Ambulance Victoria Inquiry
ARRCH Submission

Thank you for the opportunity to make a submission to the Inquiry into Ambulance Victoria.

The Alliance of Rural and Regional Community Health (ARRCH) represents partner agencies from 11 independent community health services across rural and regional Victoria. Collectively, these organisations reach 87% of rural and regional Victoria. This extensive geographic footprint means community health knows where those communities are that have high levels of disadvantage, elevated rates of chronic health conditions, and no or low access to health services.

Chronic rural and regional health workforce shortages

ARRCH partners have an explicit focus on addressing health inequity. Victorians living in rural and regional areas may have no access to a GP or dentist, experience significantly longer waiting times, may have to travel long distances to see a specialist, and struggle to access disability and aged care services. A significant contributor is the unique health workforce challenges in rural and regional Victoria that are placing significant strain on the delivery of timely healthcare; for example, emergency department presentations in inner and outer regional communities are 1.45 times higher than in metro areas. Ambulance services are often used for transport in non-emergency situations or to address a condition that, if treated in a primary healthcare setting earlier or even at the time, would not have required an emergency response.

Retaining a paramedic workforce

The nature of work in ambulance services exposes paramedics to consistently demanding conditions, traumatic situations, and workplace hazards that, for many, are unsustainable. Like other health professionals, skilful paramedics can find themselves needing some time away from front-line emergency work or reduced hours to avoid burning out and leaving the profession entirely. Furthermore, the demands of 24-hour rostered work can be unsustainable for paramedics with additional responsibilities such as carers or parents of young children.

A 2023-24 workforce survey of Australian clinical paramedics found that 22% indicated an intention to leave the profession within the next 4 years, and another 40% intended to leave within the next 5-10 years. Some 39% were planning to leave their current employer within the next 4 years and a further 38% within the next 5-10 years.

Paramedics burning out or being forced out of the profession due to inflexibility in rostering and care commitments is not in the interest of paramedics, Ambulance Victoria, the Health System, or the communities they serve. To combat the pressure of working in an emergency setting long-term and allow for other responsibilities, many paramedics have expressed interest in either working part-time

as a first responder or taking some time to work in another setting; however, they have reported that current work arrangements make this difficult.

> *"I have a young family. I have sacrificed so much for the service over time, and I knew something needed to change." – CP@clinic paramedic*

CP@clinic

To meet the chronic shortage of primary care clinicians in rural and regional Victoria, and to make best use of the highly skilled and available paramedic workforce, Sunraysia Community Health Service, in partnership with La Trobe University and McMaster University in Canada, have brought CP@clinic to Australia. This highly successful, innovative, evidence-based program developed by McMaster University and initially run in Canada, enables ARRCH to deliver on its vision of ensuring those with the greatest inequity have access to health services and furthers La Trobe University's commitment to growing the rural and regional health workforce.

The Canadian research demonstrates CP@clinic has had a transformative impact on the area it serves, significantly reducing ambulance callouts and emergency department presentations by 19-25%, improving cost effectiveness, producing better quality of life with reduced risk from chronic disease, empowering participants, and creating better social connectedness. The community paramedics have helped community members take control through early interventions and health literacy, avoiding unnecessary contact with the acute and emergency services. The initial findings from the Sunraysia Community Health Service CP@clinic program reinforce these results. CP@clinic has now been implemented by other ARRCH partners - Primary Care Connect, Gateway Health, and Grampians Community Health - with comprehensive research being conducted by La Trobe and McMaster Universities.

The CP@clinic paramedics are trusted by the community and can use their skills to carry out free health assessments, screen for chronic health disease, and support local communities to reconnect with health services to address the social determinants of health.

> *"I am a big believer in providing education to people who have called 000 for a problem that does not require an emergency response, not berating them as I often saw. I knew that a different approach to these patients/clients was needed, and it was not going to occur from within Ambulance Victoria. I had to find another way to make change." – CP@clinic paramedic*

For examples of the transformative impact that CP@clinic has had, see the appendix.

In addition to the CP@clinic program being embraced by the community and providing clear, quantifiable benefits, it offers alternative employment pathways for Victorian paramedics, with more predictable work hours for those with additional carer responsibilities or other personal circumstances. It also provides an environment that reduces the stress and trauma associated with front-line emergency work while still giving paramedics the chance to employ their invaluable skills to effect better health outcomes in their communities. Many paramedics have expressed interest in the program; however, there are concerns about the impact that participating in the program might have on their careers. Victorian CP@clinic pilots have been delayed due to these issues despite the program offering an opportunity for paramedics to continue to serve the community while balancing their other responsibilities as well as their wellbeing.

