Australasian College of Paramedicine®

# AUSTRALASIAN PARAMEDICINE WORKFORCE SURVEY

## REPORT 2024-2025

Australasian Paramedicine Workforce Survey

AUT NEW ZEALAND

WESTERN SYDNEY UNIVERSITY

ECU EDITH COWAN UNIVERSITY

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The information contained in this report was accurate to the best of our knowledge at the time of publication.

**About the College**

The Australasian College of Paramedicine (the College) is the peak professional body representing and supporting paramedics and student paramedics across Australia and Aotearoa New Zealand since 1973.

For further information about the College, please visit www.paramedics.org or contact info@paramedics.org

**Thank you**

The College sincerely thanks the Research Team (Appendix 1) led by Associate Professor Liz Thyer (Project Chief Investigator), Western Sydney University and the partnering universities for their work in survey design and administration, and analysing the data from which the Australasian Paramedicine Workforce Survey Report 2024-2025 has been prepared. The College also thanks the teams and individuals involved in preparing this report.

Our thanks extends to the many dedicated and passionate paramedics who provided responses to the Australasian Paramedicine Workforce Survey 2024-2025.

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**Acknowledgement**

The College acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land and sea in which we live and work. We recognise their continuing connection to land, sea and culture, and pay our respects to Elders past, present and future.

The College acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

# Message from the Chair

The Australasian College of Paramedicine (the College) is pleased to present the Australasian Paramedicine Workforce Survey Report 2024-2025, an initiative established by the College to support and strengthen the paramedicine profession across Australia and Aotearoa New Zealand. This second report represents a significant step forward in our collective efforts to build a more informed, responsive, and sustainable paramedicine workforce.

By leading the development of this landmark report, the College reaffirms its commitment to evidence-based advocacy and its role as a trusted voice for paramedics. The insights captured in this report are critical to shaping policy, guiding workforce planning, and ensuring that paramedics are supported to deliver high-quality, person-centred care. It provides a clear picture of the challenges and opportunities facing our profession, and offers a robust evidence base to inform decision-making at all levels.

We stand firmly behind our workforce. We recognise the dedication, skill, and compassion that paramedics bring to their communities every hour of every day. This report is a reflection of their experiences, and a tool to help drive meaningful change in how paramedicine is understood, valued, and supported.

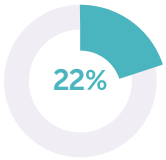
We extend our sincere thanks to the outstanding research team led by Associate Professor Liz Thyer, and to our academic partners at Western Sydney University, Auckland University of Technology, and Edith Cowan University. Their expertise and commitment have been instrumental in delivering this important body of work.

Through this project, we are building a stronger future for paramedicine. This project reflects the profession's remarkable evolution from emergency response to a diverse, evidence-informed discipline delivering care across a broad spectrum of settings. This future, we believe, is grounded in robust data, driven by interprofessional collaboration, and focused on meeting the changing health needs, and emerging modes of healthcare delivery, to communities right across Australasia.

**Ryan Lovett**
Chair
Australasian College of Paramedicine

# KEY TAKEAWAYS

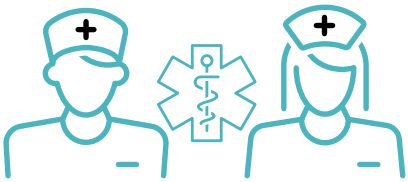

**Over 50% of AoNZ and Aus paramedics have lived outside metro areas**


**13%** of AoNZ paramedics work in rural areas of the South Island and **22%** in the North Island

**5%** of Aus paramedics work in MMM6-7* locations

**44%** of Aus paramedics work in MMM1 locations



**7%**

of clinical Aus paramedics hold dual paramedic and nurse registration

**3%**

of clinical AoNZ paramedics hold a dual paramedic and nurse registration

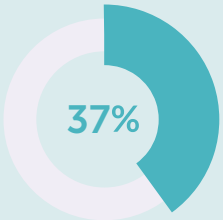
In Aus, **21%** of paramedics are recent clinical entrants which is encouraging for workforce growth and sustainability

*Modified Monash Model **these results were combined AoNZ and Aus
Abbreviations: AoNZ – Aotearoa New Zealand. Aus – Australia.

## Gender and age

- Women make up the majority of paramedics under 30 (35% compared to 22% men)**
- Paramedics have near gender parity between ages 30-49**
- Most management roles are held by men across both Aus and AoNZ

## Care responsibilities




of paramedics requested a change of contract for improved work-life balance**

**1 in 5** approx.

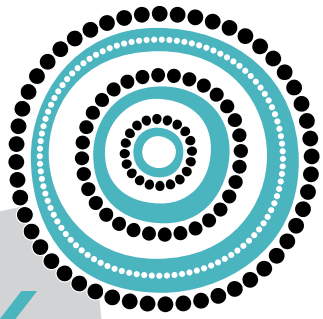
paramedics have care responsibilities for adult family members

**2 in 5** approx.

paramedics care for children under 16

**45**

languages spoken by respondents across Australasia



**3.7%**

Aboriginal respondents represented in the paramedicine workforce

**29%**

of AoNZ paramedics were born overseas

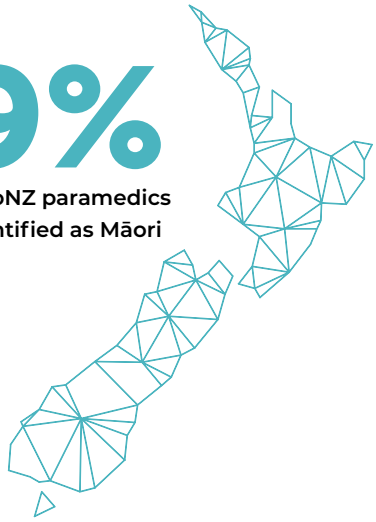
**18%**

of Aus paramedics were born overseas

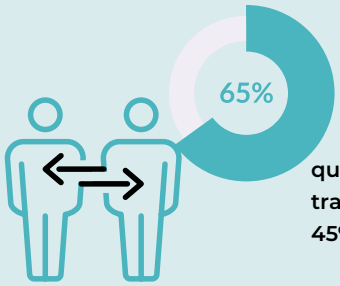
1 in 4 approx. paramedics work for two or more employers

**9%**

of AoNZ paramedics identified as Māori

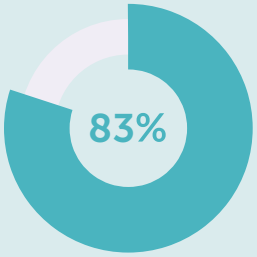


Abbreviations: AoNZ – Aotearoa New Zealand. Aus – Australia.

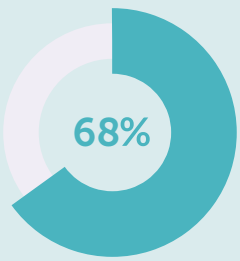



of AoNZ paramedics reported spending up to a quarter of their shift on patient transfers, compared to 45% in Aus

Majority of paramedics across Australasia reported having no time for research activities during their shift




of Aus paramedics view professional memberships as valuable in enabling CPD




of AoNZ paramedics view professional memberships as valuable in enabling CPD

# Executive Summary

This is the second report of a three-year study exploring trends that affect the Australasian (specifically, Aotearoa New Zealand and Australia) paramedicine workforce. The research moves beyond collection of demographic data, to consider career tenure, trajectory and aspirations, work demands and conditions, and individual wellbeing. The workforce is considered in four broad areas: clinical, management, education and research, reflecting the expanding scope of Aotearoa New Zealand and Australia paramedicine. A snapshot of the future workforce, paramedicine students', demographic and career aspirations are presented, alongside a large group of paramedics who work for more than one employer.

Data were collected via an online survey during November 2024 to March 2025. During this time, 1275 valid responses were collected.

The key findings include:

- The demographic findings are largely reflective of the paramedicine population data that is available through the Paramedicine Board of Australia and Te Kaunihera Manapou Paramedic Council although our sample had a higher proportion of male respondents.
- Nine percent of paramedics in Aotearoa New Zealand identify as Māori, and 4% as Aboriginal in Australia. While workforce participation by Indigenous peoples is higher in Aotearoa New Zealand, both groups lag population data in some of the paramedicine role categories.
- Survey participants are well educated and well paid, exceeding population averages for both education and salary.
- Students and paramedics under the age of 40 are predominately female, while those over 40, and particularly those in management positions, are predominantly male.
- More than two in every five paramedics had carer responsibilities for children under the age of 16 while working as a paramedic and at least one in every five has caring responsibilities for an adult family member.
- Currently, 24% of paramedics work for two or more employers. This may be to achieve an equivalent 1.0 FTE among multiple employers, or it may be an example of job crafting where employees actively alter the focus of their work to provide a more meaningly experience.
- Paramedics still typically work rotating rosters however many had requested changes to work patterns to develop skills or facilitate a work-life balance. Additionally, nearly a third of paramedics from both Aotearoa New Zealand and Australia wanted to decrease the number of hours they currently worked.

## Key considerations for the paramedicine workforce

- Career intentions of paramedics indicate a considerable number of respondents who intend to leave their current paramedicine employer within the next four years. Urgent research is needed to identify drivers behind these intentions which are critical to safeguarding the quality and reliability of service delivery.
- Many paramedics intend to apply for advanced clinical roles. These roles provide additional scope of practice to the individual, as well as playing an important role in increasing the visibility of paramedicine to the broader healthcare workforce.
- Education and research are at the forefront of developing the future paramedicine workforce, yet there seems little intention to move into these roles. Insights into the barriers to these career pathways need to be prioritised.
- The clinical paramedicine workforce in Australia is still underrepresented by Aboriginal and Torres Strait Islander peoples. However, the proportion of Aboriginal and Torres Strait Islander paramedicine students is greater than the general Australian population suggesting potential for increased future representation.

**Associate Professor Liz Thyer**
Western Sydney University
Project Chief Investigator

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# Figures



NB: Numbers in figures, tables and charts have been rounded to the nearest whole number

# Tables



NB: Numbers in figures, tables and charts have been rounded to the nearest whole number.

# Introduction

**This report offers a powerful snapshot of the evolving paramedicine workforce, revealing key trends that will shape future planning, professional wellbeing, and workforce sustainability across Australasia.**

Previous Australasian research into the paramedicine workforce can be largely categorised as high-level workforce statistics gathered by bodies such as the Paramedicine Board of Australia and the Australian Government Productivity Commission[1,2] or detailed reports on specific groups. These specific groups include remote industrial and mining sectors,[3] characteristics of the jurisdictional ambulance workforce participating in the Australian and New Zealand Cardiac Arrest Registry,[4] Māori participation in the paramedic profession,[5] paramedic academics in both Australia and Aotearoa New Zealand[6] and jurisdictional ambulance services paramedic role types.[7]

Data collected via government agencies focus largely on workforce demographics, providing broad coverage, but limited detail. The Paramedicine Board of Australia collects annual data covering number of registrants (both practising and non-practising), age and gender.[2] Some information is collected by the Australian Bureau of Statistics and StatsNZ, but historically there was a lack of inclusive Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes that comprehensively applied to paramedicine and therefore constrained that data set.[1] These codes have been updated at the end of 2024. The Aotearoa New Zealand paramedic workforce information is also limited, as registration only commenced in 2020. The Council of Ambulance Authorities provides an annual workforce and gender report, but this is restricted to jurisdictional service paramedics and provides limited in-depth data.

The primary aim of this survey was to record the current and future Australasian paramedicine workforce to identify trends across demographics, fields of employment, intention to upskill, intention to leave the workforce, and other key variables. It has achieved that aim, capturing a representative sample of the paramedicine workforce across Australia and Aotearoa New Zealand. The survey includes valuable information examining demographics, role types, work satisfaction and wellbeing, reasons for attrition rates and choices about place of work, along with other data that explore the Australasian paramedicine workforce in new and informative ways.

The workforce data contained in the report aim to assist the College, the profession, and the broader healthcare sector in workforce planning to support all employers of paramedics better understand the needs of their workforce.

# Results

## Total survey responses

The total survey responses are summarised in Table 1. After agreeing to participate in the survey, respondents were asked which category best described their current position with their primary paramedicine employer. The response to this question determined the subsequent set of questions each participant received.

A total of 1275 responses were included in the analysis. Of these, 1175 respondents completed 100% of the survey. An additional 100 respondents, with completion rates between 60% and 99%, were also included. To maintain data integrity, 363 respondents who only partially completed the survey were excluded from the analysis. Of the included responses, 301 were from Aotearoa New Zealand and 974 from Australia.

Of those working, and not working but still registered (n=971), there were:

- 859 registered paramedics
- 22 non-practising registered paramedics
- 71 dual registered paramedic and nurse
- 7 dual registered paramedic and another health discipline
- 12 other registrations.

The response rate met the a priori sample size for statistical power for paramedics (confidence level of 99% with 5% margin of error), but not for student paramedics. Student paramedic data are presented as a snapshot toward the end of the report.

*Table 1: Survey responses according to category*

| Group | Complete | Incomplete |
|---|---|---|
| Australian registered paramedic working in paramedicine (includes clinical, education, research and management roles) | 677 | 199 |
| Registered to practise with Te Kaunihera Manapou Paramedic Council and working in paramedicine (includes clinical, education, research and management roles) | 169 | 23 |
| Student completing a pre-registration paramedicine degree | 268 | 2 |
| Working with a jurisdictional ambulance service in Australia in a clinical role, but not a registered paramedic (e.g. emergency medical technician) | 8 | 10 |
| Working with a health service provider in a clinical role, or with an education provider, in Australia but not a registered paramedic (e.g. military medic, mine site medic, tutor/lecturer) | 9 | 7 |
| Registered to practise in Australia but not currently working in a paramedicine role | 107 | 0 |
| Registered to practise with Te Kaunihera Manapou Paramedic Council but not currently working in a paramedicine role | 18 | 0 |
| Working with a jurisdictional ambulance service in Aotearoa New Zealand in a clinical role but not a registered paramedic (e.g. emergency medical technician) | 18 | 10 |
| Working with a health service provider in a clinical role, or with an education provider, in Aotearoa New Zealand but not a registered paramedic (e.g. military medic, mine site medic, tutor/lecturer) | 1 | 0 |
| Total | 1275 | 251 |

# Demographics

**This section illustrates the diversity of the workforce and patterns of representation across age, role and location that can be used to inform equitable workforce planning.**

## Gender representation

The gender breakdown for the paramedicine workforce (including students) across Aotearoa New Zealand and Australia is shown in Figure 1. In Aotearoa New Zealand, the overall gender distribution is balanced, with males and females each making up 48% of the paramedicine workforce, respectively. In contrast, the Australian workforce includes a higher proportion of males (60%) compared to females (37%).

When examining gender by role type in Table 2, males hold a greater proportion of clinical roles in both Aotearoa New Zealand (54%) and Australia (63%). This disparity extends to management positions, where males are overrepresented and account for 78% of roles in Aotearoa New Zealand and 76% in Australia, consistent with most other sectors of the economy.[8]

Females outnumber males in student positions across both countries, identifying a possible pathway to improve gender equity in both clinical and managerial roles in the future. Notwithstanding, the underrepresentation of females in key roles likely points to structural career disadvantage and highlights the need for systematic remedy.

