



## Attachment A: Preliminary consultation questions template

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November 2024

### Consultation template questions

The Paramedicine Board of Australia is conducting a confidential preliminary consultation as part of its proposal to regulate advanced practice paramedics. The Board invites your feedback on the proposal using the questions below.

Please provide your feedback on the questions in a word document (not PDF) by email to [paramedicineconsultation@ahpra.gov.au](mailto:paramedicineconsultation@ahpra.gov.au) by close of business on Tuesday 21 January.

#### Stakeholder details

If you would like to include background information about your organisation, please do this in a separate word document (not PDF).

<b>Organisation name</b>
Australian and New Zealand College of Anaesthetists (ANZCA)
<b>Contact information</b>
Please include the contact person's name, position and email address
Professor David Story, President, <a href="mailto:president@anzca.edu.au">president@anzca.edu.au</a>

#### Confidentiality

The preliminary consultation is confidential and submissions will not be published. Please do not distribute, disseminate or disclose the contents of this confidential consultation to anyone outside your organisation.

## Response to consultation questions

<b>Consultation questions for consideration</b>	
Please provide your responses to any or all questions in the blank boxes below. If you would like to include your response in a separate word document, please provide this in word format only (not a PDF)	
1. Do you prefer option 1 (status quo) or option 2 (regulate advanced practice paramedics) and why?	
Option 1 (status quo). The alternative aims to attempt to 'fix' inadequate rural and remote medicine with practitioners acting in the role of doctor without the qualifications of a doctor. The proposed capabilities in appendix B are currently undertaken by skilled medical practitioners and any workforce shortages should be rectified with recruitment and training of additional doctors, not providing practitioners with inferior / rushed training and clinical experience.	
2. Would the proposal result in any potential negative or unintended effects for people requiring healthcare, including members of the community at risk of experiencing poorer health outcomes? If yes, please explain why	
<p>General Practitioner (GP) led community care is one reason for outstanding health outcomes for Australians by world standards. While expanded scope of practice for paramedics with GP oversight may be clinically and cost effective, independent practice is unlikely to benefit many patients who have complex conditions and/or are elderly. This is particularly relevant for perioperative patients.</p> <p>It is not clear that sufficient consideration has been given to the impact of further fragmentation of primary care systems by this proposal. The general public now can receive care from pharmacists, telehealth clinics (both generalist and single treatment), nurse practitioners and urgent care clinics. This is in addition to the myriad of unregistered providers such as naturopaths and similar groups who lay claim to having primary care roles. The government should not be seeking opportunities to increase this fragmentation.</p> <p>Will paramedics have good longitudinal follow up and preventative care under the model? From a public health and perioperative medicine perspective, GPs are the cornerstone of community medical practice and that should continue and enhanced without substitution or replacement by other professions. Need to consider if this will neglect the benefits of long term holistic preventative medicine.</p> <p>Further, some interventions such as nurse-led urgent care clinics have actually increased healthcare costs to society and not improved access. Full research should be undertaken if it would result in the intended benefits.</p>	
3. Would the proposal result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why	
Any move that may undermines co-ordinated community care for First Nations people may lead to negative effects.	
4. Would the proposal result in any potential negative or unintended effects for paramedics? If yes, please explain why	
<p>It risks taking front line healthcare providers with specialist skill in urgent care situations and placing them in situations where they do not have adequate training and experience. Front line paramedicine is most definitely not the same environment as complex primary care and putting well-intentioned but undertrained staff in this situation is neither cost-effective nor safe.</p> <p>It may also decrease workforce for primary paramedic role, putting greater stress on community / general paramedics.</p>	
5. Are there any other potential regulatory impacts the Board should consider? If yes, please provide details	

6. Do you have any other feedback on the proposal?
<p>There is very limited / no detail on a number of issues such as:</p> <ul style="list-style-type: none"> <li>• Whether this extended practice will be restricted to rural and remote?</li> <li>• What mechanisms does the Board have to ensure that areas of shortage will be covered rather than over saturating already well serviced areas?</li> <li>• How longitudinal care is delivered by a paramedic?</li> <li>• Extent of prescribing rights?</li> <li>• Extent of advice/patient management that will be provided by a paramedic?</li> <li>• Who funds the individual practitioner?</li> <li>• Whether advanced scope paramedics will have access to real time prescription monitoring systems, as this is a problem for nurse practitioners at present?</li> <li>• What is the intended co-ordination with GPs?</li> </ul>
Proposed registration standard
7. Do you support the requirements for initial and ongoing registration and why?
No. Proposal is not in the best interests of the community based on the content identified in this submission.
8. Is the content, language and structure of the proposed registration standard clear, relevant and workable? If no, please describe why
The proposal lacks sufficient detail, and ANZCA (inclusive of the Faculty of Pain Medicine (FPM)) have grave concerns regarding the issues listed, any one of which alone should be enough to discourage further progress until more details have been settled and promulgated to stakeholders.
9. Is there any content that needs to be changed, added or removed in the proposed registration standard? If yes, please provide details
Proposal should not proceed.
10. Do you have any other feedback about the proposed registration standard?
Proposed professional capabilities for advanced practice paramedics
11. Is the content, language and structure of the proposed registration standard clear, relevant and workable? If no, please describe why
12. Is there any content that needs to be changed, added or removed in the proposed capabilities? If yes, please provide details
13. Do you have any other feedback about the proposed advanced practice capabilities?
Appendix B reads like a set of core competencies for a medical practitioner. Which may be interpreted as task substitution by another profession rather than attempting to address the underlying issues that make medical practice unsustainable.

The skillset in the proposal is both lacking in details and well outside the expected scope for a paramedic with the usual training, regardless of their experience level.

The proposal cannot be supported in its current form by ANZCA/FPM.