People living in rural and remote Australia experience poorer health outcomes and have poorer access to health services compared to major cities. Mobilising the paramedic workforce has the potential to improve health outcomes for people living in rural and remote Australia. Data on the paramedic workforce for this fact sheet has been taken from the Australian Health Practitioner Regulation Agency (AHPRA) Paramedicine Board statistics, while the jurisdictional ambulance services data has been derived from the Report on Government Services (ROGS).

Who are paramedics?

Australian paramedics are generally associated by the public with the provision of emergency or unscheduled care to acutely ill or injured persons, predominantly in an out-of-hospital or primary care environment. This may involve complex patient assessments, triage, and clinical interventions, which may include the administration of scheduled medicines.

Under national legislation, paramedics are defined as being those people who are registered by the Paramedicine Board of Australia under the framework of the Australian Health Practitioner Regulation Agency (AHPRA). The title ‘paramedic’ is protected by law under the Health Practitioner Regulation National Law Act (National Law). In Australia, 17 universities offer accredited paramedicine entry-to-practice degree programs. Several universities offer postgraduate programs including Masters and Doctoral studies.

Scope of practice for paramedics

‘Paramedic practice’ or the ‘scope of paramedic practice’ is not specifically defined or described for the paramedicine profession by the National Law. A practitioner’s scope of practice is determined by their individual skills, training and competence, and may be described under the terms of their employment.

Employment of paramedics

Registered paramedics are predominantly employed by jurisdictional ambulance services which are public agencies, except for Western Australia and the Northern Territory where the public services are provided under contract by private not-for-profit entities (St John Ambulance).

There are well over 100 other employers of paramedics in the public or private sector. These employers include aeromedical retrieval and helicopter rescue services, surf lifesaving, resource companies, non-emergency patient transport organisations, event first aid providers, universities and the Defence Force (all branches).

How many paramedics are there?

As at 30 June 2019 there were 17,323 registered paramedics. While most of these are employed by ambulance services, the percentage varies across jurisdictions as shown in Figure 1. Nationally, there is a significant number of paramedics (estimated to be approximately 4,707) who may not work for an ambulance service.

The percentage of paramedics working in rural and remote areas also varies significantly across different jurisdictions. However, data providing a more detailed analysis of the number of paramedics by remoteness area was not available at the time of writing.
Source: Estimates provided by Adj Assoc Prof Ray Bange, HFANZCP, HFPA from Paramedicine Board of Australia data and Report on Government Services (2019)

**Characteristics of the paramedic workforce**

The Paramedicine Board of Australia reports that 43 per cent of registered paramedics are female, while 57 per cent are male. The workforce is relatively young, with a significant proportion of the paramedic workforce (70 per cent) in the public sector under 50 years of age. There is little consolidated data available on paramedics working independently or employed outside the jurisdictional ambulance services.

**Education and supply of paramedics**

Paramedicine is a popular choice of career study, with more than 7,511 paramedic students enrolled in entry-level paramedicine courses in 2017. More than 2,000 students are expected to graduate annually, adding to the already substantial surplus of graduates in excess of jurisdictional service demand. This situation offers the opportunity to utilise paramedics in new roles and settings where their capacity to operate in comparatively ‘uncontrolled’ settings can be used to advantage.

**Services in rural and remote areas**

In addition to employing paramedics, jurisdictional ambulance services engage over 6,000 volunteer ambulance officers, who are certified to provide first aid and other first responder services, and can also assist in the transport of patients. These personnel predominantly operate in rural and remote areas under ambulance service clinical governance systems.

Ambulance services also oversee more than 3,000 community first responders in a small number of metropolitan areas. Remotely-located registered paramedics are commonly described as community paramedics and recruit, train and supervise/mentor volunteers. This model of care is often referred to as community paramedicine.

Ambulance service volunteer personnel do not have the qualifications and experience to be registered paramedics and they generally work under the supervision of registered paramedics.

**Policy implications**

There is great potential and opportunity to better utilise the paramedic workforce to improve the health outcomes for people living in rural and remote Australia. In its recommendations on the key reforms required for the health care system to meet the challenges of the future, the Australian Health Care Reform Alliance highlights the need to change the health workforce structure and to improve work practices, and suggests the wider use of paramedics.

Overseas practice (principally in the UK) has shown that the health care system can benefit from new ways of working in interprofessional teams where the contributions of paramedics are recognised. A diverse health workforce could also ensure that the range of skills and knowledge held by practitioners is fully utilised, and so strengthen the focus on primary and community care.

Paramedics could be more widely used in areas such as vaccination, health monitoring, chronic disease management and counselling, and so complement the role of nurses, pharmacists and medical practitioners.

The number of paramedic students currently enrolled in tertiary education points to the ongoing availability of an educated workforce that is ready to work within the community, while filling the health workforce gap created by the dearth of rural physicians in Australia.

Much could be done to enable paramedics and other practitioners to deliver services more effectively, including the removal of barriers to individual practice, facilitating paramedic prescribing, and providing access to the Medicare Benefit Schedule (MBS) fee-for-service item numbers.

**References**