presented in a personal capacity.

The author's concern for the correct occupational classification builds on his extensive background in professional practice, education, accreditation, and regulation.

## This paper in context

The Australian and New Zealand Standard Classification of Occupations (ANZSCO) is jointly managed by the Australian Bureau of Statistics (ABS) and Stats NZ.<sup>1</sup>

ANZSCO is intended to cover all occupations in the Australian and New Zealand (NZ) labour markets and to ensure that statistics collected are useful to governments, educational institutions, international organisations, scientific, professional organisations, business enterprises, community groups and private individuals.

Currently, ANZSCO is largely based on the 2001 labour market. It has received minimal revision over the last two decades and is substantially out of date.

This paper discusses the anomalies associated with a key health professional workforce having more than 23,000 members in Australia – paramedicine – which the author opines is misclassified in terms of the skills level, sector location, and employment descriptors.

Occupational misclassification potentially distorts data collection and reporting as well as workforce assessment, funding, and employment placement within the health domain.

Among the reasons for the disparity between the present classification(s) and the real-world labour market are the changes in technology and best practice, educational pathways, and regulatory practices over the past 20 years.

These workforce and practice developments were recognised by the national registration of paramedics in Australia as independent health practitioners under the *Health Practitioner Regulation National Law Act* from 1 December 2018.

In Aotearoa New Zealand, paramedic services were designated as a health profession with the establishment of Te Kaunihera under the Health Practitioners Competence Assurance Act 2003 in 2020. Registration of paramedics commenced in March 2021.

The health sector has a strong focus on patient safety and regulation. Accurate and timely workforce information is crucial for effective policymaking and the long-term engagement of paramedicine in any integrated health strategy.

This paper outlines several deficiencies and proposes a change to the classification of paramedicine (profession) and paramedic (individual). These changes include:

- Creation of a new Minor Group 255 Paramedic as a Level 1 Health Professional with appropriate contemporary role descriptors and sub-categories.
- Removal of Paramedics from the current ANZSCO Unit Group 4111 Ambulance Officers and Paramedics, with the continuation of modified role descriptors to suit a technician Level 2 occupation.
- Renaming of the ANZSCO Unit Group 4111 to remove Ambulance Officers and Paramedics and substitution with a generic title such as Medical Technician.

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<sup>1</sup> While the text of this paper is written generally for the Australian context, similar observations apply to Aotearoa New Zealand with the outcomes resulting in the same recommendations.

## The ANZSCO anomalies summarised

From an overall perspective, poor occupational classifications can distort job descriptions, position vacancies and advertisements, as well as skew workforce placements and statistics. Misleading descriptors also may lead to the omission of a profession from health policy considerations and inhibit their wider deployment.

Examination of the current ANZSCO classifications shows that a major adjustment is required for paramedicine to reflect contemporary practice and skills requirements.

The author emphasises the importance of recognising the paramedicine cohort as part of the available health workforce for statistical, policy, planning, and development purposes across Commonwealth, State and Territory jurisdictions.

This recognition would see paramedicine identified in policy and other documents as a discrete health workforce - potentially aligned with Allied Health or as a separate professional cohort - with paramedicine engaged consistently as one of the key stakeholders in policy deliberations on healthcare and overarching health policy.

ANZSCO currently lists paramedics (registered health practitioners) as a sub-professional classification under Major Group 4. Community and Personal Service Workers| MINOR GROUP 411 Health and Welfare Support Workers| UNIT GROUP 4111 Ambulance Officers and Paramedics (*see Appendix A*).

This listing is inconsistent with other registered health professions that work alongside paramedics and are classified under Sub-major Group 25 Health Professionals.

Classifying autonomous paramedics as Health and Welfare Support Workers is also anomalous. It does not reflect the contemporary practice regime of health professionals who daily make life and death assessments and perform complex health interventions.

The listing of paramedics under the Unit Group title of 4111 Ambulance Officers and Paramedics is also misleading by giving the impression that paramedics work only for ambulance services. That is not the case, and about 30% of paramedics in Australia are estimated to work outside the ambulance services.

The ANZSCO description of tasks also includes activities with a lower level of accountability and responsibility for patient care and patient safety than would normally be associated with a contemporary paramedic.

The Paramedicine Board of Australia (PBA) has published the required qualifications and capabilities for registration as a paramedic at a professional level. Among these responsibilities is the exercise of autonomy in areas of diagnostic reasoning and clinical decision-making that are consistent with professional level practice (Level 1), and which align with the entries for medicine, nursing and the other Allied Health Professions (AHPs) listed under ANZSCO Classification 25 Health Professionals.

