

Rural Ambulance Victoria (RAV) is responsible for the provision of ambulance services to 1.4 million people living and working in rural Victoria – an area of more than 215,000 square kilometres extending from the boundaries of Melbourne to the borders of NSW and South Australia. This represents 27% of the state's population and 65% of the land area.

As Australia's only exclusively rural ambulance service RAV has experienced first hand the impacts of the declining availability of medical services to those living in rural areas and are therefore supportive of the proposals in the Position Paper focused on workforce innovation and redesign and a multidisciplinary approach to the provision of primary healthcare in rural communities.

Developments in the United States and more recently in the United Kingdom have seen the role of the Paramedic evolving in response to similar issues identified in the Productivity Commission Position Paper. The NHS Modernisation Agency has identified that *"breaking down professional and traditional boundaries is central to modernising emergency care, whereby patients receive the highest standard of care, by an appropriately trained person, at an appropriate time, in the most appropriate setting."*¹ The UK Government has introduced higher education trained multidisciplinary Emergency Care Practitioners who are to provide a wider range of urgent care and primary health care skills in support of other healthcare providers.

Australian Ambulance Services are well placed to take a lead role in exploring innovative solutions to the provision of primary health and urgent care in rural and remote areas. They have well developed professional and community linkages, a highly trained rural workforce in the process of transitioning to the higher education sector across the country and strong medical and clinical governance frameworks which allow the consideration of delivery of a range of expanded primary health and urgent care services.

There is strong national interest from ambulance services to explore the concept of Extended Scope paramedic roles to address rural workforce issues and number of models under development or actively being piloted. This is supported by Professor Stephen Duckett's recent paper on workforce redesign which identified that *"... the roles of health professionals will need to change and workforce planning needs to place a stronger emphasis on workforce substitution, that is, a different mix of responsibilities. This will also require changes in educational preparation, in particular an increased emphasis on interprofessional work and common foundation learning."*²

Rural Ambulance Victoria has developed an innovative new paramedic service delivery model in SE Victoria designed to improve health outcomes and enhance urgent response capability within isolated rural communities with special needs which has potential applicability in other rural areas. This role is responsible for ensuring the ongoing viability and development of volunteer ambulance officer services, the development and delivery of community and emergency education programs with an emphasis on community building, health maintenance and prevention, and the provision of Advanced Life Support care in support of existing practitioners and health care agencies.

The progressive shift of paramedic education from the VET to Higher Education has provided an opportunity to further enhance paramedic skills and judgement and led to the development of an innovative dual paramedic-nurse degree at Charles Sturt University with other similar programs being considered by Victorian universities.

The recognition of the important role that volunteers play in the provision of healthcare in the Position Paper is also commended. Ambulance Services in particular rely heavily on volunteers to provide urgent care and ambulance transport services in rural and remote communities. Training of volunteers is conducted by ambulance services using qualifications within the VET Health Training Package and a current review Health Training Package qualifications has identified the opportunity for a greater range of electives to allow for portability between ambulance and other health and community services programs. In many cases emergency service education providers are the only VET providers in isolated communities and given the available infrastructure are well placed to potentially take on a greater role in the delivery of a broader range of VET programs or generic elective units of competency which in turn can contribute to the development of a broader range of health competencies and subsequent building of community social capital.

References

1. NHS Modernisation Agency, Department of Health (UK) 2004, The Emergency Care Practitioner Report - Right Skill, Right Time, Right Place. [on-line] www.dh.gov.uk/publications
2. Duckett SJ. Health Workforce Design for the 21st Century. Australian Health Review 2005:29(2):201-210