*Figure 1: Gender*

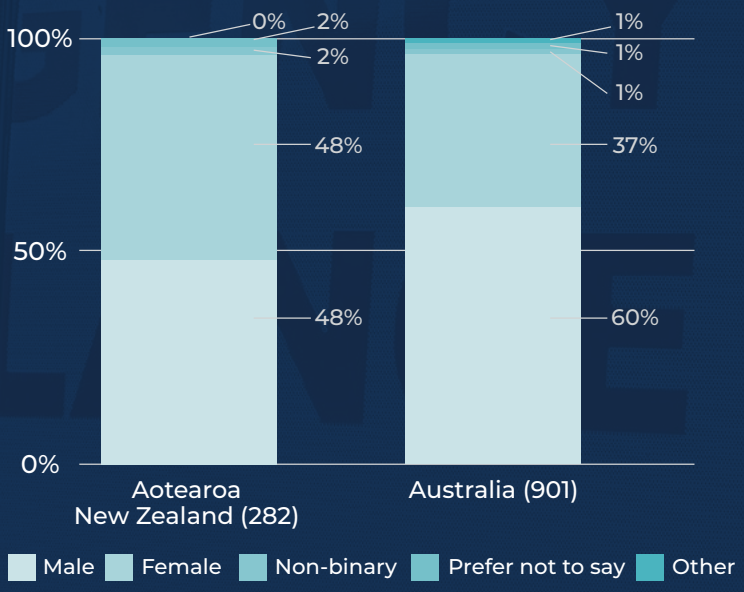



*Table 2: Gender by role type*

| Aotearoa New Zealand | Clinical (166) | Research* | Education* | Management* | Student (89) | Not working* | Total (282) |
|---|---|---|---|---|---|---|---|
| Male | 54% | - | 50% | 78% | 34% | 50% | 48% |
| Female | 44% | - | 38% | 11% | 58% | 50% | 48% |
| Non-binary | 1% | - | 0% | 0% | 6% | 0% | 2% |
| Prefer not to say | 1% | - | 13% | 11% | 2% | 0% | 2% |
| Other | 0% | - | 0% | 0% | 0% | 0% | 0% |
| **Australia** | **Clinical (547)** | **Research*** | **Education (38)** | **Management (70)** | **Student (157)** | **Not working (86)** | **Total (901)** |
| Male | 63% | 67% | 63% | 76% | 42% | 56% | 60% |
| Female | 34% | 33% | 29% | 24% | 54% | 42% | 37% |
| Non-binary | 1% | 0% | 0% | 0% | 3% | 0% | 1% |
| Prefer not to say | 1% | 0% | 5% | 0% | 1% | 1% | 1% |
| Other | 1% | 0% | 3% | 0% | 1% | 1% | 1% |

** Categories with <20 respondents*

*Table 3: Age category by role type*

| | Age (Years) | Clinical (164) | Research* | Education* | Management* | Student (88) | Not working* | Total (279) |
|---|---|---|---|---|---|---|---|---|
| Aotearoa New Zealand | <20 | 0% | - | 0% | 0% | 11% | 0% | 4% |
| | 20-29 | 25% | - | 0% | 11% | 59% | 0% | 34% |
| | 30-39 | 29% | - | 75% | 44% | 17% | 30% | 27% |
| | 40-49 | 20% | - | 13% | 0% | 7% | 20% | 15% |
| | 50-59 | 21% | - | 13% | 22% | 5% | 40% | 16% |
| | >60 | 5% | - | 0% | 22% | 1% | 10% | 5% |
| | **Age (Years)** | **Clinical (538)** | **Research*** | **Education (36)** | **Management (69)** | **Student (157)** | **Not working (86)** | **Total (889)** |
| **Australia** | <20 | 0% | 0% | 0% | 0% | 10% | 0% | 2% |
| | 20-29 | 16% | 33% | 0% | 4% | 57% | 26% | 23% |
| | 30-39 | 25% | 33% | 17% | 14% | 20% | 26% | 23% |
| | 40-49 | 22% | 0% | 22% | 22% | 8% | 20% | 19% |
| | 50-59 | 24% | 33% | 50% | 41% | 5% | 15% | 22% |
| | >60 | 12% | 0% | 11% | 19% | 1% | 14% | 11% |

** Categories with <20 respondents*

## Age distribution

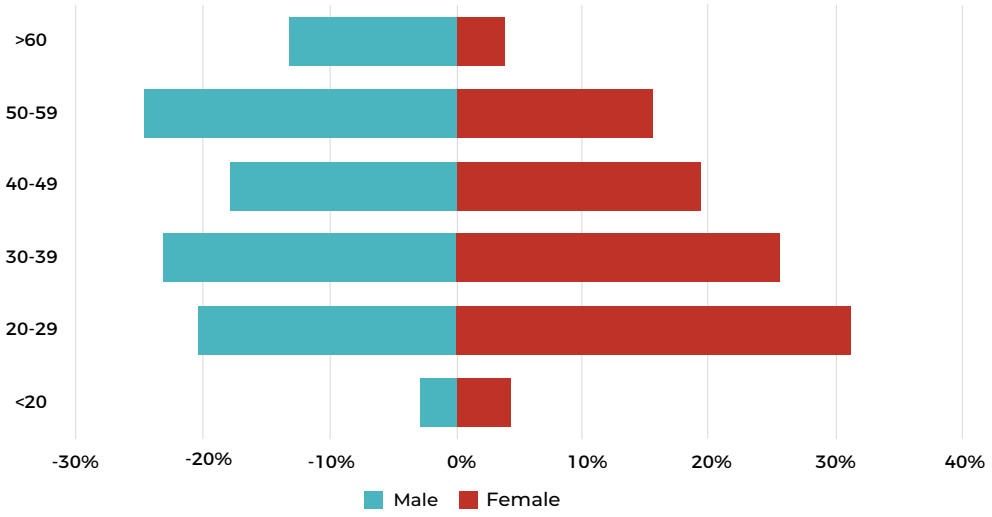
Age distribution across roles in the paramedicine workforce highlights notable differences in workforce composition (Table 3).

In both Aotearoa New Zealand (59%) and Australia (57%), student respondents were predominantly aged 20–29 years, with an additional 10–11% under 20 years. This suggests a strong early-career pipeline entering the profession.

Clinical roles show a broad age spread across both countries. Notably, more than one-quarter of clinical respondents in both countries were aged over 50, indicating a maturing workforce and the importance of succession planning.

In Aotearoa New Zealand, the majority of those in education (75%) and a high proportion in management (44%) were aged 30-39. However, these groups had a small sample size and may not be reflective of the broader workforce. In contrast, education (50%) and management (41%) roles in Australia were more commonly held by respondents aged 50–59.

*Figure 2: Age and gender distribution (combined sample)*




## Age and gender

Gender representation across the Australasian paramedic workforce displays clear structural trends (Figure 2). Women make up the majority of respondents under the age of 30 (35% compared to 22% for men), and near gender parity is observed in the 30–49 age group (41% women, 44% men). From age 50 onwards, however, men (38%) considerably outnumber women (20%).

This pattern reflects a historically male-dominated field progressing toward greater gender balance. However, the decline in female representation after age 30 suggests potential structural barriers that exclude ongoing participation of women in the workforce. This is consistent with historical representations of female employment, though it is now less commonly observed across most sectors.[9]

*Table 4: Sexual orientation and gender diversity*

| | Aotearoa New Zealand (278) | Australia (886) |
|---|---|---|
| Heterosexual | 79% | 81% |
| Gay or homosexual | 4% | 4% |
| Lesbian | 1% | 2% |
| Bi-sexual | 7% | 4% |
| Pansexual | 1% | 1% |
| Grey/Asexual | 1% | 0% |
| Queer | 3% | 1% |
| I use a different term | 0% | 1% |
| Prefer not to say | 4% | 6% |

## LGBTIQA+ representation

The LGBTIQA+ and heterosexual orientation of the total paramedicine workforce across Aotearoa New Zealand and Australia is shown in Table 4. Workforce diversity is increasingly an area of focus, with sexual orientation of the workforce being a key inclusion indicator.[10]

Those who selected 'I use a different term' had the option to provide a written response and 13 answers were received. Six indicated that they did not feel that this question was relevant to the purpose of the survey; three provided negative comments, while the remaining four indicated that they identified as: fluid, an ally, male, and straight.

The diverse response to this question is greater than previously reported in other Australasian paramedic workforce surveys. This may be representative of a changing workforce but could also indicate a greater willingness of respondents to answer this question in a survey which is not linked to either an employer or registering body.

## Māori (Aotearoa New Zealand) and Aboriginal and Torres Strait Islander (Australia) representation

Paramedics who are representative of the communities they provide care to break down cultural barriers.[11] Māori participation in the Aotearoa New Zealand paramedicine workforce (9%), particularly in clinical roles (7%), is under-represented relative to the 2023 Census count of Māori peoples (17.8%)[12]. Notwithstanding, the proportion of those in managerial roles exceeds 2023 Census data (22%).

Aboriginal and Torres Strait Islander peoples now make up 3.8% of Australia's population[13]. Aboriginal respondents are comparatively well represented in the paramedicine workforce, making up 3.7%. While the survey provided an option to identify as Torres Strait Islander, no respondents selected this category. The clinical paramedicine workforce in Australia is still underrepresented by Aboriginal peoples (3%), however, the proportion of Aboriginal students (5.8%) suggests potential for increased representation into the future. Although the sample size is small, it is encouraging to see Aboriginal peoples represented in both education (8%) and management (6%) at levels that exceed the national population.

## Born in country of operation

Aotearoa New Zealand and Australia have experienced significant migration over the last three decades. Nevertheless, the paramedicine workforce of both countries remains largely populated by those born in their country of operation (Figure 5). Aotearoa New Zealand has a higher proportion of overseas-born respondents (29%) compared to Australia (18%). Notably, Australia's workforce appears below the national average of people born overseas (31.5%).[14]

*Figure 3: Proportion of Māori paramedics in Aotearoa New Zealand by role*

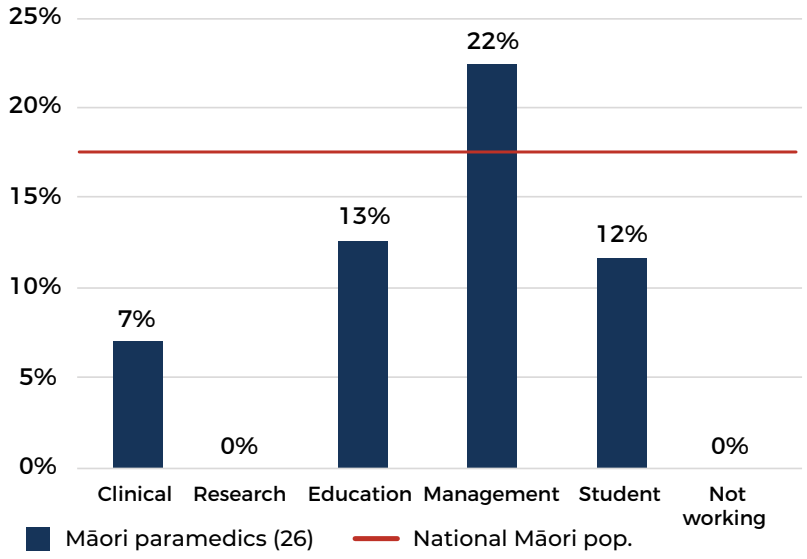



*Figure 4: Proportion of Aboriginal and Torres Strait Islander peoples in Australia by role. Note: No respondents identified as Torres Strait Islander*

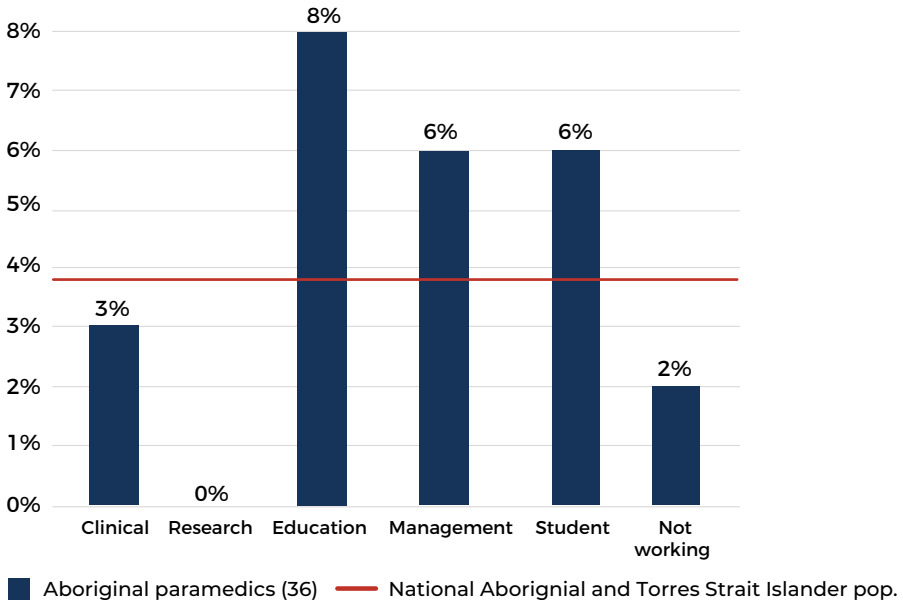
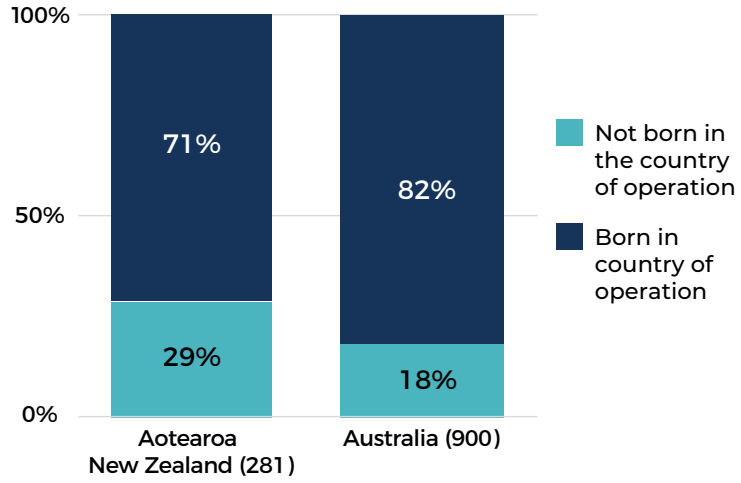



*Figure 5: Proportion of sample born in country of operation*



## Ethnicity

The most commonly reported ethnicities identified by respondents are presented in Table 5. When compared to national population data[15, 16] both Aotearoa New Zealand and Australia's paramedic workforces appear to be less ethnically diverse.

Both countries have experienced a significant rise in migration from Asia in recent years. Efforts to attract people from these and other ethnic backgrounds will assist the workforce in being more broadly representative of the communities they serve, and help further breakdown potential language and cultural barriers that may affect emergency response and clinical care.

*Table 5: Respondent ethnicity*

| Aotearoa New Zealand (301) | |
|---|---|
| New Zealand European | 70% |
| Māori | 9% |
| Australian | 6% |
| Samoan | 1% |
| Chinese | 3% |
| Other | 19% |

| Australia (974) | |
|---|---|
| Australian | 78% |
| English | 11% |
| Irish | 3% |
| Scottish | 4% |
| Australian Aboriginal | 4% |
| Torres Strait Islander | 0% |
| Chinese | 1% |
| Indian | 1% |
| Italian | 1% |
| Other | 8% |

In Aotearoa New Zealand this aligns with Te Tiriti obligations under Te Tiriti o Waitangi. Australia has no corresponding national obligations; however, some ambulance services have dedicated pathways for Aboriginal and Torres Strait Islander applicants.

Forty-seven respondents provided a free-text response describing their ethnicity. Nearly a quarter of these identified as European, with others listing British, Kiwi, and Dutch. Less common entries included Middle Eastern, Swedish, and Bengali.

## Language(s) spoken

Multilingual capability has logical application in paramedic roles, particularly in clinical settings. While Aotearoa New Zealand and Australia are both culturally and linguistically diverse nations, the proportion of respondents who speak a language other than English (16% and 9% respectively), remains below the national average of both populations (~23%)[17,18].

Research highlights the importance of clinicians being able to communicate in languages understood by indigenous communities.[19] Efforts to encourage and develop a workforce proficient in indigenous languages and culturally responsive communication could help better support these populations.

