



The Council of Ambulance Authorities Inc.
Submission

**National Health Workforce Innovation and Reform Strategic
Framework for Action**

May 2011

Members of the CAA:

A.C.T. Ambulance Service
Ambulance Service of New South Wales
Ambulance Tasmania
Ambulance Victoria
Queensland Ambulance Service
SA Ambulance Service
St John Ambulance Australia (NT) Inc
St John Ambulance Australia (WA) Inc
St John New Zealand
Wellington Free Ambulance

Associate Members:

Ambulance New Zealand
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Executive Summary

The Council of Ambulance Authorities (CAA) is the peak body representing the principle statutory and other providers of ambulance services in Australia, New Zealand, and Papua New Guinea.

The CAA has strong links with other national ambulance bodies, and facilitates international exchanges of information to promote best practice. The principal objectives of the CAA are to promote the development of ambulance services in Australia and New Zealand and to provide a voice for ambulance issues of significance. A key aspiration of the CAA is to ensure that policy makers understand the current and potential contribution of ambulance services to health system performance, as well as the impact decisions in other parts of the health sector may have on ambulance services.

The CAA member bodies collectively employ the overwhelming majority of personnel involved in ambulance service provision/emergency pre-hospital care in Australia. The members of the CAA between them employ more than 19,300 personnel in either a paid or volunteer capacity.

The Council of Ambulance Authorities wishes to comment on the HWA 'National Health Workforce Innovation and Reform Framework for Action' consultation paper.

CAA View

The CAA has read through the consultation paper and CAA representatives have attended the consultation workshops around the country. Below are some comments the CAA wishes to provide to the HWA.

The CAA in general supports and agrees with the HWA consultation paper, and approves of the future outcomes set out in the paper. However the CAA believes the outcomes don't necessarily translate in full in the five domains. Below are some of the key issues the CAA proposes should be addressed in more detail.

1. Rural and remote vs. metro areas

With almost one third of Australia's population residing outside of major cities, as defined in the Remoteness Structure of the Australian Standard Geographical Classification¹ the CAA notes the rural and remote equity of access to health services is a major issue that should be more prominently placed in the HWA strategies.

The CAA views equity of access to services in both metro and rural and remote areas as a key issue in assuring all residents in Australia, no matter where they live, are provided with the same opportunities to access health services. Access to health services is closely linked to the affordability of health services, and with rural and remote areas generally having a lower income² than metro areas this is another significant issue that rural and remote residents are faced with.

The CAA has the capability and competence to coordinate responses to the community's growing health needs. With current gaps in health care, particularly in remote areas where there are general practitioner shortages, ambulance services already provide health care to the community. With more support ambulance services could fill some of the gaps in primary health care and be able to assist by call taking and dispatch of other health professionals or by providing an extended care paramedics response.

2. All health professions should be viewed as equal partners in the health system

With ambulance services representing a small percentage in the health budget and system, the ambulance services, as well as many other small health services, are often left out when health policies are being developed. This however does not properly portray the importance of ambulance services, as they are the first line of contact for many sick and injured patients.

The CAA strongly supports HWA's intention to increase engagement of health professionals in future workforce planning and reform initiatives and the CAA would like to remind the HWA to continue to include ambulance services, and

¹ Remoteness Structure of the Australian Standard Geographical Classification
<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1216.0Contents1July%202010?opendocument&tabname=Summary&prodno=1216.0&issue=July%202010&num=&view=>

² Wage and Salary Earner Statistics for Small Areas, Time Series, 2003-04 to 2007-08
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/5673.0.55.003Main+Features22003-04%20to%202007-08?OpenDocument>

other smaller health service providers, in the future planning of Australian health workforce.

As part of this the HWA and government should target greater equivalence of recruitment, retention, re-entry incentives across all health professionals as well as providing equal support for clinical placements and capacity building for supervisors/mentors for students during their placements.

3. Adaptability and mobility of the health workforce

The 4th section of the consultation document – ‘The case for change’, discusses demand and supply issues that health is being confronted with. The CAA would like to point out a couple of issues ambulance services believe are highly relevant.

New generation requirements; the newer generations are presenting quite a different outlook to their engagement in the workforce, from an increasing life-work balance, bigger demand for part-time positions, quicker movements between jobs, a need for inter-generation understandings and specific to ambulance service a growing feminisation of the workforce.

Mobility between professions; there is a growing demand and pressure on health services and universities to provide employees with the ability to easily move between professions to ensure career variety e.g. paramedics to nurse. This job widening and deepening is an opportunity for employers to retain satisfied staff for longer.

Volunteers; not much is said about the extraordinary work numerous volunteer workers across health system are doing and from ambulance perspective many of our members states and territories would find it difficult to deliver their services were it not for the volunteers. The CAA encourages the HWA and government to include volunteer retention, recruitment, management and other issues in the future Australian health workforce strategies.

4. New models of out of hospital care

The CAA supports HWA’s views for a need for different models of care and new workforce practices to accommodate and utilise the wider range of treatment possibilities arising from new technologies.

The CAA members are currently engaged in developing and running numerous new models of care, many of them inter-professional projects both in the rural and remote and metro areas to provide for example for a growing demand of the ageing population and growing demands in the rural and remote areas.

There are many established new models of care already in place and the CAA would like to invite the HWA to investigate best practices around Australia and the world when progressing with this issue.

5. Funding

The last point the CAA would like to comment on, is even though the CAA supports the initiatives planned in the consultation paper, the CAA believes it needs to stress that ample and sustainable funding is of most importance in assuring the tasks and projects outlined for the future will be achieved.

CAA thanks HWA for the opportunity to comment on the 'National Health Workforce Innovation and Reform Strategic Agenda Framework for Action' and would welcome the opportunity to participate further as the project and further work on the HWA agenda develops and would appreciate being included specifically on relevant contact lists for early engagement.