More background on paramedicine is outlined in the following paragraphs.



## The paramedicine profession - background

The evolving role of the paramedic, technological change, new research findings into best practice interventions and increasing community expectations have all contributed to increased educational requirements and practice competencies.

Advances in clinical procedures and the administration of medications have seen the introduction of advanced practices that enable paramedics to deliver a high order of emergency care along with primary patient management strategies.

These advances have highlighted the need for greater clinical knowledge, continual professional development, and regular validation of competency. The educational demands to meet the clinical and operational requirements of paramedic practice go well beyond the application of static protocols and technical skills.

They include studies in anatomy, physiology, pathophysiology, pharmacology, and other areas that enable paramedics to make immediate and independent decisions in the field. Paramedics must hold accredited university degree level qualifications (or equivalent) for registration by the Paramedicine Board of Australia (PBA) or Te Kaunihera in New Zealand.

National registration of paramedics in Australia and New Zealand has been adopted only following many years of rigorous assessment and recognition of the professional basis for paramedicine and the existence of a significant body of knowledge and research.

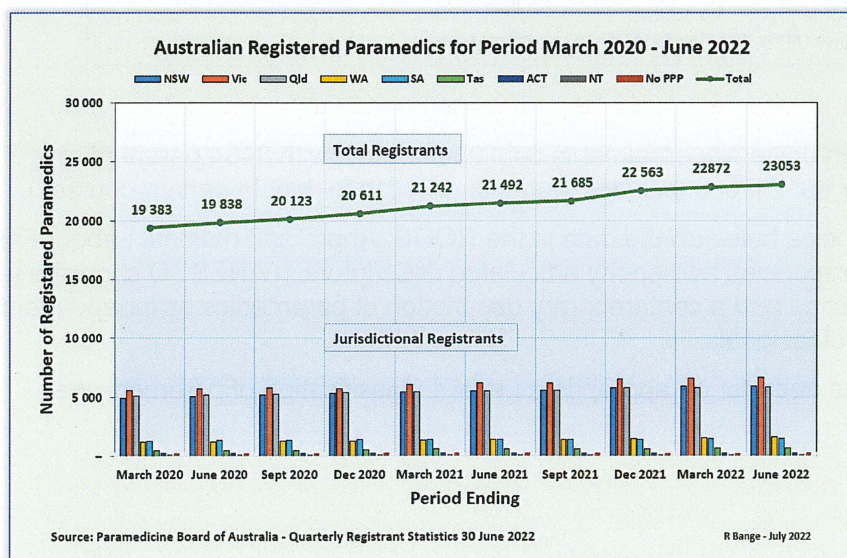
### *The registered paramedicine cohort*

The paramedicine cohort has a sizable number of practitioners widely distributed across Australia. The most reliable and accessible workforce data are the statistics from the Australian Health Practitioner Regulation Agency (Ahpra) and the related PBA publication of the latest quarterly summary of all registered paramedics.

Operational data for ambulance services are provided in the annual Report on Government Services (ROGS) published by the Australian Productivity Commission.

ROGS statistics only cover the subset of paramedics employed by government-funded public ambulance services. It does not include military medics and those working for other government services.

It also omits the contributions from various private aeromedical and land-based service providers and individual practitioners working across other settings – ranging from medical clinics and hospitals to industrial settings.





Estimates prepared from PBA statistics and the ROGS 2022 report indicate that about one-third of registered paramedics do not work for jurisdictional ambulance services. Based on the PBA's most recent statistical summary showing Australia had 23503 paramedics at the end of June 2022 that would mean about 6900 (30%) potentially work outside the ambulance service sector.