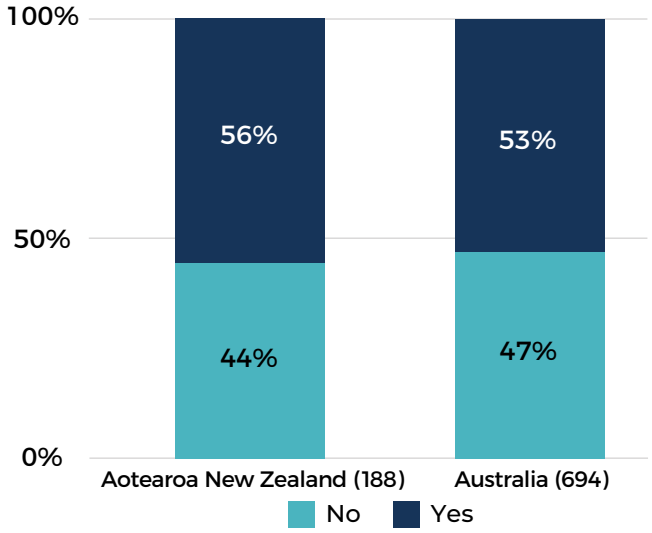
Survey respondents could manually enter additional languages, resulting in 62 entries. Commonly noted languages in Aotearoa New Zealand included French (n=9), German (n=6), and Spanish (n=4); in Australia, Bislama and other pidgin dialects (n=7), and Gaelic (n=5).

A total of 45 languages other than English were spoken by respondents across Australasia.

## Experience living in non-metropolitan areas

Aotearoa New Zealand and Australia have vast geographic diversity, encompassing some of the world's most remote communities as well as densely populated metropolitan centres. Both countries have a strong representation of respondents with experience living in non-metropolitan areas (Figure 6). Over half of the respondents from Aotearoa New Zealand (56%) and Australia (53%) have lived in non-metropolitan areas at some stage up until the age they left school.

*Figure 6: Previous experience living in non-metropolitan areas*



## Current workplace location

The current workplace location for primary employers of Aotearoa New Zealand and Australian respondents are shown in Figures 8 and 9, respectively.

In Aotearoa New Zealand, locations are classified as urban or rural, with the majority of respondents concentrated in urban services on the North Island (49%). This is reflective of population spread where approximately three out of four New Zealanders live on the North Island[20].

In Australia, the Modified Monash Model (MMM) categories are recognised classifications of remoteness utilised by the Australian Bureau of Statistics, with categories ranging from MMM1 (major city) to MMM7 (very remote). The majority of Australian respondents (44%) work in metropolitan and regional centres (MMM1 and 2), while only a small proportion work in remote (3%) and very remote (2%) communities (MMM6 and 7, respectively).

*Figure 7: Aotearoa New Zealand workplace locations*

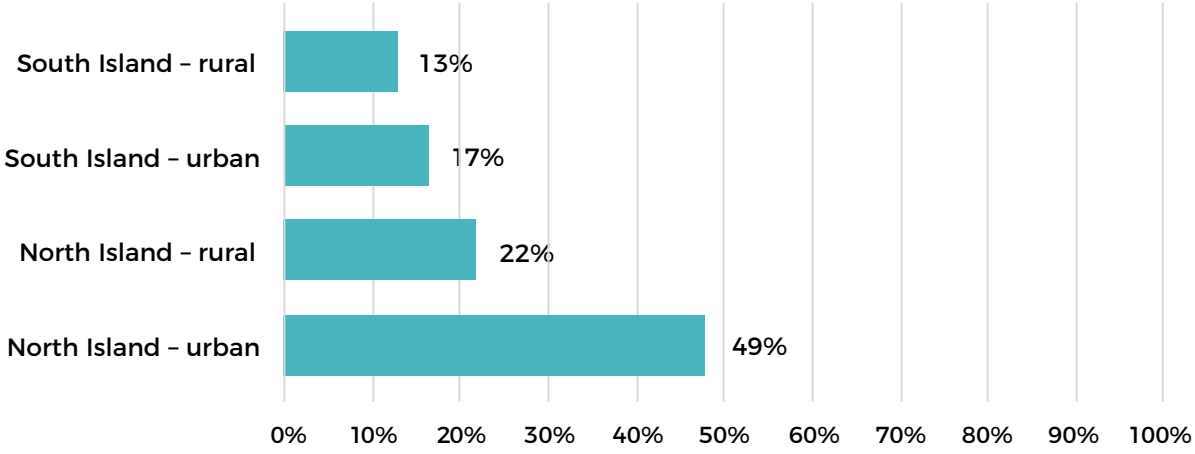
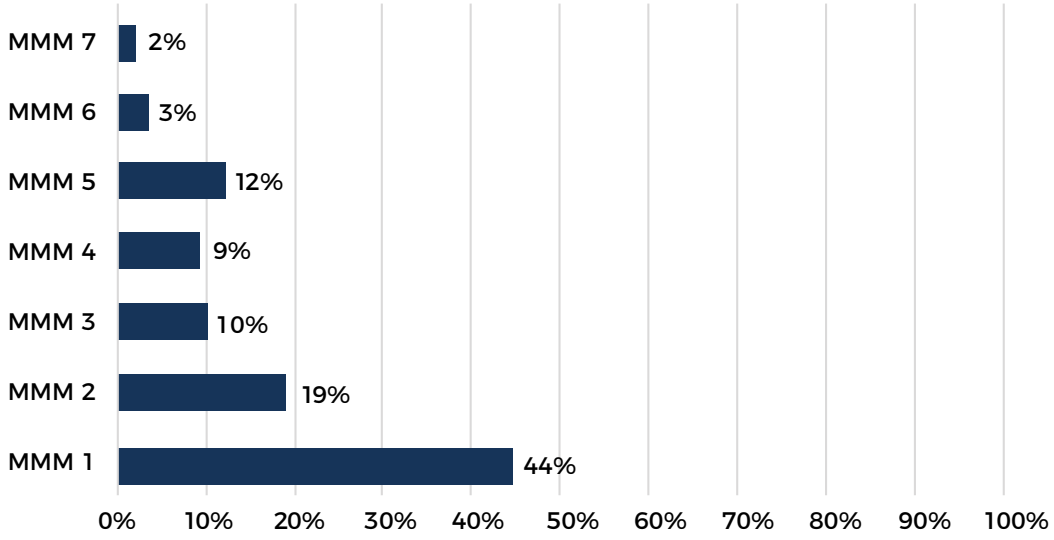



*Figure 8: Australian workplace locations*



# Registration and tenure

**An analysis of paramedic qualifications and experience, with insights into workforce stability and opportunities for growth.**

## Registered as a paramedic

The registration types of the paramedicine workforce are detailed in Table 6. The majority of respondents to this survey were registered paramedics. A proportion of Aotearoa New Zealand and Australian paramedics held dual registration, most commonly paramedic and nurse registration. A small group, predominantly students, indicated dual registration with paramedicine and another health profession. Those who were maintaining their paramedic registration but not currently working in an Australasian paramedic role provided various reasons. These included working as a paramedic or EMT overseas and working in other health professions.

*Table 6: Registration type by role*

| | | Clinical (152) | Research* | Education* | Management* | Not working* |
|---|---|---|---|---|---|---|
| **Aotearoa New Zealand** | Registered paramedic | 97% | - | 100% | 89% | 67% |
| | Non-practising registration | 0% | - | 0% | 11% | 17% |
| | Dual registered paramedic and nurse | 3% | - | 0% | 0% | 6% |
| | Dual registered paramedic and other health discipline | 0% | - | 0% | 0% | 0% |
| | Other | 0% | - | 0% | 0% | 22% |
| | | **Clinical (568)** | **Research*** | **Education (39)** | **Management (68)** | **Not working (107)** |
| **Australia** | Registered paramedic | 91% | 50% | 87% | 87% | 70% |
| | Non-practising registration | 0% | 0% | 8% | 0% | 12% |
| | Dual registered paramedic and nurse | 7% | 50% | 5% | 12% | 12% |
| | Dual registered paramedic and other health discipline | 1% | 0% | 0% | 1% | 3% |
| | Other | 1% | 0% | 0% | 0% | 3% |

** Categories with <20 respondents*

## Tenure in paramedicine

Tenure described the number of years a respondent had been working in paramedicine (Table 7). The data indicated a skew toward shorter tenure among clinical respondents, with 48% of Aotearoa New Zealand and 40% of Australian respondents reporting fewer than nine years of experience. This highlights the relatively early career stage of a large proportion of the workforce.

In Australia, the proportion of recent clinical entrants to the profession with tenure of 0-4 years (21%) now exceeds those with 5–9 years of service (19%). This suggests a positive outlook for workforce sustainability, particularly when considered alongside the respondents with 10-19 years' experience (27%), who are well-positioned to mentor and support the development of newer staff.

In contrast, Aotearoa New Zealand reported fewer respondents in the early-career clinical cohort of 0-4 years tenure (20%), compared to those with 5-9 years of service (28%), highlighting an opportunity to strengthen recruitment efforts. Targeted promotion campaigns may assist in attracting new entrants to the profession and support the long-term sustainability of paramedicine services across the country.

*Table 7: Tenure*

| | Aotearoa New Zealand | | | | Australia | | | |
|---|---|---|---|---|---|---|---|---|
| **Tenure (Years)** | **Clinical (171)** | **Research*** | **Education*** | **Management*** | **Clinical (581)** | **Research*** | **Education (50)** | **Management (71)** |
| 0-4 | 20% | - | 0% | 0% | 21% | 0% | 0% | 4% |
| 5-9 | 28% | - | 0% | 22% | 19% | 67% | 0% | 15% |
| 10-19 | 29% | - | 100% | 33% | 27% | 0% | 30% | 21% |
| 20-29 | 16% | - | 0% | 22% | 19% | 33% | 45% | 28% |
| 30-39 | 6% | - | 0% | 11% | 12% | 0% | 20% | 25% |
| 40+ | 1% | - | 0% | 11% | 3% | 0% | 5% | 6% |

** Categories with <20 respondents*

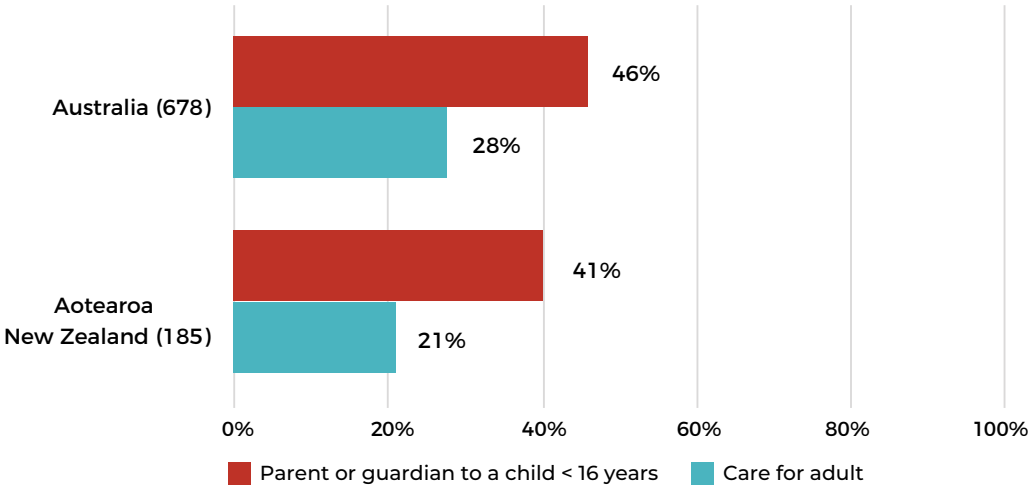
# Care responsibilities and leave

**This section highlights how caring roles and responsibilities intersect with professional demands. The data reveals that there are some work-life challenges that need immediate solutions to ensure a resilient and balanced workforce.**

## Caring responsibilities

Understanding the caring responsibilities of paramedics provides important insights into the broader demands faced by the workforce outside of their professional roles. The proportion of the paramedicine workforce (excluding students) who have undertaken caring responsibilities during employment with their primary paramedicine employer is outlined in Figure 9.

*Figure 9: Proportion of sample with caring responsibilities*




Nearly half of respondents in Aotearoa New Zealand (41%) and Australia (46%) reported caring for a child under 16, while approximately a quarter provided care for an adult (21% and 28%, respectively). These figures suggest that caring responsibilities among paramedics broadly align with national statistics. [21,22]

Clinical roles, particularly in paramedicine, pose challenges for those with caring responsibilities, owing to shift work and the potential for unscheduled overtime.[23] These factors have been cited as barriers to broader workforce participation, particularly by women, who disproportionately carry the burden of care responsibilities[24].

## Parental leave

Paramedics in clinical roles from Aotearoa New Zealand and Australia who had previously indicated they had caring responsibilities were asked three questions related to parental leave (Figure 10):

- Q1: I was able to take time off for appointments I wanted to attend during my/my partners pregnancy or child-related appointments in general
- Q2: I was able to take short-term (2 weeks) parental leave around the time of the birth or adoption of a child
- Q3: I was able to take extended leave to be the carer of a child if I wanted to

Clinical paramedics in Aotearoa New Zealand reported more positive experiences, with median agreement (75%) that they could take time off for pregnancy or child-related appointments (Q1) and access short-term parental leave (Q2).

In contrast, Australian respondents expressed more mixed views, with a neutral median (50%) for Q1 and median of moderate agreement (63%) for Q2. Both countries reported a neutral median (50%) regarding access to extended leave to care for a child (Q3).

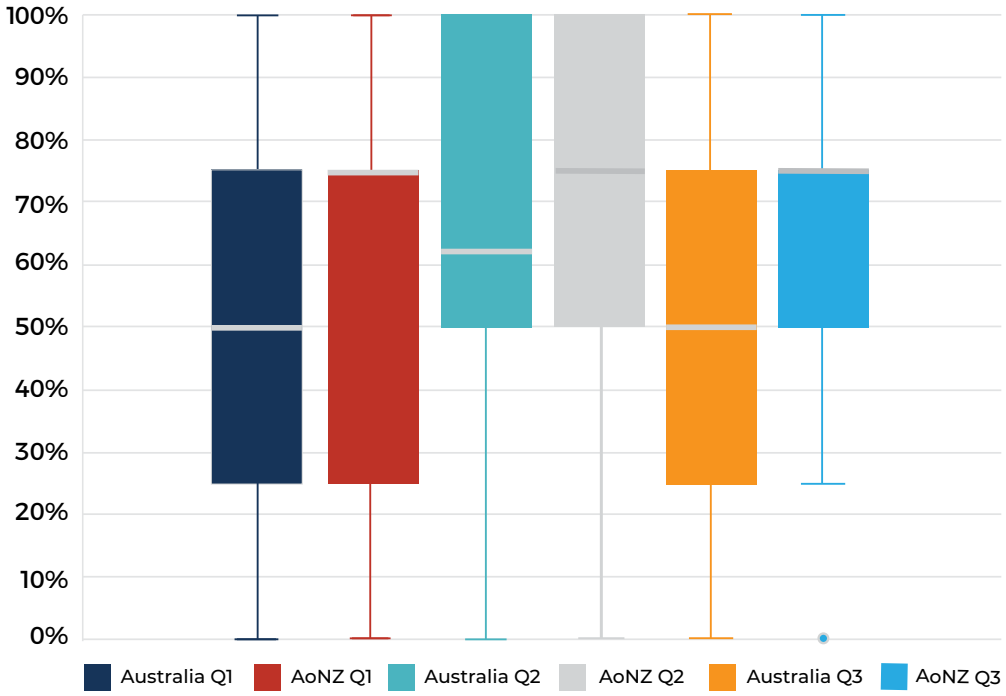
These findings suggest that while parental leave provisions are generally available in both countries, there remains variability in perceived accessibility and uptake. Notably, the distribution of responses across both countries indicates a mix of positive and negative experiences regarding taking time off for appointments (Q1), and many Australian respondents indicated they were unable to take extended carers leave (Q3).

