

Expanded-Scope Paramedic (ESP) role for rural ambulance services

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I wish to make a short submission to the Productivity Commission's research study into the health workforce in my capacity as the Associate Professor in Pre-hospital Care at Charles Sturt University. I am an active researcher into models of ambulance service delivery in rural Australia and along with others I am currently undertaking a research project for the Australasian Convention of Ambulance Authorities entitled 'The rural and regional ambulance paramedic: moving beyond emergency response.' Ambulance authorities in rural Victoria, Tasmania, South Australia and New South Wales and three universities (Charles Sturt University, University of Tasmania and Monash University) are participating in the project as collaborators. While my submission does not imply that I am speaking for others involved in the research project, I acknowledge their intellectual contribution to this submission.

The primary aim of the research project is to set strategic directions for an expanded-scope paramedic (ESP) role for Australian rural ambulance services that offers the potential to improve patient care and the general health of the community. The project is built around a conceptual framework focused around the ESP roles, and how these interact with other health professionals and community members. Potential enhancers and barriers to the extended role are identified as: technology; education; organizational factors; and legislation. Key characteristics expected from the expanded role are: responsiveness; accessibility, and continuity of care.

Why an Expanded-Scope Paramedic model for rural ambulance paramedics?

Increasingly, ambulance paramedics are becoming the first line primary health care providers in many small rural communities as other health care services contract through rationalisation and centralisation.^{1,2} Within a new ESP model, ambulance paramedics could have professional responsibilities throughout the cycle of care, such as in the prevention of injury and illness, responding to emergencies, facilitating recovery, and planning future strategies for a healthy community.³ They may also have an important role in the recruitment and support of community volunteers, who form an important part of the ambulance workforce.

Paramedics have the potential to be more closely integrated with other rural health service providers, and to more effectively utilise periods without emergency calls.^{3,4} The genesis of existing ambulance services within the public safety paradigm, has resulted in a strong reliance on hierarchical structures and relatively inflexible clinical protocols to regulate paramedic roles.³ As a result, pre-hospital models have been criticized for being isolated from other health services, overly reactive to acute illness and injury, focused on service to individuals, and for failing to fully use the available human and physical resources.^{4,5} These problems are particularly evident in rural settings where health care resources are limited.⁶ Locating rural pre-hospital care more firmly within the health system, with a greater focus on the continuum of care and health promotion has the potential to improve patient outcomes.³

The pre-hospital paramedic role has been reviewed in the United Kingdom (UK) and the United States of America (USA) with recent dialogue advocating an enhanced scope of ambulance paramedic practice.^{4,5,7-13} Some key factors driving this dialogue are: increasing demand in hospital emergency departments; decreasing home visiting by medical practitioners; and the increasing professionalisation of ambulance paramedics.^{1,2} The concept of expanding the role of ambulance paramedics has achieved recent prominence in Australia through the Australian College of Ambulance Professionals 2003 and 2004 National Conferences.

The USA *Agenda for the Future*, envisions Emergency Medical Services undertaking a community-based health management role that is fully integrated with the overall health system.¹⁴ In the UK, the Joint Royal Colleges and Ambulance Liaison Committee has set the agenda for expanding the scope of ambulance practice.¹⁵ These new pre-hospital models incorporate the chain of survival concept, but increase the depth of treatment and clinical decision-making, and include primary care activities.

Expanded-scope models have a strong foundation within the health professions, with the development of nurse practitioners^{16,17} and generalist allied health professionals in Australia, and with the implementation of both combined double degrees and generalist health science degrees for health professionals. These roles are increasingly recognised and formalised in Australia, with nurse practitioner roles now legislated in most states and territories, and appropriate training available.¹⁸

Increased awareness of the poorer health outcomes and poorer access to health services experienced by rural and remote Australians has led to a national focus on improving their health outcomes.¹⁹ The Commonwealth, State and Territory Governments and the National Rural Health Alliance (NRHA) *Healthy Horizons* framework is a guide for the future directions of health programs and services in rural and regional Australia. Key priorities are the development of flexible, integrated services with a responsive workforce supported by research.²⁰ Serious long-term recruitment and retention problems for rural and regional health workers in Australia have contributed to inequitable health service access for rural Australians; but new healthcare models, with flexible workforce roles are emerging in response.²¹ It is within this context in rural and regional Australia that expanded-scope paramedic roles are emerging. There is a need to develop more flexible and integrated services and new health workforce models, based on research evidence, to improve rural Australians health outcomes.

The emergence of ESP roles in Australia's rural ambulance services are driven by organisational needs, however there is limited research evidence of their impact, or the appropriate education and support needed.³ Care must be taken to ensure that an expanding paramedic role does not compromise emergency response, that appropriate educational programs are in place, and that medical supervision is maintained.²² Changes to paramedic roles need to be closely scrutinized to ensure that they bring positive public health outcomes.^{23,24} The outcomes from current and future research and evaluation will inform the debate amongst educators and ambulance services about the education an expanded-scope paramedic needs to competently render patient care in the out-of-hospital environment.^{4,7,25,26}

Evolving expanded-scope paramedic models are based on an understanding that if pre-hospital ambulance care was to become a fully integrated part of the health system, the more efficient use of limited health resources would improve the delivery of health services to rural and regional Australia. Expanded paramedic roles have the potential to improve performance measured against all nine dimensions of the 'Health system performance' tier of the National Health Performance Framework.²⁷

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