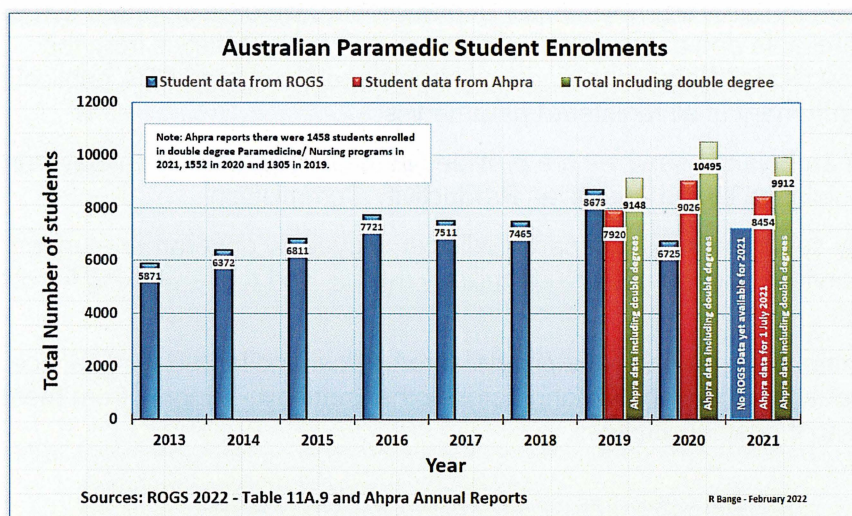
Only estimates can be made because ambulance services do not transparently report the number of registered practitioners they employ and the COVID pandemic has distorted recent recruitment patterns that are not yet reflected in ROGS data.

The number of paramedics employed by Australian and NZ ambulance services is likely to see an increase in 2022/23 because of recent boosts in health funding and staffing in response to the COVID pandemic.

### **Education of paramedics**

Paramedicine is a popular university program, with the number of Australian graduates annually substantially exceeding the past patterns of recruitment by the jurisdictional ambulance services.

Program popularity can be seen in the ATAR scores for those universities providing nursing and paramedicine courses. For this subset of enrolments, the paramedicine ATAR is consistently higher than for nursing.



Nationally, Australian university enrolments continue to grow with 8454 paramedicine students in 2021 (or 9912 if one includes students enrolled in double degree courses).

There are discrepancies between the data in the ROGS, Ahpra and national Labour Force reports. These discrepancies and poorly articulated descriptors in ANZSCO show the need for better data collection and a contemporary description of paramedics as independently registered health professionals.

They underscore the need for an appropriate Level 1 classification of paramedicine.

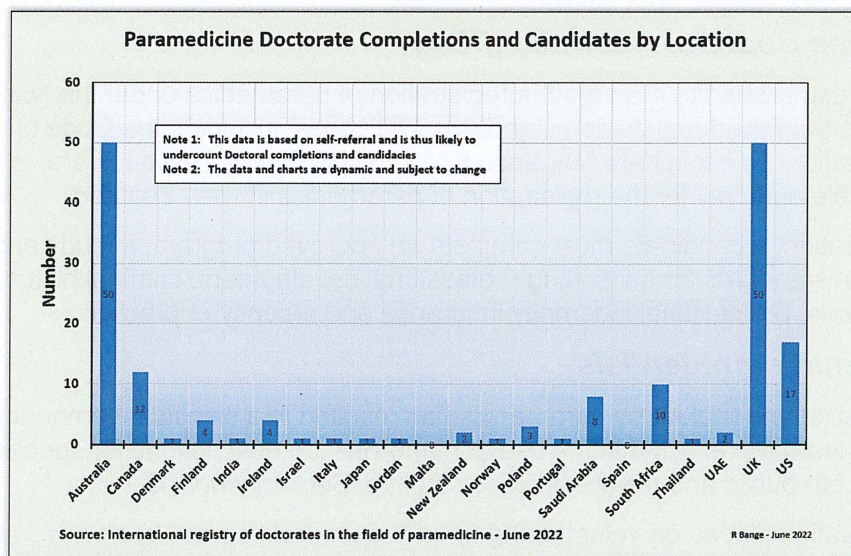


## Paramedicine research

The extent of original research is a common indicator of the level of professional practice. Disciplines registered under the Ahpra framework commonly have linked fields of research.

The research being undertaken by Australian and NZ paramedics is generating a substantial volume of world-leading research at Master's, Doctoral and post-Doctoral levels. These research activities are well-established, together with cross-linkages to internationally renowned centres of research.

Acknowledging the scope and importance of these activities, the ABS and Stats NZ have included paramedicine as a specific field of research within the Australian and New Zealand Standard Classification of Research (ANZSRC).<sup>2</sup>



Paramedics are recipients of multiple Churchill Fellowships and other significant awards, including a national Westpac Future Leaders Scholar award in 2022. A recent NZ example is the Tauira Rata Excellence in Research award by the TeOhuRata (Māori Medical Practitioners Association).

At an institutional level, the Pre-hospital Emergency Care Australia, and New Zealand (PEC-ANZ) Centre is a National Health and Medical Research Council Centre of Research Excellence. It provides further evidence of the high regard for related paramedicine research undertaken in Australia.