It is important to interpret these findings in the context of ongoing legislative and organisational policy changes in both Aotearoa New Zealand and Australia over the past two decades. As such, the responses captured here may not fully reflect current parental leave experiences or entitlements.

## Responsibilities on return from extended leave

Paramedics were asked if they were able to return to the same role on finishing parental leave. The majority of respondents from both countries answered positively (96%), with only a small proportion (4%) indicating they were unable to do so.

*Figure 10: Aotearoa New Zealand (n=62) and Australian (n=248) clinical paramedic parental leave experiences Note: Q1-3 described in text above*




Figures 10 and 11 use box-and-whisker plots, with the grey horizontal line showing the median score. A median score of 100% reflects strong agreement, 75% indicates agreement, 50% is neutral, 25% indicates disagreement, and 0% reflects strong disagreement. (See appendix 2).

## Accommodating family care

Clinical paramedics in Aotearoa New Zealand and Australia were also asked four questions in relation to their availability to undertake caring duties (Figure 11):

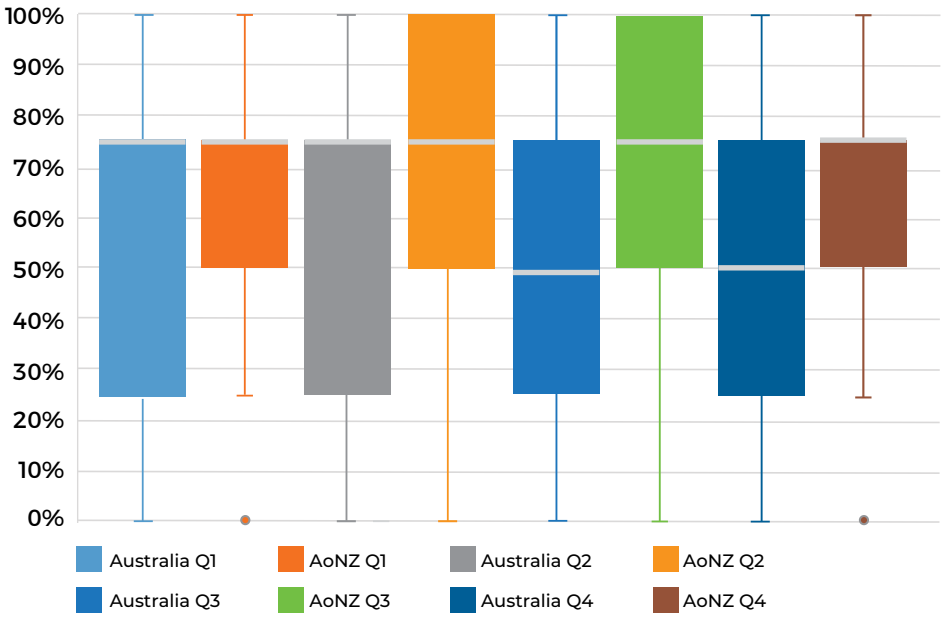
- Q1: I was able to take time off for relevant appointments
- Q2: I was able to make leave arrangements to enable important caring duties
- Q3: I was able to continue my career development while undertaking my caring duties
- Q4: I found it easy to discuss my caring duties with my work colleagues

Clinical paramedics in Aotearoa New Zealand reported consistently positive experiences in accommodating family care responsibilities, with median agreement (75%) across all four indicators. This suggests a generally supportive work environment for carers, where leave and maintaining career development are generally well facilitated.

Australian respondents reported similiarly positive experiences regarding time off and leave arrangements (Q1 and Q2; 75% median agreement). However, responses had a neutral median (50%) for questions related to career development (Q3) and openness in discussing caring duties with colleagues (Q4). Notably, Australian responses across all four questions reflected a greater proportion of negative experiences compared to their Aotearoa New Zealand counterparts.

While formal care entitlements appear relatively accessible in both countries, Australian paramedics may face subtle barriers to inclusion and career progression when managing caring duties. As inflexible work-life arrangements can increase stress and trauma in paramedicine,[25] adopting supportive practices from Aotearoa New Zealand and other jurisdictions may help improve work-life balance and reduce associated risks in Australia.

*Figure 11: Aotearoa New Zealand (n=39) and Australian (n=186) clinical paramedic experiences accommodating family care*

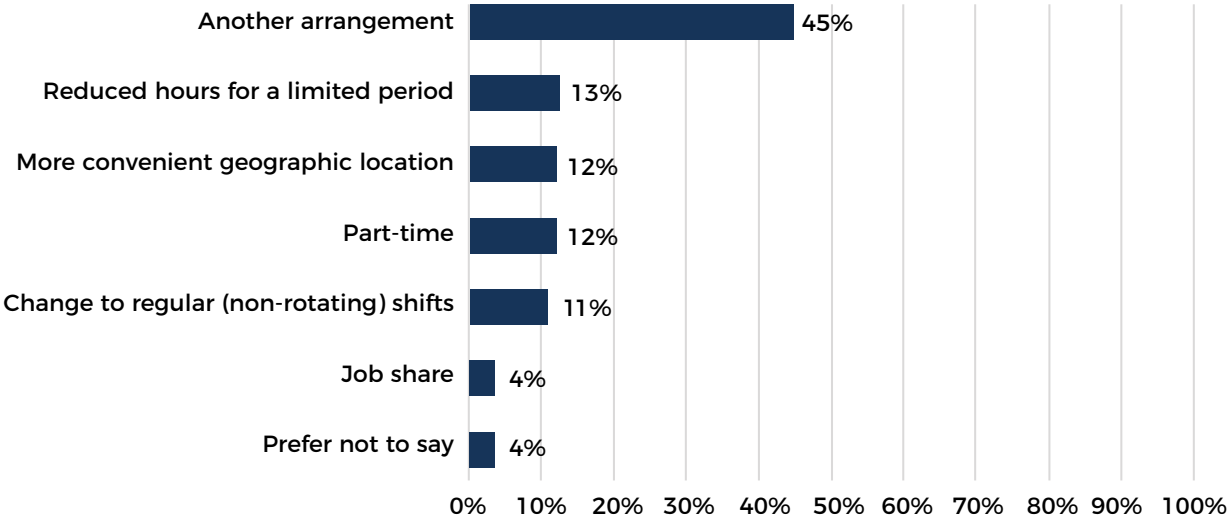


## Change of contract requests

The following section details whether paramedics had requested a change of contracted work, the motivation for the request, and the outcomes. Almost a third of respondents (28%) from both Aotearoa New Zealand (n=184) and Australia (n=678) reported requesting a change to their contracted work in the past 12 months.

Reasons given for requested changes to contracted work arrangements are shown in Figure 12. The most frequently selected reason was 'another arrangement' other than those listed (45%), and respondents were provided a free-text option to elaborate. A total of 103 written responses were received.

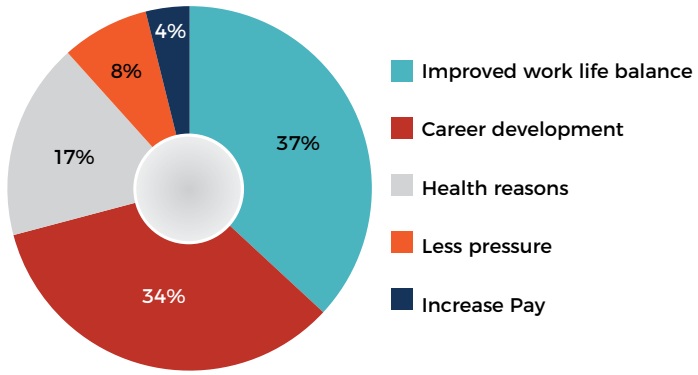
*Figure 12: Reasons for requesting a change to contracted work (combined sample, n=239)*




These responses described both positive and negative motivations and were analysed using qualitative content analysis. The resulting categories and their frequencies are shown in Figure 13. The most common theme was work–life balance considerations (37%), followed by career development (34%; including moving to a new role, secondment, or undertaking education or research), and physical and mental health considerations (17%).

Of requests to change from previously contracted work arrangements, 47% of the requests were fully granted, 23% were declined, 22% were partially granted, 5% had not received a response at the time of completing the survey, and 3% preferred not to disclose.

*Figure 13: Qualitative content analysis of reasons given for change of contracted work request (combined sample, n=103)*



## Non-standard leave provision

The following section details the utilisation of non-standard leave by the paramedicine workforce (excluding students) taken in the last 12 months (Table 8).

Non-standard leave is defined as leave, other than annual leave or short-term sick leave (fewer than 10 consecutive days). The data showed that 79% of the Australian sample had taken some form of non-standard leave in the last 12 months. In Aotearoa New Zealand, only 46% had taken such leave.

For those who indicated 'other leave', 46 provided an additional free-text response. Many responses provided combinations of leave. The most commonly mentioned categories were extended sick leave (n=16) and bereavement leave (n=4). Various schemes to allow employees flexibility with their leave or acknowledge extended service (retention leave, accrued leave, State Service Accumulated Leave Scheme and Ambulance Victoria's Four for Five scheme) were also mentioned (n=5).

## Leave beyond 10 days

In the previous 12 months, 16% of Australian and 10% of Aotearoa New Zealand clinical paramedics reported taking extended sick leave (more than 10 consecutive days).

It is perhaps unsurprising that those working in physically and emotionally demanding roles, and in close proximity to communicable diseases (despite protective equipment), could experience a need for extended sick leave. However, prolonged absences among 10–16% of the clinical workforce could pose significant operational and capacity challenges, particularly in regional and remote areas.

From a strategic perspective, an ongoing focus on enhancing the mental and physical health and wellbeing of the workforce, is strongly encouraged as a mechanism to reduce extended sick leave.

*Table 8: Types of leave taken in the last 12 months*

| | Aotearoa New Zealand (184) | Australia (678) |
|---|---|---|
| Carers leave | 7% | 32% |
| Parental/adoption leave | 7% | 4% |
| Long service | 5% | 16% |
| Workers compensation leave* | 13% | 13% |
| Leave without pay | 7% | 8% |
| Other leave | 6% | 5% |
| Prefer not to say | 1% | 1% |

*Workers compensation covers Workcover/WorkSafe Insurance in Australia and Accident Compensation Commission (ACC) in Aotearoa New Zealand.

# Career as a paramedic

**By capturing paramedics' career aspirations and intentions, we gain insights that can help design strategies that build a sustainable workforce.**

## Career intentions

Responses regarding respondents' intended length of employment with their current paramedicine employer are detailed in Table 9.

The career intentions data raise concerns for workforce sustainability in both Aotearoa New Zealand and Australia. Over two out of five clinical paramedics (43%) in both countries intend to remain with their employer for only 0–4 years. In Australia, nearly half of those in management positions report similar short-term intentions (49%).

While various factors may contribute to this limited tenure, the potential departure of a substantial portion of clinical and managerial staff poses a serious risk to operational continuity. High turnover would place additional pressure on the remaining workforce, who would be responsible for maintaining operations and training incoming staff.

Specific retention-related research is recommended to provide a more comprehensive understanding of paramedics' motivations. Gaining deeper insight into the factors influencing paramedics' career intentions is critical to safeguarding the quality and reliability of service delivery.

## Career planning

Paramedics currently in clinical roles were asked how likely they were to leave clinical practice, while non-clinical respondents were asked about the likelihood of returning. Among the 836 clinical respondents across both countries, 83% reported it was unlikely they would leave clinical work. Conversely, of the 621 non-clinical respondents, 88% stated they were unlikely to return to clinical roles.

*Table 9: Career intentions overall*

| Aotearoa New Zealand | Clinical (166) | Non-clinical* | Australia | Clinical (562) | Research* | Education (40) | M'ment (71) |
|---|---|---|---|---|---|---|---|
| 0-4 | 43% | 53% | 0-4 | 43% | 67% | 45% | 49% |
| 5-9 | 33% | 24% | 5-9 | 23% | 0% | 28% | 28% |
| 10-14 | 10% | 12% | 10-14 | 13% | 33% | 18% | 17% |
| 15-19 | 5% | 0% | 15-19 | 7% | 0% | 5% | 1% |
| 20-24 | 3% | 6% | 20-24 | 7% | 0% | 0% | 0% |
| 25-29 | 3% | 6% | 25-29 | 3% | 0% | 3% | 3% |
| 30+ | 2% | 0% | 30+ | 4% | 0% | 3% | 1% |

*Aotearoa New Zealand research, education and management responses have been combined into non-clinical due to low responses*

** Categories with <20 respondents*

## Career planning – an advanced role

To investigate career aspirations and planning, paramedics were asked the likelihood that they would apply for an advanced role during the next 12 months (Figure 14). These roles covered the four areas of clinical, management, education and research and could be with their current employer or another organisation.

In Aotearoa New Zealand, advanced clinical roles were the most likely to be pursued, with 20% of respondents indicating they were 'very likely' to apply for these positions. In Australia, both clinical and management roles were rated similarly, with 12% and 13% of respondents, respectively, identifying these as roles they would be 'very likely' to apply for. In contrast, advanced research roles were the least likely to be pursued, with only 4% of respondents in both countries indicating they would be 'very likely' to apply for this position.

When considered alongside responses to career intentions (Table 9), these findings present an opportunity to further explore and develop feasible career pathways for the paramedicine workforce. Notably, advanced clinical roles are contributing to the increased visibility of paramedicine within the broader healthcare workforce. The lack of engagement with research roles is concerning, however, given the critical role of research in developing the future paramedicine workforce.

## Career planning – further education

A similar question was posed to paramedics in relation to the likelihood of their engagement with further education, beyond the mandatory hours of CPD (Figure 15).

Respondents in both countries were most likely to engage in informal education that might include optional in-house training or external study, with 50% of Aotearoa New Zealand and 46% of Australian respondents rating this as 'very likely'. Aotearoa New Zealand respondents also had a higher likelihood of undertaking paramedicine-specific formal coursework education provided by a recognised training organisation (RTO) or university, with 35% reporting this compared to 23% in Australia.

Although undertaking formal education provided by an RTO or university in a discipline other than paramedicine was much less likely than paramedic study, 10% of Aotearoa New Zealand and 16% of Australian respondents still indicated it was 'very likely' they would engage in this within the next 12 months. This study may be to complement the paramedic role or for personal interest, however, it may also signal a desire to retrain and move to another profession.

