

# **Response to the Productivity Commission Paper on Australia's Health Workforce**

## **FOREWORD**

The Council of Ambulance Authorities Inc.<sup>1</sup> (CAA), the peak body representing the principal statutory and other providers of member ambulance services within the Asia Pacific Region, welcomes the opportunity to comment on the Productivity Commission Position Paper – Australia's Health Workforce.

Ambulance services within Australia provide a significant proportion of pre-hospital patient care services, employing over 8000 full time staff and more than 5000 volunteers. 2.3 million responses were recorded last year resulting in the treatment of 2,050,000 patients at a total cost of approximately \$1.3 billion.

It is a concern of the CAA to ensure that the capability and the capacity of ambulance services in providing health care in the community is recognised and taken into account when considering the future shape of the broader health workforce. Adding "ambulance" to the health equation broadens out general and primary care opportunities and gives greater workforce flexibility, especially in rural areas.

## **WORKFORCE INNOVATION**

The traditional role of ambulance services is under review in most jurisdictions with particular emphasis on future service delivery in rural and remote areas.

For a variety of reasons, including difficulty in accessing general practitioners and emergency departments, ambulance services are increasingly called upon to attend low acuity patients and those who do not require transportation. A similar situation exists in rural areas where in addition the changing role of community hospitals can mean longer transport time to an appropriate care facility. These reasons coupled with the community expectation of being assured of attention by ringing 000, have necessitated ambulance services boosting telephone advice systems and up-skilling paramedics as an interim measure.

The CAA has commissioned a research project "The Regional and Rural Paramedic – Moving Beyond Emergency Response"<sup>2</sup> which looks at the

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<sup>1</sup> The Corporate membership of the CAA comprises: ACT Ambulance Service; Ambulance Service of NSW; Metropolitan Ambulance Service (Vic); Rural Ambulance Victoria; Tasmanian Ambulance Service; SA Ambulance Service; Queensland Ambulance Service; WA St John Ambulance Service; Northern Territory St John Ambulance Service and St John NZ. The CEO's of these services form the governing body (the Board)

<sup>2</sup> Project being undertaken by Charles Sturt University - due for completion 1<sup>st</sup> quarter 2006

potential for extending the scope of practice for paramedics in the wider public health and primary care health delivery arena.

The Ambulance Service of New South Wales and the Queensland Ambulance Service, in conjunction with their respective health agencies, are currently exploring ways in which paramedics in addition to responding to injury, accident and medical emergencies can assist health professionals in the community

## **INTERNATIONAL MODELS OF CARE**

Ambulance services are particularly interested in developments and future directions in the United Kingdom, most of which are described in the recently released publication "Taking Health Care to the Patient"<sup>3</sup> The UK Government is at present considering this innovative proposal for a five-year strategy to improve service delivery to the community in a multi-disciplinary sense. The objectives of the strategy are to:

1. Improve the speed and quality of ambulance call taking, providing additional clinical advice on the phone, and work in an integrated way with partner organisations to ensure consistent telephone services for patients;
2. Provide and co-ordinate an increasing range of mobile healthcare for patients who need urgent care;
3. Provide an increasing range of other services, eg. primary care, diagnostics, and health promotion.

The benefits of the proposal are expected to be:

- Improved patient care since patients will receive the right response the first time;
- More patients treated in the community, lessening the impact on emergency departments;
- Greater job satisfaction for staff who are able to use a greater range of knowledge and skills;
- More efficient and effective use of NHS resources;
- Improvements in self care and health promotion.

## **FUTURE ROLE**

The ambulance service is a unique nationwide mobile health provider staffed by a skilled workforce assisted by advanced communication systems. There exists significant potential to better utilise these resources within the wider health service. The development of a qualification based on relevant nursing and paramedic skills similar to the UK 'practitioner' model is worthy of consideration. While the UK model is intended for areas of high population

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<sup>3</sup> Taking Health Care to the Patient – Transforming NHS Ambulance Services, UK Department of Health June 2005

density, the Australian demography with the tyranny of distance factor suggests such a model could benefit rural and remote communities equally as well.

## **SUMMARY**

The CAA through its Clinical, Education and Business Committees is actively engaged in workforce planning. It is hoped that these strategies can be aligned with and become an integral component of future health strategies.

The CAA is concerned that debate concentrated on the roles of doctors and nurses does not overwhelm the review of other possibilities that may provide solutions of benefit to the community.

## **CONTACT FOR FURTHER INFORMATION**

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