## Publications and international collaboration

On a per-capita basis, Australia is a significant outlier for research activity and international collaboration. Students pursuing undergraduate and Master's level programs and Doctoral research in paramedicine at Monash, Charles Sturt and other Australian Universities come from across the world for study and research, including Canada, the Middle East, Singapore, Taiwan, the United Kingdom and the United States of America.

The Australasian College of Paramedicine publishes an international peer-reviewed journal 'Paramedicine' with an international editorial team to ensure the quality, reach, and impact of research and to enhance the transfer of knowledge.

These research and publication activities are consistent with a professional level of endeavour and classification of paramedicine as a Level 1 professional.

<sup>2</sup> Bange R, ANZSRC – Final Classifications to include Paramedicine, The Paramedic Observer, Facebook, 1 July 2021. <https://bit.ly/3aZYCW1>



### ***Paramedic registration and protected title***

A person must not use the title 'paramedic' unless they are registered under the Health Practitioner Regulation National Law (National Law). Under the National Law, each health profession has a national board whose role is to *'register suitably qualified and competent persons in the health profession'* and *'decide the requirements for registration or endorsement of registration in the health profession, including the arrangements for supervised practice in the profession'*.

The Act provides for registration in recognised specialities and divisions within the professions but currently, there are no specialities within the profession of paramedicine. This is important when it comes to the ANZSCO nomination of an unregulated job title such as *'Intensive care Paramedic'* or *'Ambulance Paramedic'*.

### ***The Paramedicine Board of Australia (PBA)***

The PBA has been established to manage the registration of paramedics under the National Law. The Board has published registration standards and codes, including the Code of Conduct for Paramedics. Te Kaunihera Manapou Paramedic Council (Te Kaunihera) is the equivalent responsible authority for the registration of paramedics in New Zealand.

To qualify for registration, a candidate must complete an approved program of study and meet the registration standards for continuing professional development, criminal history, English language skills, professional indemnity insurance and recency of practice.

### ***The capture of micro-credentials***

The breadth of practice undertaken by paramedics has resulted in a significant amount of micro-credentialled learning reflected in the use of numerous job descriptions for specific practice groups in both public and private practice settings. See *Appendix B*.

Historically, the valuation placed on volunteering or on-the-job training has been driven by individual employers and their background and industry experience. This can vary within regions and corporate focus.

However, occupational-specific certifications issued by reputable organisations are common and may carry an international impact (for comparability). These certifications increasingly have some form of digital badge or another form of validation.

The identification/selection of what roles might be considered for sub-classifications under ANZSCO should form part of regular industry surveys (for identification) with the threshold for recognition based on numbers and the perceived impact and longevity of the occupation.

### ***The capture of exceptional events***

An exceptional out-of-session major amendment process for ANZSCO should be applicable for rare or unusual events, for example, a new nationally registered profession or the advent of a nationally regulated or licenced workforce with nationally agreed or legislated titles.

In these circumstances, an ANZSCO classification should be adopted consistent with the titles to reduce confusion and support appropriate longitudinal reporting.

For example, paramedicine is an independent registered health profession and paramedic is a nationally protected title. The present classification in ANZSCO does not reflect this situation. Recognition of this major change with adjustment of the ANZSCO 'Ambulance Officers and Paramedics' category should have occurred at the time of registration in 2018.



# Concerns with the ANZSCO classification

## *The classification taxonomy*

Paramedics presently are not classified in ANZSCO under a Health or Allied Health professional category despite paramedicine being a nationally registered health profession. Instead, they are (erroneously) classified under the following hierarchy:

Major Group 4 Community and Personal Service Workers

SUB-MAJOR GROUP 41 Health and Welfare Support Workers

MINOR GROUP 411 Health and Welfare Support Workers

UNIT GROUP 4111 Ambulance Officers and Paramedics

Classifying autonomous paramedics with a well-established body of knowledge and practice regimes under SUB-MAJOR GROUP 41 Health and Welfare Support Workers is anomalous and inconsistent with the descriptions of other health professionals under the National Law.

The present classification does not reflect the contemporary practice regime of paramedics who daily make life and death assessments and perform complex health interventions. Other aspects of the ANZSCO classification are also not consistent with the national regulatory framework and title.

Paramedics don't easily fit any of the four existing ANZSCO SUB-MAJOR GROUP 25 Health Profession categories (who work closely with paramedics) which are:

MINOR GROUP 251 Health Diagnostic and Promotion Professionals

MINOR GROUP 252 Health Therapy Professionals

MINOR GROUP 253 Medical Practitioners

MINOR GROUP 254 Midwifery and Nursing Professionals

Rather than putting paramedics into an inappropriate group, they should be placed in a completely new MINOR GROUP that also provides for subsets or specialties that already exist and for which there are postgraduate university programs.