*Figure 14: Likelihood of applying for an advanced role in Aotearoa New Zealand (n=184) and Australia (n=668)*

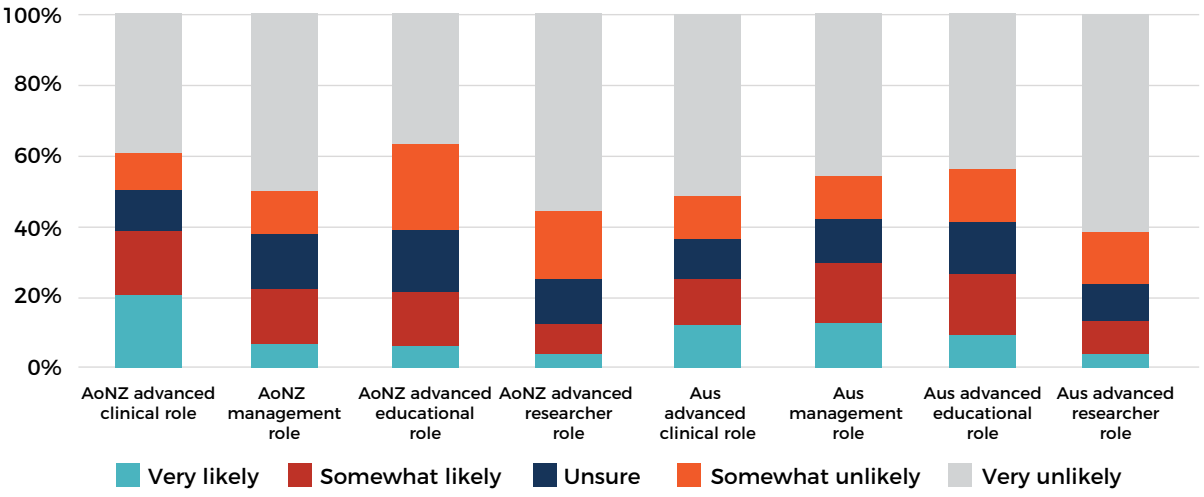
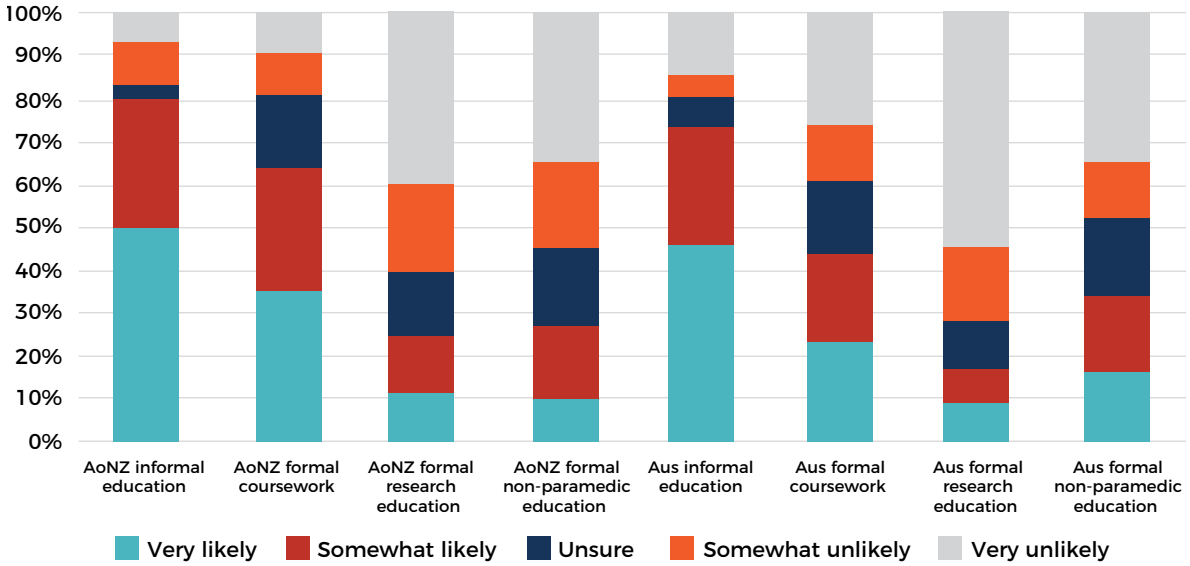



*Figure 15: Likelihood of engaging in further education in Aotearoa New Zealand (n=184) and Australia (n=668)*



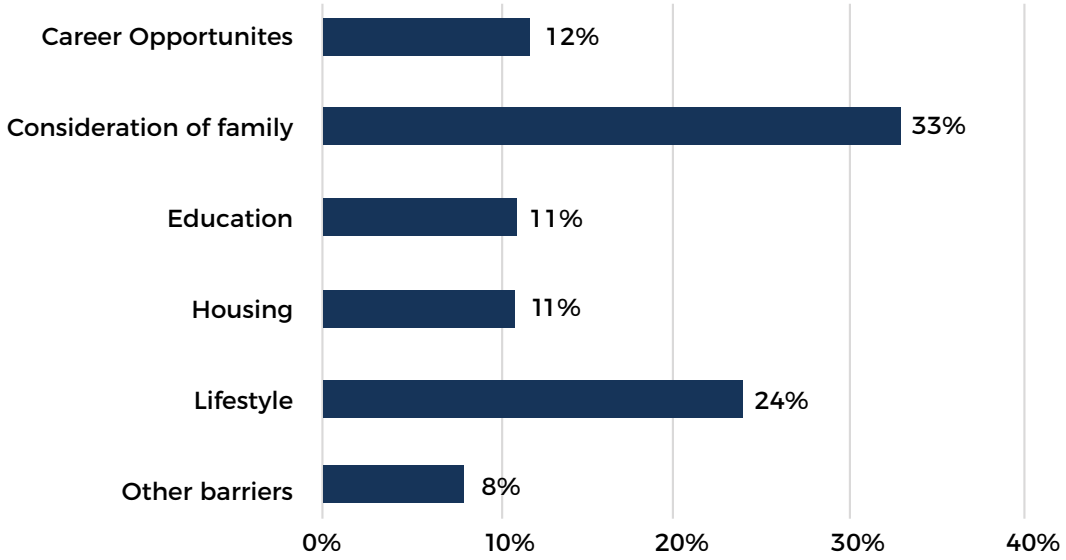
## Career planning – location

Paramedics were asked whether they would consider working in a rural or remote location. Overall, this question was generally met with reluctance. For rural work, 46% of respondents in both countries indicated that it was 'very' or 'somewhat unlikely' they would consider such a role. The likelihood further decreased for remote work, with 57% of Aotearoa New Zealand and 58% of Australian respondents indicating that they were 'very' or 'somewhat unlikely' to choose this option.

Respondents who indicated they would not consider working in a rural or remote location were asked to identify contributing factors linked to this decision (Figure 16). Family considerations (33%) and lifestyle preferences (24%) emerged as the most common reasons.

In addition to the listed options, 23 respondents provided free-text responses under 'other barriers'. The most common reason was prior remote work experience and no desire to return (n=6). Others cited concerns about working alone or with limited support (n=3), and the risk of deskilling due to low case volume (n=3). Additional factors included caring responsibilities, difficulty returning to urban roles, limited opportunities (particularly in advanced positions) and restricted access to education in remote areas.

*Figure 16: Reasons for not considering working rural or remote (combined sample, n=328)*



# Professional development, education, supervision and training

**A deep dive into the continued learning that empowers paramedics to evolve their capabilities and adapt to the changing demands of their profession.**

## Highest paramedicine qualification and country where degree was obtained

Paramedics were asked about their highest qualifications to better understand the educational profile of the workforce. The highest level of qualification achieved by respondents working in the Australasian paramedicine workforce is shown in Table 10.

The results showed that the paramedicine workforce is highly trained in both countries, with nearly 80% holding a bachelor's degree or higher, and over 30% having completed postgraduate studies. This positions the workforce well above the national populations in terms of qualifications achieved[26,27].

Most Australians obtained their degree in Australia (96%), with a small proportion from the UK (2%), Aotearoa New Zealand (1%) and South Africa (1%). In Aotearoa New Zealand, 88% received their degree locally with the remaining having studied in Australia (9%) and the UK (2%). Another 2% had gained a degree elsewhere including the US, Canada, Portugal and Papua New Guinea.

*Table 10: Highest degree awarded*

| | Aotearoa New Zealand (187) | Australia (693) |
|---|---|---|
| No formal qualification | 2% | 0% |
| Certificate II/III/IV | 3% | 1% |
| Diploma | 11% | 20% |
| Bachelor's | 41% | 45% |
| Post Graduate Certificate | 13% | 8% |
| Post Graduate Diploma | 21% | 13% |
| Master's (coursework) | 6% | 8% |
| Master's (research) | 2% | 2% |
| PhD | 1% | 2% |

## CPD activities

Paramedics were asked about their engagement with continuing professional development (CPD) activities to gain insights into ongoing learning across the workforce. The types of CPD activities typically used to meet mandatory requirements are outlined in Table 11.

Across both countries, respondents indicated a preference for conferences, seminars, and workshops, followed by shorter, work-based CPD activities of in-service education and podcasts. More formal learning, such as online courses or university degrees, were not as desirable. In Australia, there is a small decline in domestic students seeking a tertiary education which has been attributed to cost of living pressures and strong labour market demand.[25]

A small number of respondents noted 'other' CPD activities, which included clinical discussions with colleagues, mentees and mentors; supervision and teaching; and simulations.

## Barriers to CPD

Paramedics were asked what barriers they experienced when completing their CPD (Table 12). In Aotearoa New Zealand, two-thirds of respondents (66%) 'disagreed' or 'strongly disagreed' that time constraints limited their ability to complete CPD, where nearly half of Australian respondents (52%) 'disagreed' or strongly disagreed' that time was a barrier. Limited access to CPD opportunities appeared to be of lesser concern, with approximately two-thirds of respondents in both Aotearoa New Zealand (64%) and Australia (66%) 'disagreeing' or 'strongly disagreeing' that availability was an issue.

Cost, however, was a more prominent concern in Australia, where over half of respondents (56%) 'agreed' or 'strongly agreed' that CPD opportunities were too expensive, compared to Aotearoa New Zealand (46%).

*Table 11: CPD activities normally undertaken as part of mandatory annual commitment (combined sample, n=928)*

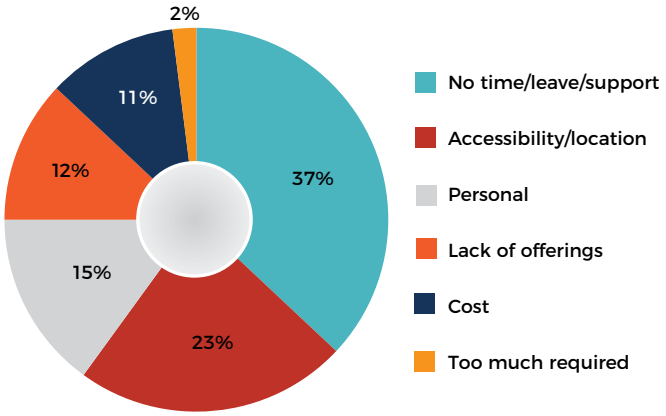
| CPD activities normally undertaken | Rank preference |
|---|---|
| Participation in face-to-face or online conferences, seminars, or workshops | 1st preference |
| Work-based learning or in-service education | 2nd preference |
| Podcasts or other social media-based educational activities | 3rd preference |
| Online course or short course | 4th preference |
| Reading and reflecting on scientific journal articles or participation in a journal club | 5th preference |
| Tertiary Degree | 6th preference |
| Involvement in a research study as a participant | Least preferred |

*Table 12: Barriers to CPD activities*

| **Aotearoa New Zealand (176)** | | | | |
|---|---|---|---|---|
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
| There is a lack of time to complete CPD | 18% | 48% | 22% | 12% |
| I have few CPD opportunities available to me | 18% | 46% | 27% | 8% |
| The CPD opportunities are too expensive | 11% | 44% | 34% | 12% |
| **Australia (737)** | | | | |
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
| There is a lack of time to complete CPD | 19% | 33% | 27% | 20% |
| I have few CPD opportunities available to me | 20% | 46% | 22% | 11% |
| The CPD opportunities are too expensive | 10% | 34% | 39% | 17% |

There was also the option to select 'other' and provide a free-text response. A total of 134 valid written responses were entered and underwent qualitative content analysis, resulting in six overarching themes (Figure 17).

*Figure 17: Qualitative content analysis of free text responses to barriers to CPD (combined sample, n=134)*




Most responses (37%) related to individuals feeling that they did not have time, leave or support from their organisation to undertake CPD. The expectation that respondents completed CPD outside of work hours was identified as a significant barrier. One respondent indicated that:

> *"Employer has a dim view of these activities being conducted in the workplace – despite down time."*

Specifically, individuals who worked shift-work found it challenging to find the time to undertake CPD. Many indicated that they would appreciate the availability of 'paid leave to attend seminars'.

Accessibility was another reported barrier (23%), with respondents noting limited availability of interactive, face-to-face, or high-quality CPD, often requiring interstate travel. Cost (11%) and personal responsibilities such as caregiving (15%) were also cited. Smaller proportions of respondents felt that 30 hours of CPD was excessive (2%) or that there was a lack of relevant, high-quality courses (12%), particularly for specialist roles.

## Enablers of CPD

Paramedics were asked what enablers they experienced when completing their CPD (Table 13). Support from colleagues and professional memberships emerged as key enablers.

The majority of respondents in both Aotearoa New Zealand (87%) and Australia (85%) 'agreed' or 'strongly agreed' that their colleagues were supportive. Professional memberships were also seen as valuable in enabling CPD, with stronger agreement in Australia (83%) compared to Aotearoa New Zealand (68%). In comparison, perceived support from employers was lower, with 64% of respondents in Aotearoa New Zealand and 67% in Australia reporting that they 'agree' or 'strongly agree' with this statement.

Of the 21 written responses about CPD enablers, six described barriers and were reclassified accordingly. Among the fifteen valid responses, nearly half cited organisational support, such as allocated time or funding, as key enablers. Four respondents highlighted personal motivation, while others mentioned career goals, colleagues, and social media as contributing factors.

*Table 13: Enablers to CPD activities*

| **Aotearoa New Zealand (174)** | | | | |
|---|---|---|---|---|
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
| Colleagues are supportive of me completing CPD | 3% | 10% | 64% | 23% |
| My employer/manager is supportive of me completing CPD | 7% | 28% | 46% | 18% |
| I have professional memberships which support my completion of CPD | 8% | 23% | 45% | 23% |
| **Australia (722)** | | | | |
| | Strongly Disagree | Disagree | Agree | Strongly Agree |
| Colleagues are supportive of me completing CPD | 3% | 12% | 63% | 22% |
| My employer/manager is supportive of me completing CPD | 11% | 22% | 49% | 18% |
| I have professional memberships which support my completion of CPD | 5% | 13% | 48% | 35% |

# Employment and work demands

**This section provides a detailed look at employment patterns and the intensity of paramedic work, offering valuable insights into the operational demands, workload pressures, and the broader implications for workforce sustainability and wellbeing.**

## Employers

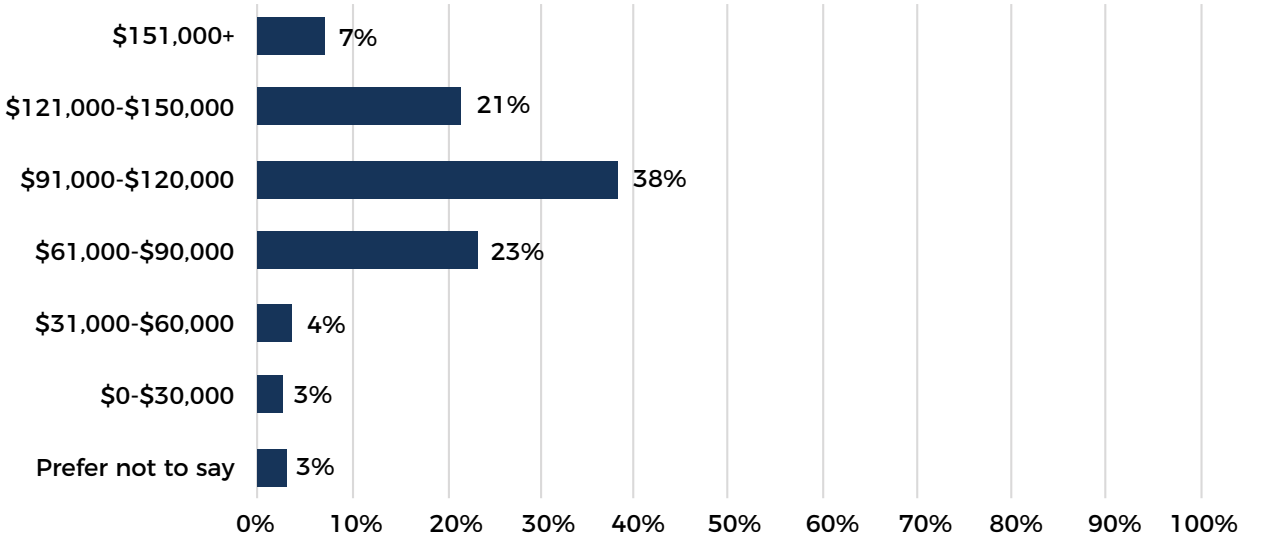
Paramedics were able to provide information about up to three employers. Nearly 25% of respondents in Australia and Aotearoa New Zealand advised that they had multiple employers and details of this group can be found in the Chapter 'Snapshot: paramedics with multiple employers'. This section relates to the information that all respondents provided on their primary and, in some cases, only employer (unless otherwise stated).