Barriers to paramedics accessing more flexible work

Paramedics wishing to combine part-time ambulance work with more community-based roles such as CP@clinic typically require a flexible work arrangement (FWA) to be approved. The current secondary employment process that grants six-month FWAs with applications submitted within 12 weeks of the start date creates an unnecessary burden on employees while increasing uncertainty for paramedics, the ambulance services, and their secondary employers. The stress this creates is compounded by a lack of formal written confirmation of arrangements in many instances, despite the employees having to submit significant documentation during their formal FWA application process.

Furthermore, paramedics have reported facing resistance from Ambulance Victoria in moving to part-time work arrangements, with some having been pressured to shift to a casual contract (forfeiting security, sick leave, and other entitlements) or being outright denied. This is at odds with the conditions facing other health professionals; for example, switching to part-time arrangements is routine in nursing, and consequently, nurses are able to maintain registration within their chosen scope of practice while balancing their wellbeing and other commitments.

For those paramedics who need a break from frontline emergency work, the situation is even more challenging. Stepping outside of their scope of practice as a first responder risks losing recency of practice and being effectively unable to return to their chosen profession. It is not unreasonable that there be a process of reskilling when shifting scope of practice after a prolonged absence, but while other health professionals have clear pathways and processes in place to aid their return, such as nurses returning to clinical work after a period working in a health administration or a community health role, paramedics who do not meet recency requirements have a more challenging pathway back. They are instead subject to a case-by-case evaluation by a registration board. Consequently, paramedics are reluctant to step away from working for a jurisdictional ambulance service to work in a community setting for fear they will be unable to return. This increases rates of burnout within the profession, losing highly skilled health professionals from an already strained system, and increases the potential for worker's compensation claims.

Paramedics have a vital role to play across the health system both in an emergency and community setting. Giving them the same rights to flexible employment that other medical professionals have would be highly beneficial not only to the paramedics themselves, but also to protecting the sustainability of the Ambulance Victoria workforce and to safeguarding programs designed to address health inequity, such as CP@clinic.

APPENDIX: CP@clinic case studies

Case Study I

Tony is 38, living in a caravan park because he cannot find permanent housing and is unable to work due to a complex medical history that includes mental ill-health and other co-morbidities. He is on a disability pension and is needing to manage his type 2 diabetes and epilepsy, problems further complicated by a lack of access to a GP or diabetes educator. Tony turned to CP@clinic for help after suffering several seizures.

He was using his medications sparingly because, due to not having a GP, he was forced to go to his local Emergency Department for medication scripts. The hospital only provides a script for one week's medication, prompting Tony to reduce his dose below therapeutic levels to try to make his supply last longer. As a result, Tony would have seizures resulting in regular hospital presentations.

The community paramedic at the CP@clinic organised for Tony to have scripts filled promptly at his local pharmacy and linked him with a GP and diabetes educator at Sunraysia Community Health Services. As a result of being connected with affordable and local services, Tony is now managing his diabetes, including his overall health and diet, and is feeling much better since seeing the diabetes educator. He has not had a seizure or needed an ambulance since attending CP@clinic and no longer uses the emergency department for scripts and general health care. (Sunraysia Community Health Service)

Case Study II

Following the devastating 2024 and 2025 bushfires in the Grampians region, the CP@clinic paramedics became a crucial element of post-disaster support. Partnering closely with local recovery agencies, the CP@clinic embedded themselves in affected communities, serving as a vital link to healthcare services that were often inaccessible due to geographic isolation and the immediate survival needs post-fire. In this role, they not only provided immediate medical care but also identified and addressed long-standing health issues exacerbated by the crisis. Through proactive in-reach, they offered a compassionate presence, engaging in meaningful conversations that alleviated stress, addressed immediate health needs and provided crucial referrals for ongoing care.

This initiative proved instrumental in restoring community resilience, focusing not just on physical ailments but also on the psychological toll of the disasters. By fostering trust and continuity of care, the CP@clinic program not only responded to acute health needs but also laid the foundation for long-term recovery and rebuilding within these resilient communities. The program's success underscores the importance of community health strategies in disaster recovery efforts, setting a benchmark for future emergency response models in rural and remote settings. (Grampians Community Health)

Case Study III

Mary, a 70-year-old female with a history of multiple falls, has recently called for an ambulance on several occasions for assistance to get off the floor overnight. When she visited the local CP@clinic, the community paramedics carried out multiple assessments and sent a referral to the physiotherapist. Due to the nature of the referral, Mary was triaged as high-risk and was reviewed the same week. She had been on an allied health waiting list but was deemed a low priority on a generic referral from the aged care team.

Within 2 weeks, Mary was fitted for a four-wheel mobility walker and had her furniture at home moved to ensure safe access from her bedroom to the toilet overnight. Since the modifications were made, Mary has not had a fall in 4 weeks. She reported to the CP@clinic community paramedics that her outlook on getting out and about has changed dramatically, and she is already talking about attending the strength and balance class at NCN Health in the future. (Primary Care Connect)