## *The use of Intensive Care Paramedic descriptor*

On the current Unit Group 4111 webpage, the ANZSCO classifications indicate that Intensive Care Paramedics (Aus) and Paramedics (NZ) are now classified as level 1 occupations like other health professionals such as nurses, doctors, and dentists.

As noted above, there is a single legal term for a registered practitioner in Australia that applies to the individual and has no employer association. The title is 'paramedic'

The differentiation between jurisdictions is aberrant, since Australian and NZ paramedics are essentially the same, with similar regulatory oversight and standards, as well as accredited entry to practice university educational programs.

Under the Trans-Tasman Mutual Recognition Agreement,<sup>3</sup> there is provision for paramedics registered in one country to seek registration in the other. This reciprocity provision recognises registered paramedics from both jurisdictions on an equal footing.

The descriptors are also erroneous since there is no registered title in Australia as an *Intensive Care Paramedic*. A plethora of titles is used across Australasian employers and *Appendix B* lists only ambulance services. There is no consolidated coverage of the private sector which historically has used titles like those in the ambulance sector.

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<sup>3</sup> *Trans-Tasman Mutual Recognition Act 1997*, New Zealand Parliament. <https://bit.ly/3PB1yxj>



### ***The linking with the 'Ambulance' prefix as a descriptor***

Paramedics across both Australia and NZ are registered as paramedics, not as '*ambulance paramedics*' or any other descriptive title. That is, they are registered as individuals just like medical practitioners, dentists, nurses, and other registered health practitioners under the National Law. Paramedic stands alone as a protected title.

The continued linkage to an employment setting creates confusion and issues of presentation and perception both for the public and the data community. A paramedic does not need to be employed by or associated with an ambulance service to call themselves a paramedic.

The description of Ambulance Officer is a generic employment term that may apply to a nurse, medical practitioner, or other employees of an ambulance service.

As shown by *Appendix B*, the *Intensive Care Paramedic* designation is a job title only - not a registered role.

You don't have to be an *Intensive Care Paramedic* to be registered in Australia, and nowhere does registration require employment by a specific employer to qualify for recognition as a nurse, dentist or medical practitioner.

The classification adopted for paramedics should be consistent with a stand-alone, independently regulated role that creates a competent and accountable health professional.

### ***Inappropriate job descriptions***

The current job description for a paramedic is simplistic and conflates technician-level tasks with the contemporary professional roles of paramedics who assess, diagnose, administer restricted medicines, perform advanced medical procedures, and establish/ implement treatment and referral plans.

A contemporary set of role descriptions is required, appropriate for a new MINOR GROUP to suit a contemporary paramedic registered under the National Law.

### ***Workforce data confusion and errors***

The Commonwealth Health Workforce Data and the ABS Labour Force Survey 2021 report that there were 944 paramedics under ANZSCO level 1 across Australia (the actual title listed is: Intensive Care Ambulance Paramedic).

Even adding the number identified as Ambulance Officers at Level 2 there is little relationship to the accurate Ahpra (PBA) statistics for the same period.

Examining the same data sources for the listed occupation of Ambulance Officer under ANZSCO level 2 (who might be paramedics) indicates there were 12,687 across Australia.

Combining these Level 1 and Level 2 Labour Force Survey data provides a workforce number that is significantly different from the total number of registered paramedics.

The adjustment of the historical classifications and the creation of a new professional classification of (say) MINOR GROUP 255 Paramedics should have occurred in 2018. Until such action is taken no confidence can be placed in the data that surrounds reporting based on the ANZSCO classifications.



### ***Misclassified Patient Transport Officer***

The current classification of PTO (Patient Transport Officer) is misleading as it generates the perception that a PTO is a specialist category of paramedic or Ambulance Officer.

The PTO is a job title commonly used for an employee within a private or public agency - usually for someone working on non-emergency patient transport (NEPT). This does not prevent a paramedic, medical practitioner, or nurse from taking on the lesser role of a PTO if the need arises.

In some jurisdictions, there may be a licencing scheme and formal regulations for patient transport, but this is not universal. PTOs are not registered health practitioners, and in jurisdictions without a licencing scheme, a PTO may have not completed anything more advanced than a first aid qualification.

Whilst the PTO fulfils an important role within the health and care system, a PTO is not a sub-specialty of paramedic but a technician, support, or delegated workforce with a lower level of education and training than a paramedic.