## Annual income from primary employer

Paramedics were asked to report their annual gross (pre-tax) income from their primary employer. All responses were provided in local currency (NZD and AUD).

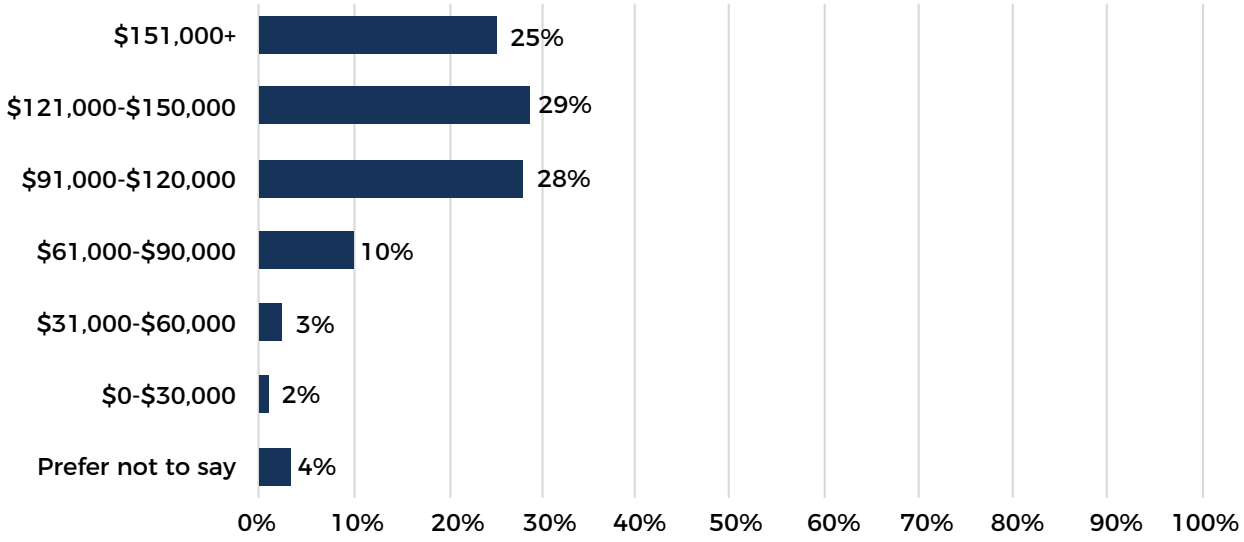
Of the sampled Aotearoa New Zealand paramedics, 89% earned more than $61,000 and 66% earned more than $91,000 as shown in Figure 18. The average annual pre-tax salary in Aotearoa New Zealand is $85,800 [28] indicating that a large proportion of paramedics earn above the national average.

*Figure 18: Annual gross income (NZD) from primary employer for Aotearoa New Zealand paramedics (n=188)*



Of the Australian paramedics surveyed, 82% earned over $91,000 (pre-tax) and 54% earned more than $121, 000 (Figure 19). The average annual pre-tax salary in Australia is $98,000 [29] indicating that a large proportion of Australian paramedics also earn above the national average.

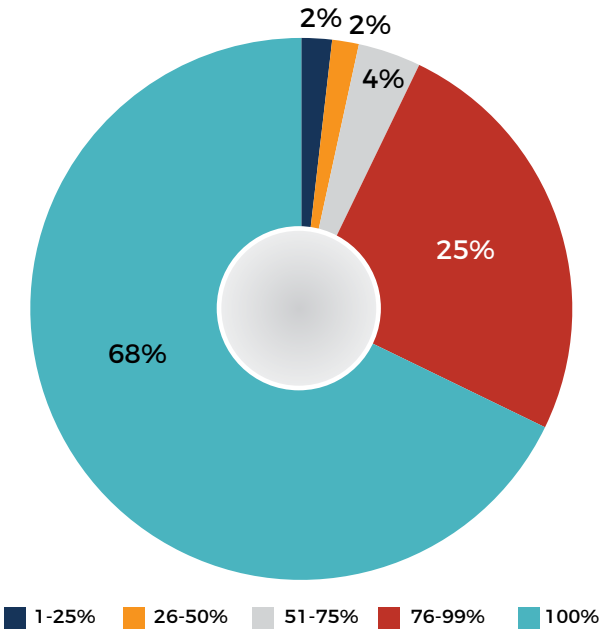
*Figure 19: Annual gross income (AUD) from primary employer for Australian paramedics (n=693)*



## Percentage of income from primary paramedicine employer

As 32% of respondents reported having more than one employer, they were asked what proportion of their income came from their primary employer (Figure 20). Respondents with only one employer selected 100%. Overall, 68% of paramedics surveyed indicated that their entire income was derived from their primary employer.

*Figure 20: Percentage of income derived from respondent's primary employer (combined sample, n=879)*




## Primary work setting

In line with the Australian Bureau of Statistics, and other informal paramedicine and health surveys, a list of primary work settings was created. Respondents were asked to select their primary work setting from this list (Table 14). If the options were unsuitable, they were also able to select 'other' and provide free text responses.

Jurisdictional ambulance services were the primary employers for the majority of paramedics in Aotearoa New Zealand (76%) and Australia (78%). Of those surveyed who selected 'other', 30 respondents entered their primary work setting manually. Responses varied and included ambulance (n=5), urgent care (n=2), aeromedical services (n=2), and a range of other settings including management consultancy, private RTO, and risk management.

*Table 14: Work settings for primary employer*

| | Aotearoa New Zealand (187) | Australia (694) |
|---|---|---|
| Jurisdictional (state/territory) ambulance service | 76% | 78% |
| Tertiary educational facility/research institute | 2% | 4% |
| Events | 2% | 3% |
| Mining/industrial/offshore | 0% | 7% |
| Primary healthcare, not in an ambulance service | 5% | 1% |
| Non-emergency patient transport | 0% | 1% |
| Defence force | 1% | 1% |
| Rescue service | 9% | 2% |
| Other government agency | 1% | 1% |
| Hospital | 1% | 0% |
| Other | 4% | 3% |

## Type of work

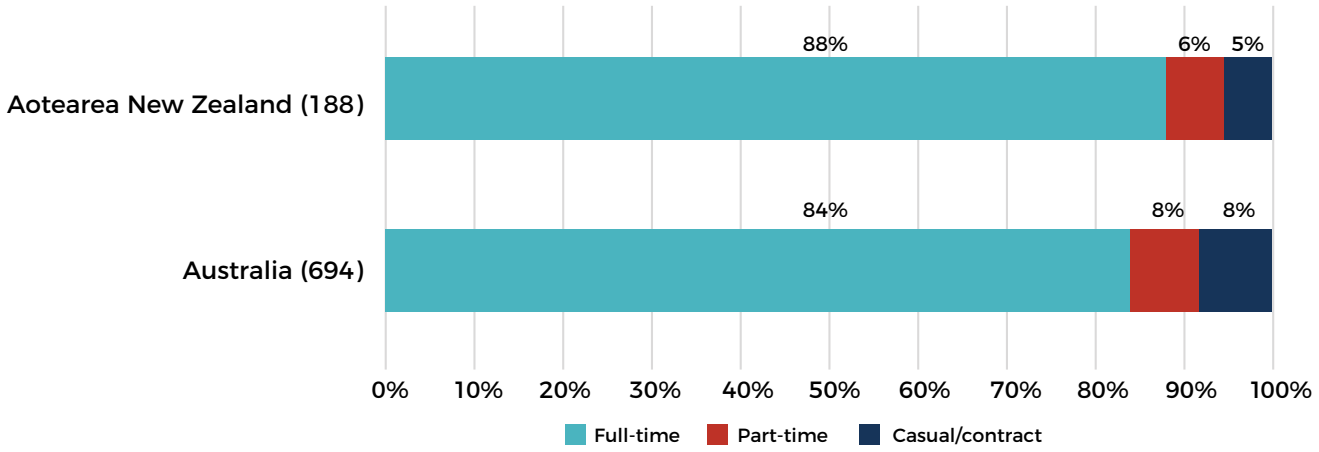
Due to the variability of type and format of work, irrespective of employer, a suite of questions was asked to further explore these areas. These included whether paramedics were employed as fly-in fly-out (FIFO). Of the Aotearoa New Zealand sample, 4% worked on a FIFO roster, while among the Australian sample this was 13%. This is not a surprising finding as Australia has a large mining industry.

## Contract type

Respondents were also asked if they worked full-time, part-time, casual, or were self-employed (Figure 21). These data represent the contract types of all employers, not just the primary employer. No respondents selected self-employed.

In both countries, most respondents (88% Aotearoa New Zealand and 84% Australia) were employed full-time, which may be the respondents' preferred option or may indicate a lack of flexible contract opportunities.

*Figure 21: Contract type*

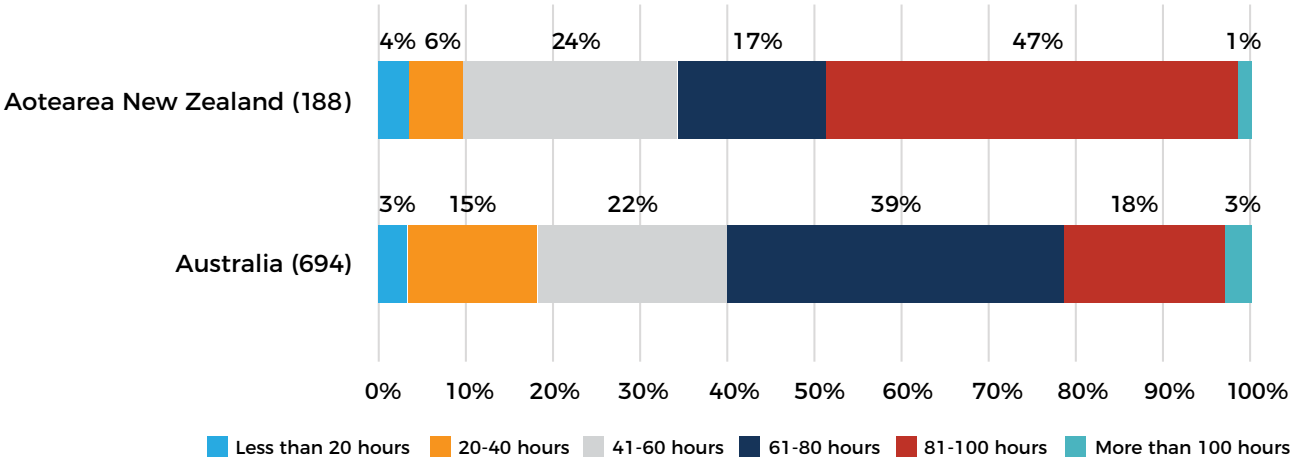


## Hours worked per fortnight

Paramedics were asked to estimate the number of hours they worked per fortnight, excluding overtime and on-call hours (Figure 22). The presented data are an aggregate for all employers as the impact of working for one organisation will flow to others.

A notable difference was observed between countries for respondents working over 81 hours per fortnight, with 48% of Aotearoa New Zealand respondents reporting this higher workload, compared to just 21% of Australian respondents.

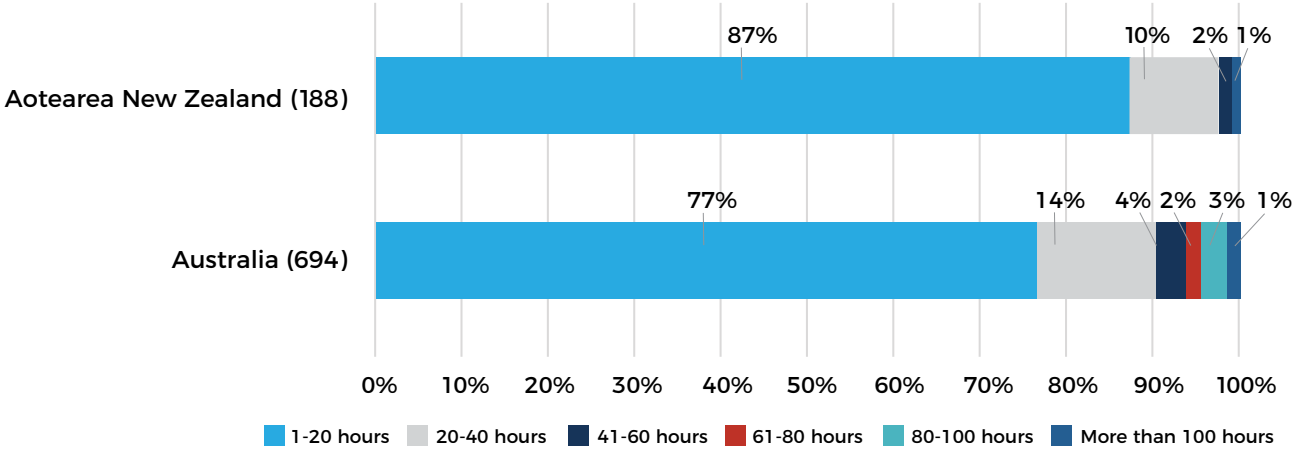
*Figure 22: Hours worked per fortnight for any employer, excluding overtime and on-call*



## Hours per fortnight of overtime and on-call work

Most paramedics surveyed reported undertaking between 1–20 hours of overtime or on-call work per fortnight, with 87% of respondents in Aotearoa New Zealand and 77% in Australia falling within this range (Figure 23). The survey did not distinguish between incidental overtime and rostered additional shifts.

*Figure 23: Hours worked per fortnight for any employer of overtime and on-call*




## Work schedule/shift pattern

A greater proportion of Aotearoa New Zealand respondents (76%) reported working a rotating shift pattern of days and nights across the seven-day week, compared to Australian paramedics (57%). Other shift patterns were also reported, including a proportion of respondents (15% Aotearoa New Zealand and 18% Australia) who reported working day and afternoon shifts, while avoiding night shifts (Table 15).

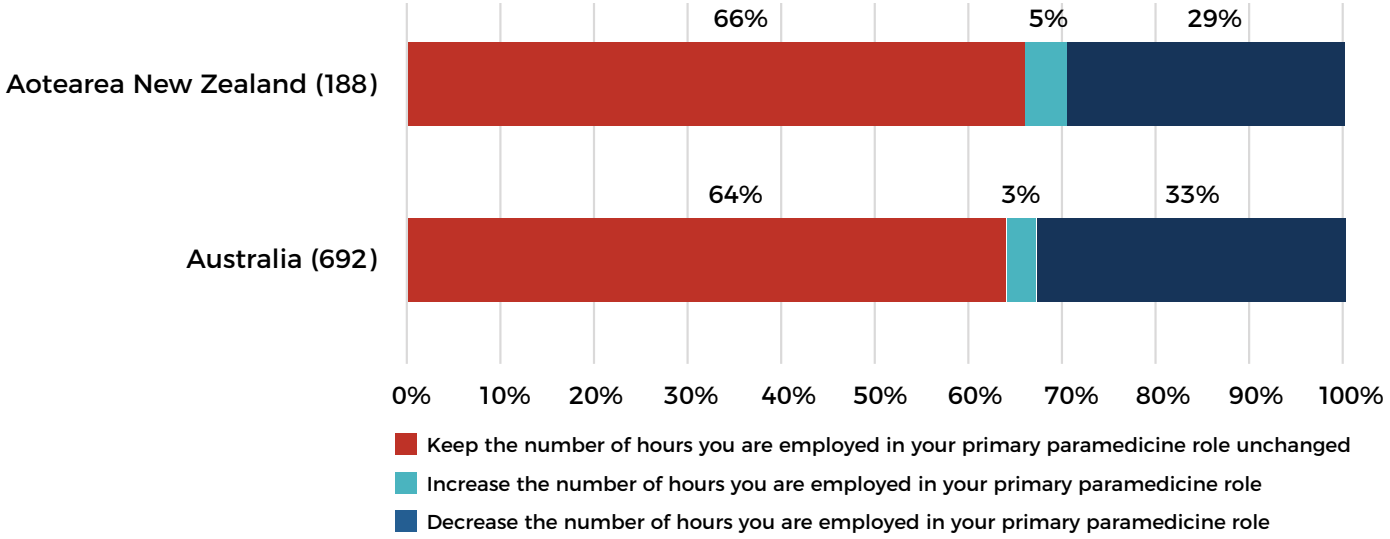
*Table 15: Shift patterns*

| | Aotearoa New Zealand (188) | Australia (694) |
|---|---|---|
| Rotating shifts across the 7-day week | 76% | 57% |
| Rotating shifts across the 7-day week with on-call | 2% | 16% |
| Days and/or afternoons only (weekdays and weekends) | 4% | 7% |
| Days only (weekdays only) | 11% | 11% |
| Nights only | 0% | 0% |
| Split shifts | 1% | 0% |
| Ad hoc | 6% | 7% |

## Change to work hours

Paramedics were asked whether they were satisfied with the number of hours they worked for their primary employer, or if there was a desire to increase or decrease these hours (Figure 24).