Where there is a licencing scheme, the standard entry-level course is generally based on the VET sector - HLT31120 - Certificate III in Non-Emergency Patient Transport. The scope of practice is defined in some regulated settings and is normally set at a level that the author believes would suit a Level 2 classification.

The number of PTOs working across Australia is unknown. For ambulance services, the ROGS report provides a limited dataset, but there is an unknown number of PTOs (and related health workers) in the private sector.

Since PTOs are also employed by private entities, this is another reason why they should not be included under an 'Ambulance' category in ANZSCO ('ambulance' generally being a legislated and protected term under various Acts).

### ***The strange classification of Industrial Paramedic***

The occupation of Industrial Paramedic as a specialisation of UNIT GROUP 441211 Emergency Service Worker at Skill Level 3 is not consistent with real-life practice.

Industrial paramedic is a term in relatively common use for a paramedic working outside the ambulance service umbrella on fixed locations or sites. It might be more appropriately considered as a specialisation of the general occupation of paramedic.

## **Modification of the ANZSCO listing for paramedics**

### ***Creation of a new MINOR GROUP 255 Paramedics***

Care needs to be applied in ensuring that changes to classification codes do not unduly affect longitudinal data. That is, the introduction of new Codes should be based on a sustainable cohort that is established and recognised within the relevant industry/profession/trade.

However, with significant errors evident and distorting labour workforce data, action should be taken to modify the ANZSCO classifications to better reflect the reality of the Australian and NZ workforce.

With more than 23,000 registrants in Australia alone, paramedics form a significant professional cohort that justifies recognition as an independent Minor Group.

Major modifications to a classification need to be countenanced to cater for change. While a 5 year-cycle appears reasonable, that may lead to inconsistencies over extended periods where significant changes occur that are 'out of cycle'.



There should be provision for new classifications for rare events such as the advent of a new nationally registered profession, or a nationally regulated or licenced workforce with nationally agreed or legislated titles such as occurred with paramedicine in 2018.

A more relevant classification for paramedicine aligned with their professional role would be to have a new ANZSCO MINOR GROUP classification within the Major Group 2 Professionals| SUB-MAJOR GROUP 25 Health Professionals.

Paramedicine specialties may then be incorporated over time as they become more defined and the practice numbers in each group increase.

A new Health Professional Minor Group classification is proposed as follows:

MAJOR GROUP 2 Professionals

SUB-MAJOR GROUP 25 Health Professionals

MINOR GROUP 255 Paramedics

This would align the classification of paramedics with their registered work colleagues and expand the Health Professionals Group to become:

MINOR GROUP 251 Health Diagnostic and Promotion Professionals

MINOR GROUP 252 Health Therapy Professionals

MINOR GROUP 253 Medical Practitioners

MINOR GROUP 254 Midwifery and Nursing Professionals

MINOR GROUP 255 Paramedics

Typical subsets might be (illustrative only):

255 Paramedics

2551 Paramedic Managers

255111 Paramedic Manager

2552 Paramedic Academics and Researchers

255211 Paramedic academic

255212 Paramedic researcher

2553 Paramedics

255311 Paramedic (Consultant / Practitioner)

255312 Paramedic (Community / Primary Care)

255313 Paramedic (Critical Care / Intensive Care)

255314 Paramedic (Emergency Ambulance) etc.

The number and type of lower-order codes or subcategories should be subject to consultation and growth within the profession.

### ***Consequential amendment to the present UNIT GROUP 4111***

With the removal of 'Paramedics' from the ANZSCO UNIT GROUP 4111 Ambulance Officers and Paramedics, the remaining title would be Ambulance Officers, which is specific and inadequate to capture the technician or Level 2 operatives that provide support across the health and care domains beyond the ambulance services.

The current UNIT GROUP 4111 Ambulance Officers and Paramedics thus should be renamed to a suggested generic term of Medical Technician (or similar) with an amended set of role descriptors providing coverage of this workforce cohort across both the public ambulance and private service sectors.

## Recommendations

With major errors evident in the labour workforce data, action should be taken to modify the ANZSCO classifications to better reflect the reality of the Australian and NZ workforce.

References to paramedicine (profession) and paramedic (individual) should be removed from the current ANZSCO classification in Unit Group 4111 and placed within a new Health Professional category where they belong as registered health practitioners.