*Figure 24: Desire to change or maintain hours with primary paramedicine role*



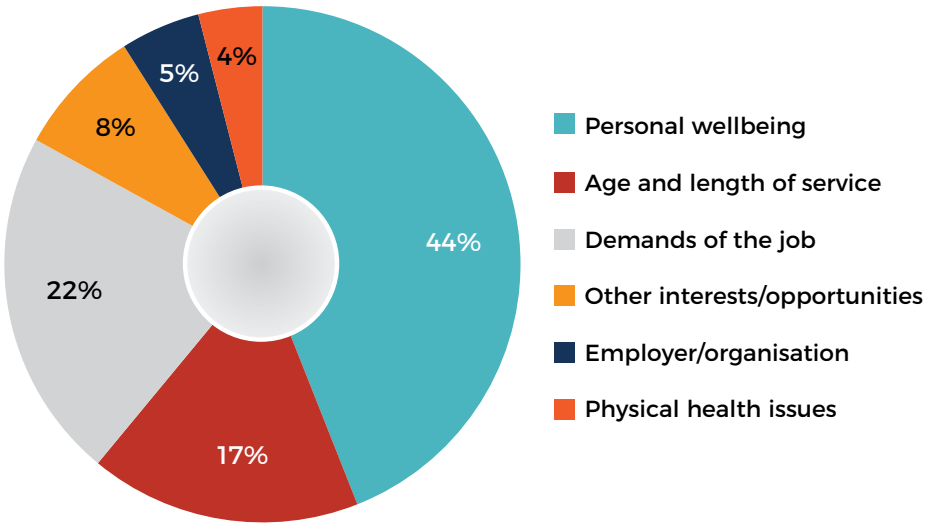

## More hours

A small proportion of respondents in Aotearoa New Zealand (5%) and Australia (3%) expressed a desire to increase their work hours. Of the 32 written responses, most (n=18) cited financial or job security concerns, including the need for a stable income. Other reasons included gaining experience (n=8), role limitations (n=2), altruistic motivations (n=2), and changing personal circumstances (n=2).

## Fewer hours

Approximately one third of paramedics surveyed in Aotearoa New Zealand (29%) and Australia (33%) wanted to decrease their hours with their primary employer. Respondents were also given the opportunity to explain, and 284 written responses were submitted. These responses were subject to qualitative content analysis and six broad categories were identified (Figure 25).

*Figure 25: Reason for request for less hours from primary employer (combined sample, n=284)*



Responses indicated 44% would like to work a reduced number of hours for their personal wellbeing. This included work-life balance, and increasing time with family. One respondent stated,

> *Better work/life balance. 42 hours per week, plus breaks and travel time on top of that impact on activities outside of work. Especially those involving family.*

The second category described respondents who were nearing retirement age or who had worked for several years as a paramedic (17%). Many who indicated they were close to retirement were looking to work less in the transition period. One said:

> *I am getting older, and it is getting harder to keep up this level of work and maintain my enthusiasm. And my body is feeling it - 28 years of lifting and carrying people!*

The third category related to the demands of the job (22%), which were identified as intense and challenging. Long shifts, overtime, and almost no time for breaks or meals, were creating fatigue and burnout among respondents. One said:

> *Our overtime is so consistent, I am essentially doing full-time and a half. My hours would be fine if I could have my breaks and knock off on time.*

Another 8% of respondents were pursuing other opportunities, while 5% raised concerns that their management and organisation created an unpleasant working environment that they wanted to avoid. Some of the ways in which organisations and leadership were described were “corrupt”, “poor”, “terrible to work for“ and “a train wreck”.  One respondent noted:

> *I'm over it. It is relentless. I'm getting tired. Support from management is focused more on stick/harassment than on the welfare and morale of staff. Instead of addressing why more than half of the workforce have used up more than their yearly allocation of sick leave in four months, it is treated as an individual problem, not a systems problem.*

The final category (4%) related to physical health challenges.

## Job demands

Participants were asked to estimate the proportion of their time spent undertaking different tasks for their primary employer during a typical fortnight (Table 16).

Paramedics in both countries reported spending most of their shift on direct patient care and related activities. Between 59% of Aotearoa New Zealand and 51% of Australian respondents reported spending one quarter to three-quarters of their shift on direct patient care.

Time waiting to transfer patient care also accounted for a substantial portion of the shift, in Aotearoa New Zealand, 65% compared to 45% in Australia.

Engagement in research activities was uncommon, with 73% of Aotearoa New Zealand and 79% of Australian respondents indicating no shift time spent on research.

Meal breaks or downtime were more commonly reported in Aotearoa New Zealand, with 69% reporting up to a quarter of the shift spent on breaks, compared to 50% in Australia. Notably, 44% of Australian paramedics surveyed reported no time for meals or downtime, versus 21% in Aotearoa New Zealand.

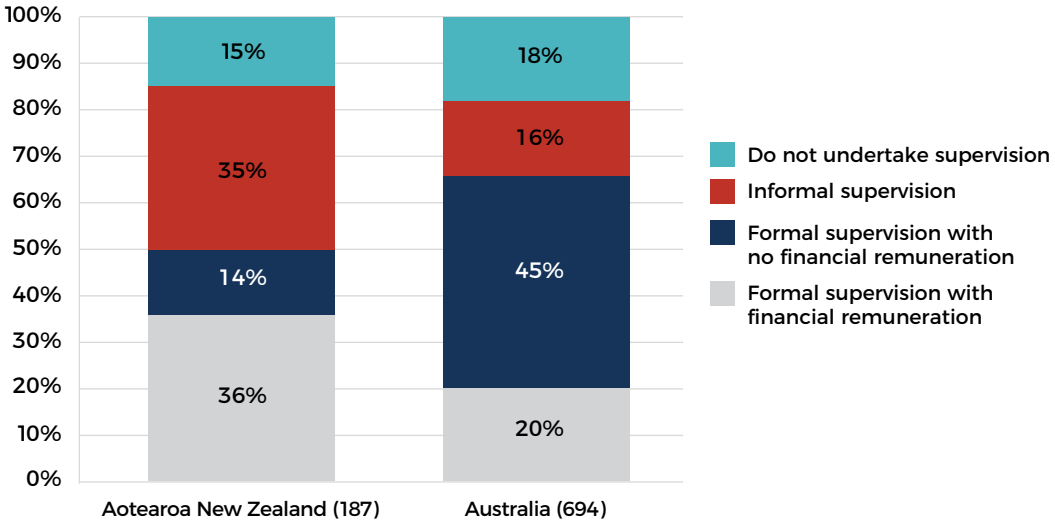
*Table 16: Job demands for clinical respondents working for their primary employer in Aotearoa New Zealand (n=188) and Australia (n=694)*

| | Aotearoa New Zealand | Australia | Aotearoa New Zealand | Australia | Aotearoa New Zealand | Australia | Aotearoa New Zealand | Australia | Aotearoa New Zealand | Australia |
|---|---|---|---|---|---|---|---|---|---|---|
| | No time in shift | No time in shift | Up to a quarter of the shift | Up to a quarter of the shift | Between a quarter and half the shift | Between a quarter and half the shift | Half to three quarters of the shift | Half to three quarters of the shift | Three quarters to all the shift | Three quarters to all the shift |
| Direct patient care not including waiting to transfer patient care to another health professional | 5% | 11% | 21% | 24% | 40% | 27% | 19% | 24% | 15% | 13% |
| Direct patient care whilst waiting to transfer patient care to another health professional | 23% | 29% | 65% | 45% | 10% | 19% | 1% | 5% | 2% | 2% |
| Indirect patient care (travel to and from patient, paperwork, clinical audits or reviews) | 19% | 28% | 53% | 55% | 27% | 15% | 1% | 1% | 0% | 0% |
| Management and administration (including branch/station duties) | 33% | 38% | 60% | 44% | 2% | 8% | 2% | 5% | 4% | 4% |
| Educational activities (including mentoring/ peer support/training) | 30% | 36% | 61% | 53% | 6% | 6% | 2% | 3% | 1% | 1% |
| Research activities | 73% | 79% | 24% | 18% | 3% | 2% | 1% | 0% | 0% | 0% |
| Meals/downtime | 21% | 44% | 69% | 50% | 10% | 4% | 1% | 2% | 0% | 0% |

## Role in clinical supervision

Responses to questions related to the clinical supervision of paramedic students and interns were examined. Most paramedics surveyed in Aotearoa New Zealand (85%) and Australia (82%) are providing clinical supervision, and this role is commonly formalised (Figure 26). Aotearoa New Zealand has a larger percentage of clinical supervisors who are undertaking this role in a paid capacity (36%) compared to Australia (20%).

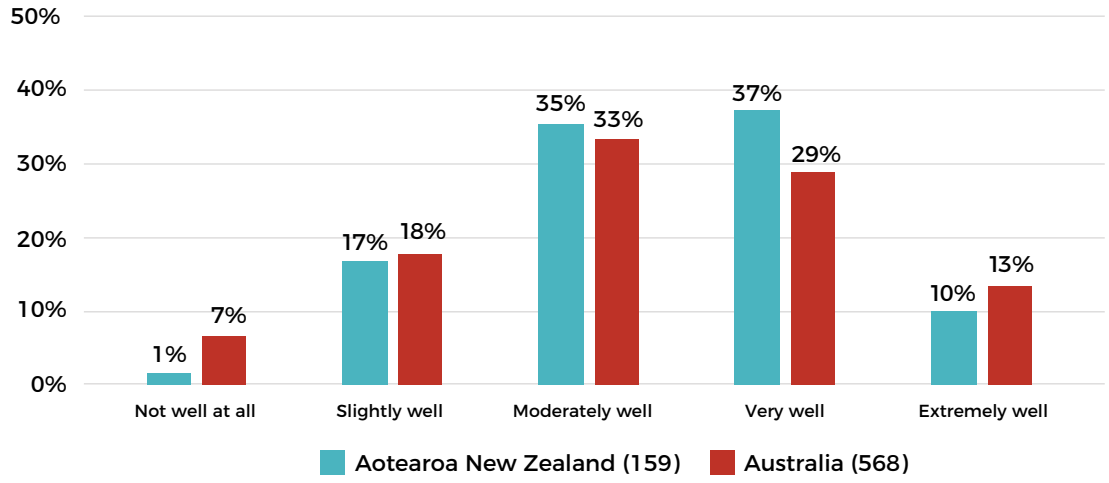
*Figure 26: Role in clinical supervision*




## Preparedness for clinical supervision

Of those providing clinical supervision, the majority of Aotearoa New Zealand (82%) and Australian respondents (75%) indicated that they were at least 'moderately well' prepared for their role. Of concern, one in four Australian (25%) and approximately one in five Aotearoa New Zealand respondents (18%) perceived they were 'not well at all' or only 'slightly well' prepared for clinical supervision (Figure 27).

*Figure 27: Preparedness for clinical supervision*



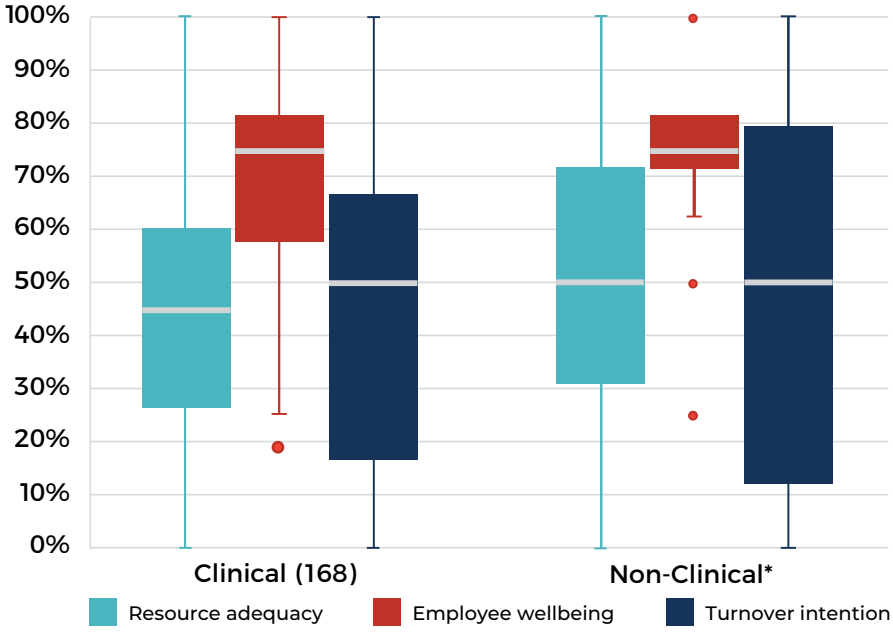
# Wellbeing, resource adequacy and turnover

**An exploration of wellbeing and organisational support, revealing the factors that influence paramedics' commitment to their roles and organisations.**

## Wellbeing, resourcing and turnover

A range of pre-validated workforce psychometric question sets were used to examine employee wellbeing, perceptions of resourcing, and intentions to leave. All responses are related to the respondent's primary paramedicine employer.

*Figure 28: Aotearoa New Zealand – Employee wellbeing psychometrics by role for the primary paramedicine employer. Note: Research, education and management responses have been combined into non-clinical.*




** Categories with <20 respondents*

Figures 28 and 29 use box-and-whisker plots, with the grey horizontal line showing the median score. A median score of 100% reflects strong agreement, 75% indicates agreement, 50% is neutral, 25% indicates disagreement, and 0% reflects strong disagreement. The average agreement levels for each item contributing to the overall psychometric scores are provided in the corresponding tables. (See appendix 2).