### **Recommendation 1**

That the ANZSCO classification for paramedic be amended, with the creation of a new Minor Group classification of 255 Paramedics with an amended and contemporary set of role descriptors consistent with contemporary practice and registration; and that all reference to paramedic be removed from the current ANZSCO classification Unit Group 4111 Ambulance Officers and Paramedics.

### **Recommendation 2**

That the current ANZSCO classification Unit Group 4111 Ambulance Officers and Paramedics be renamed to a (suggested) generic title of Medical Technician with a modified set of role descriptors, providing coverage of this workforce across both the ambulance and private service sectors (with potential subsets such as PTO).

This modification should consider alignment with the current Unit Group 3112 Medical Technicians or specifically 311299 Medical Technicians nec at Skill Level 2.

### **Recommendation 3**

That the Commonwealth, State and Territory jurisdictions review related documentation and position descriptions to ensure they reflect contemporary professional descriptions for paramedics and facilitate the appointment of paramedics and other AHPs to positions within the system on a functional basis.

More generally, to ensure appointments are made on merit from across the spectrum of available health and care practitioners, job descriptions within the various Departments of Health should be reviewed to minimise profession-based descriptors other than when needed for clinical purposes.



## Abbreviations

The following abbreviations are used in this paper.

<b>AHP</b>	Allied Health Profession(al)
<b>ABS</b>	Australian Bureau of Statistics
<b>Ahpra</b>	Australian Health Practitioner Regulation Agency
<b>ANZSCO</b>	Australian and New Zealand Standard Classification of Occupations
<b>ANZSRC</b>	Australian and New Zealand Standard Classification of Research
<b>ATAR</b>	Australian Tertiary Admission Rank
<b>National Law</b>	Health Practitioner Regulation National Law
<b>NEPT</b>	Non-Emergency Patient Transport
<b>NZ</b>	New Zealand
<b>Stats NZ</b>	Stats NZ Tatauranga Aotearoa is New Zealand's official data agency.
<b>PBA</b>	Paramedicine Board of Australia
<b>PTO</b>	Patient Transport Officer
<b>ROGS</b>	Report on Government Services (Productivity Commission)
<b>Te Kaunihera</b>	Te Kaunihera Manapou Paramedic Council (New Zealand)

**Paramedic** - A registered professional health care practitioner whose education and competencies empower them to provide a wide range of medical procedures and care in diverse settings including out of hospital and unscheduled care situations.

**Paramedic Service** – A provider of health care and related services using paramedics as the principal practitioner resources (public entities in Australia are commonly known as ambulance services).

## Appendix A – ANZSCO Classification 4111 (22/08/2022)

### **4111 Ambulance Officers and Paramedics**

Ambulance Officers and Paramedics provide emergency health care and transport for injured, sick, infirm and aged persons to medical facilities.

#### **Indicative Skill Level:**

The occupation Ambulance Officer in this unit group has a level of skill commensurate with the qualifications and experience outlined below.

#### **In Australia:**

- AQF Associate Degree, Advanced Diploma or Diploma, or at least three years of relevant experience (ANZSCO Skill Level 2)

#### **In New Zealand:**

- NZQF Diploma, or at least three years of relevant experience (ANZSCO Skill Level 2)

In some instances, relevant experience and/or on-the-job training may be required in addition to the formal qualification.

The occupation Intensive Care Ambulance Paramedic (Aus) / Ambulance Paramedic (NZ) in this unit group have a level of skill commensurate with the qualifications and experience outlined below.

#### **In Australia:**

- AQF Bachelor degree or higher qualification. At least five years of relevant experience may substitute for the formal qualification (ANZSCO Skill Level 1)

#### **In New Zealand:**

- NZQF Bachelor degree or higher qualification. At least five years of relevant experience may substitute for the formal qualification (ANZSCO Skill Level 1)

In some instances, relevant experience and/or on-the-job training may be required in addition to the formal qualification.

Registration or licensing is required.

#### **Tasks Include:**

- attending accidents, emergencies, and requests for medical assistance
- assessing health of patients, determining need for assistance, and assessing specialised needs and factors affecting patients' conditions
- performing therapies and administering drugs according to protocol
- resuscitating and defibrillating patients and operating life-support equipment
- transporting accident victims to medical facilities
- transporting sick and disabled persons to and from medical facilities for specialised treatment and rehabilitation
- instructing community groups and essential service workers in first aid
- attending public gatherings and sporting events where accidents and other health emergencies may occur
- ensuring that ambulances are adequately maintained and stocked with medical supplies, and that equipment is in good working order
- preparing written reports on the state of patients' injuries and treatment provided

#### **Occupations:**

- 411111 Ambulance Officer
- 411112 Intensive Care Ambulance Paramedic (Aus) / Ambulance Paramedic (NZ)

### **411111 Ambulance Officer**

Provides specialised transport services and emergency health care for injured, sick, infirm, and aged persons. Registration or licensing is required. Skill Level: 2

#### **Specialisation:**

- Patient Transport Officer

### **411112 Intensive Care Ambulance Paramedic (Aus) / Ambulance Paramedic (NZ)**

Provides intensive pre-hospital health care to injured, sick, infirm, and aged persons and emergency transport to medical facilities. Registration or licensing is required.

Skill Level: 1

## Appendix B – Indicative Australasian Ambulance Service job titles – Page 1

Paramedics Australasia role description		Jurisdictional ambulance service									
		Tasmania	Victoria	ACT	NSW	Queensland	South Australia	St John New Zealand	St John NT	St John WA	Wellington Free
Retrieval Paramedic (postgraduate study)		Intensive Care Flight Paramedic	Mobile Intensive Care Ambulance Flight Paramedic	Flight Intensive Care Paramedic	Critical Care Paramedic	Critical Care Paramedic Flight Paramedic	Retrieval Paramedic		Critical Response Unit Paramedic	Critical Care Paramedic	Intensive Care Flight Paramedic
						High Acuity Response Unit Paramedic	Special Operations Team Rescue Paramedic				
Intensive Care Paramedic (postgraduate study)		Intensive Care Paramedic	Mobile Intensive Care Ambulance Paramedic	Intensive Care Paramedic	Intensive Care Paramedic	Critical Care Paramedic	Intensive Care Paramedic	Intensive Care Paramedic	Intensive Care Paramedic		Intensive Care Paramedic
General Care Paramedic (postgraduate study)		Extended Care Paramedic		Extended Care Paramedic	Extended Care Paramedic	Local Area Assessment and Referral Unit Paramedic	Extended Care Paramedic	Extended Care Paramedic	Community Paramedic		Extended Care Paramedic
Paramedic (undergraduate study)		Ambulance Paramedic	Advanced Life Support Paramedic	Ambulance Paramedic	Qualified Paramedic P1	Advanced Care Paramedic 2	Paramedic	Paramedic	Paramedic	Ambulance Paramedic	Paramedic
No Paramedics Australasia equivalent	Armed Offender Paramedic				Special Operations Team Paramedic			Special Emergency Response Team Paramedic		Special Operations Team Paramedic	Tactical Emergency Medical Services Paramedic
	Urban Search and Rescue Paramedic				Special Operations Team Paramedic	Urban Search and Rescue Paramedic		Urban Search and Rescue Paramedic		Special Operations Team Paramedic	
	Wilderness Paramedic	Wilderness Paramedic			Remote Area Access Paramedic		Special Operations Team Rescue Paramedic				Rescue Paramedic

## Appendix B – Indicative Australasian Ambulance Service job titles – Page 2

	Jurisdictional ambulance service									
	Tasmania	Victoria	ACT	NSW	Queensland	South Australia	St John New Zealand	St John NT	St John WA	Wellington Free
Chemical, Biological, Radiological, Nuclear, Explosives Paramedic				Special Operations Team Paramedic			Hazardous Materials / Chemical, Biological, Radiological Paramedic			Chemical, Biological, Radiological, Nuclear, Explosives Paramedic
Mental Health Paramedic		Police, Ambulance, and Clinician Early Response Paramedic						Police, Ambulance, and Clinician Early Response Paramedic		Crisis Response Team Paramedic
Other primarily frontline roles	Advanced Life Support Flight Paramedic Advanced Life Support Response Unit Paramedic Aquatic Response Paramedic Paramedic Bicycle Paramedic Motorbike Paramedic Health Commander Clinical Instructor Manual Handling Facilitator Paramedic Educator Peer Support Paramedic			Qualified Paramedic 3 Qualified Paramedic 3C Advanced Life Support Paramedic Motorbike Paramedic Rescue Paramedic	Paramedic Advanced Care Paramedic 1 Bicycle Paramedic Advanced Care Paramedic 2 Flight Paramedic		First Responder Emergency Medical Technician Urgent Community Care Paramedic	Paramedic 5+ Intensive Care Paramedic 5+	Clinical Support Paramedic Community Paramedic	First Responder Emergency Medical Technician

Descriptors Table E&OE June 2022 (subject to change)

With acknowledgement to: Paramedic Matt Wilkinson-Stokes