*Table 17: Average agreement with wellbeing, resourcing and turnover statements – Aotearoa New Zealand*

| Aotearoa New Zealand | Clinical (168) | Research* | Education* | Management* |
|---|---|---|---|---|
| **Resource adequacy** | | | | |
| There are enough staff at my organisation to get the work done | 34% | - | 25% | 42% |
| There are enough trained staff to ensure quality of care | 38% | - | 39% | 53% |
| There is enough support to allow me to spend sufficient time with patients | 54% | - | 39% | 69% |
| I have enough time and opportunity to discuss care problems with other medical/emergency staff | 54% | - | 43% | 72% |
| **Employee wellbeing** | | | | |
| Overall, I am reasonably happy with my work life | 66% | - | 69% | 78% |
| Most days I feel a sense of accomplishment in what I do at work | 69% | - | 75% | 81% |
| I feel content with my work | 70% | - | 66% | 78% |
| I get a sense of joy from my work | 75% | - | 72% | 81% |
| **Turnover intention** | | | | |
| I frequently think about leaving this organisation | 54% | - | 56% | 31% |
| It is likely that I will search for a job in another organisation within the next year | 48% | - | 69% | 39% |
| It is likely that I will leave my current organisation within the next year | 36% | - | 56% | 28% |

** Categories with <20 respondents*

*Figure 29: Australian paramedics grouped by role – Employee wellbeing psychometrics by role for the primary paramedicine employer. Note: Education and research combined due to low response*

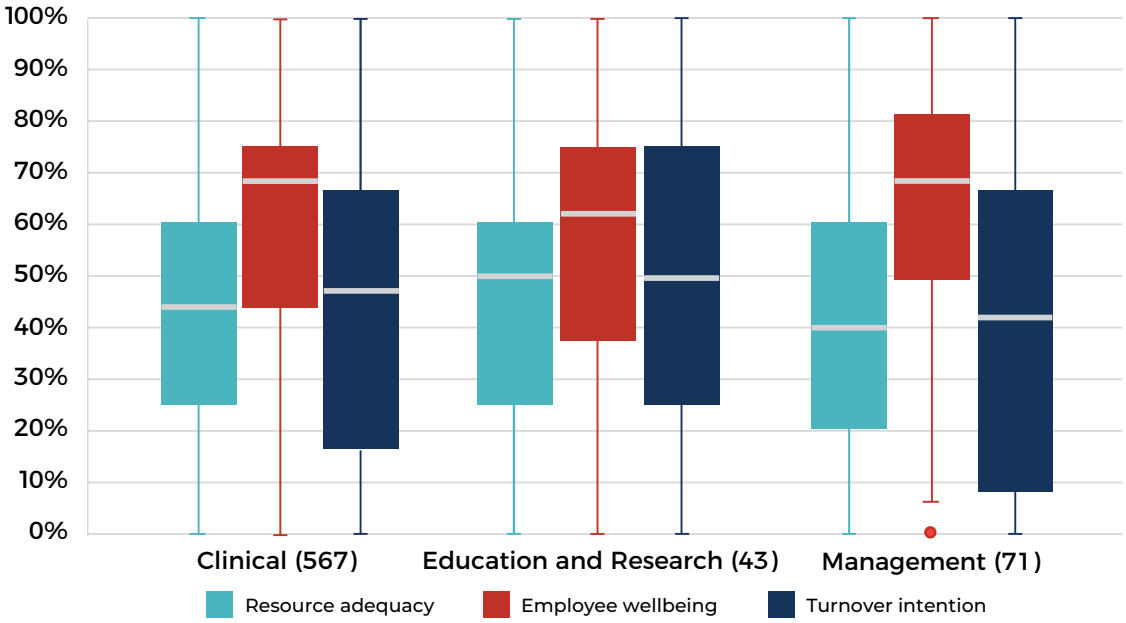


*Table 18: Average agreement with wellbeing, resourcing and turnover statements – Australia*

| Australia | Clinical (567) | Research* | Education* | Management (70) |
|---|---|---|---|---|
| **Resource adequacy** | | | | |
| There are enough staff at my organisation to get the work done | 31% | 50% | 38% | 30% |
| There are enough trained staff to ensure quality of care | 37% | 50% | 48% | 40% |
| There is enough support to allow me to spend sufficient time with patients | 49% | 42% | 43% | 46% |
| I have enough time and opportunity to discuss care problems with other medical/emergency staff | 50% | 58% | 43% | 52% |
| **Employee wellbeing** | | | | |
| Overall, I am reasonably happy with my work life | 59% | 83% | 54% | 64% |
| Most days I feel a sense of accomplishment in what I do at work | 60% | 67% | 55% | 67% |
| I feel content with my work | 60% | 75% | 56% | 63% |
| I get a sense of joy from my work | 64% | 58% | 63% | 64% |
| **Turnover intention** | | | | |
| I frequently think about leaving this organisation | 57% | 75% | 59% | 49% |
| It is likely that I will search for a job in another organisation within the next year | 44% | 75% | 52% | 37% |
| It is likely that I will leave my current organisation within the next year | 36% | 67% | 43% | 35% |

** Categories with <20 respondents*

Perceptions of resource adequacy were broadly consistent across clinical and non-clinical roles in both Aotearoa New Zealand and Australia. Median scores for all groups fell below 50% (Figures 28 and 29), indicating a generally neutral to negative view. Agreement was particularly low among clinical paramedics, with only 34% in Aotearoa New Zealand and 31% in Australia agreeing their organisation was sufficiently staffed (Tables 17 and 18). These findings suggest concerns about under-resourcing across the paramedicine workforce.

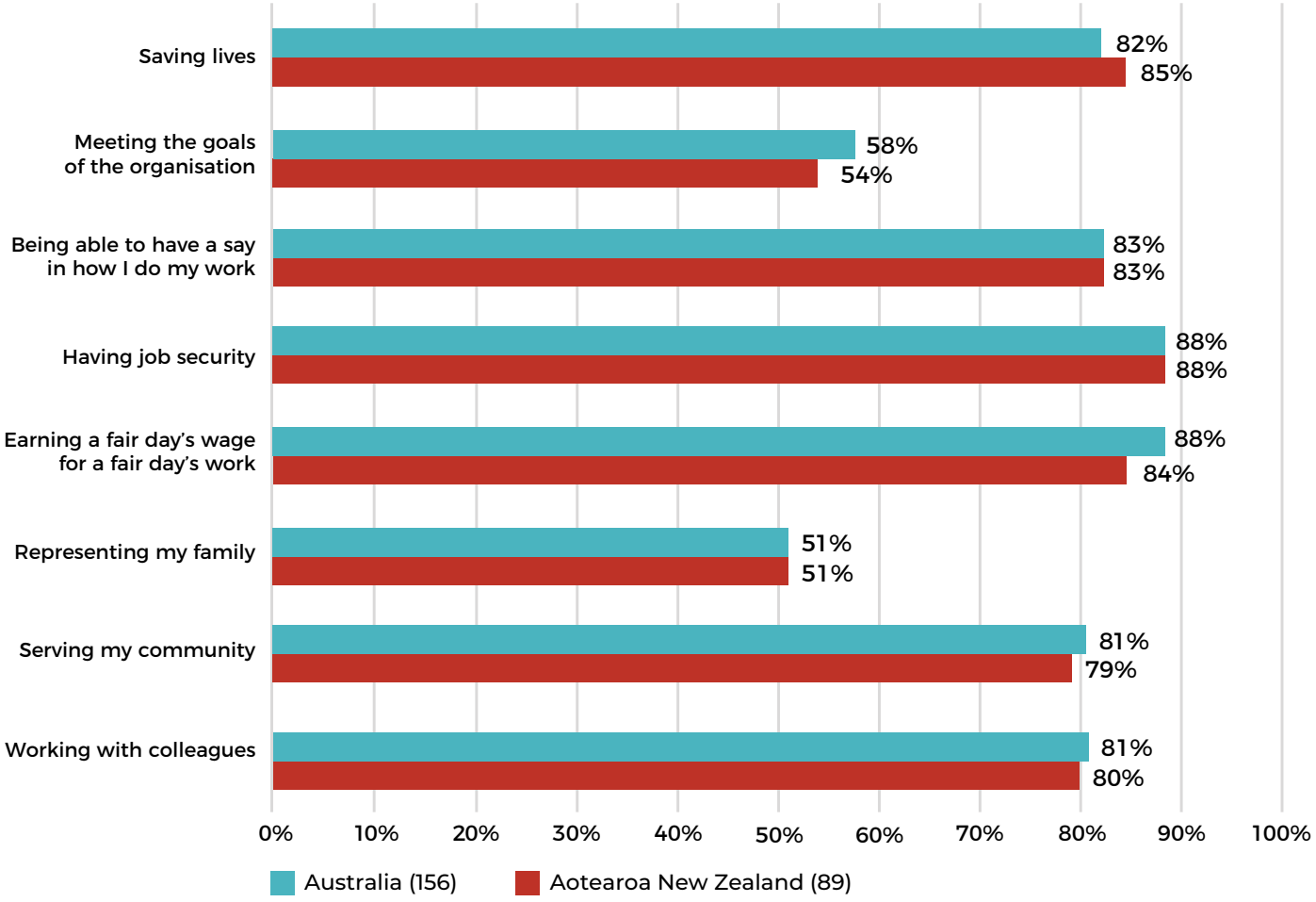
Employee wellbeing was rated positively overall. In Aotearoa New Zealand, respondents agreed with wellbeing statements (75%), while Australian respondents reported moderate agreement (63-69%), across both clinical and non-clinical roles (Figures 28 and 29). Similarly, analysis of individual items revealed that Australian clinical paramedics reported average wellbeing scores approximately 10 percentage points lower than their Aotearoa New Zealand counterparts, suggesting opportunities for targeted support (Tables 17 and 18).

There was considerable variability in aggregate turnover intention scores, reflected by a broad range of positive and negative responses across roles in both Aotearoa New Zealand and Australia (Figures 28 and 29). Individual item responses raised particular concern among clinical paramedics. In response to the statement "I frequently think about leaving this organisation," 54% of clinical respondents in Aotearoa New Zealand and 57% in Australia agreed. If reflective of broader workforce trends, these findings may signal a concerning challenge to workforce management, staff retention, and renewal.

## Motivations to be a paramedic

Understanding what drives individuals to pursue a career in paramedicine offers valuable insight into workforce attraction and retention. Motivation levels were determined using the average agreement for each item within a pre-validated question set (Figure 30). 'Having job security' was the most strongly endorsed motivation in both Aotearoa New Zealand and Australia (88%), equalling 'earning a fair wage for a fair day's work' among Australian respondents. In contrast, 'representing my family' received the lowest average score across both countries (51%).

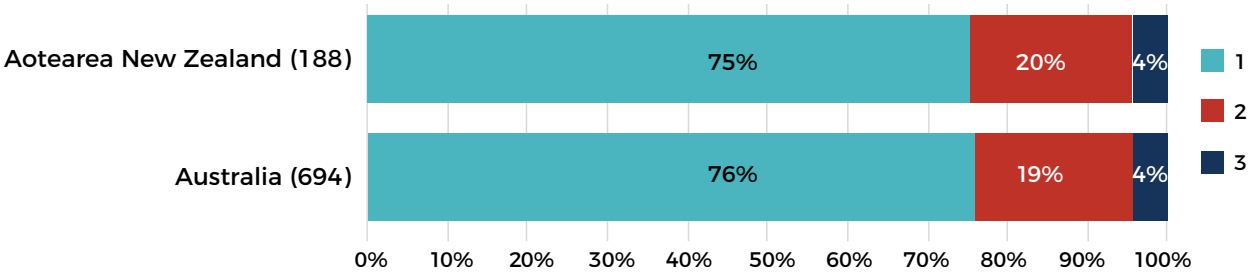
*Figure 30: Motivations of respondents to undertake the paramedic role*



# Snapshot: Paramedics with multiple employers

**This section examines the evolving nature of paramedics working across multiple roles and employment arrangements, offering insights into how varied job structures influence career progression, and work-life balance.**

*Figure 31: Number of employers for all respondents*




## Number of current employers

Multiple jobholding is relatively common among paramedics in Australasia. Around one in four respondents reported having more than one employer, with ~20% employed by two organisations and 4% working for three or more (Figure 31).

## Exploration of multiple employer respondents

Further exploration of multiple jobholding suggests that secondary employment is a regular feature of both clinical and non-clinical roles for both countries.

In Aotearoa New Zealand (Table 19), similar proportions of clinical (20%) and non-clinical (18%) respondents reported holding two jobs. Comparable patterns were observed in Australia across role types, with between 19% and 33% of respondents reporting secondary employment (Table 20). Holding three or more jobs was considerably less common, reported by between 0% and 12% of respondents across both countries depending on role.

*Table 19: Aotearoa New Zealand - Proportion of paramedics with multiple jobs*

| Number of paramedicine employers | Clinical (171) | Non-Clinical* |
|---|---|---|
| One | 77% | 71% |
| Two | 20% | 18% |
| Three or more | 4% | 12% |

*Table 20: Australia - Proportion of paramedics with multiple jobs*

| Number of paramedicine employers | Clinical (580) | Research* | Education (40) | Management (71) |
|---|---|---|---|---|
| One | 76% | 67% | 63% | 75% |
| Two | 19% | 33% | 30% | 21% |
| Three or more | 4% | 0% | 8% | 4% |

** Categories with <20 respondents*

## Gender and age

Patterns of multiple jobholding varied by both gender and age, highlighting potential influences of demographic factors on employment practices within the workforce. Male respondents were more likely to undertake more than one job with 27% compared to 19% for females (Table 21). While those aged between 30-49 years were most likely to have more than one job, there was also an increase among those greater than 60 years, although the number of respondents in this age category was fewer (Table 22).

*Table 21: Comparison of gender to multiple employers*

| Number of paramedicine employers | Male (527) | Female (292) | Non-binary* | Prefer not to say* | Other* |
|---|---|---|---|---|---|
| One | 73% | 80% | 67% | 83% | 50% |
| Two | 22% | 16% | 33% | 8% | 25% |
| Three or more | 5% | 3% | 0% | 8% | 25% |

** Categories with <20 respondents*

*Table 22: Comparison of age to multiple employers*

| Number of paramedicine employers | 20-29 years (134) | 30-39 years (210) | 40-49 years (177) | 50-59 years (213) | >60 years (93) |
|---|---|---|---|---|---|
| One | 81% | 68% | 71% | 85% | 73% |
| Two | 16% | 29% | 23% | 11% | 22% |
| Three or more | 4% | 3% | 7% | 4% | 5% |

While further analysis and research is needed to better understand the motivations behind multiple job holding, some possible data-informed considerations include:

- A desire to job craft,[30] where individuals redesign their role with one employer or take on roles with multiple employers to align with their interests and increase wellbeing. Within paramedicine this may mean mixing clinical work with education, research, management and/or other roles to maximise meaning and income, while minimising work demands.
- Respondents working for multiple employers were proportionally slightly more common for males, and those in the age ranges of 30-39, 40-49, and those over 60 years of age. This suggests that certain career stages may influence when people supplement their clinical work, or other (research, education or management) paramedic work with functions, within and beyond paramedicine.

## Income

To test whether increasing income was a motivation for undertaking multiple jobholding, income of all participants with two or more employers was compared to those with only one employer. Data were combined to ensure sufficiency in group sizes for statistical analysis. As the currencies for Aotearoa New Zealand and Australia are different, the analysis is split by country.

A cross-tabulation of income brackets within the Aotearoa New Zealand and Australian samples are presented in Tables 23 and 24.

It shows that participants with a single job earned more on average than those holding multiple jobs. Notably, only 1.8% of all Aotearoa New Zealand and Australian respondents reported earning between $0 and $30,000, with a higher proportion in Aotearoa New Zealand than in Australia (2.8% vs. 1.7%). Among higher-income brackets, Australia (28.9%) had a greater share of participants earning $121,000–$150,000, while Aotearoa New Zealand (38.2%) had more participants in the $91,000–$120,000 range compared to Australia. The chi-square test indicated statistical significance, suggesting that in both the Aotearoa New Zealand and Australian samples, individuals with a single job earned, on average, more than those with multiple jobs.

*Table 23: Comparison of income to multiple employers - Aotearoa New Zealand*

| Aotearea New Zealand | $0-$30,000 | $31,000-$60,000 | $61,000-$90,000 | $91,000-$120,000 | $121,000-$150,000 | $151,000+ | Prefer not to say |
|---|---|---|---|---|---|---|---|
| One | 2.8% | 4.2% | 26.6% | 41.9% | 17.5% | 3.5% | 3.5% |
| Two+ employers | 2.2% | 2.2% | 13.3% | 26.7% | 33.3% | 20.0% | 2.2% |

Chi square difference test: p-value <0.001

*Table 24: Comparison of income to multiple employers - Australia*

| Australia | $0-$30,000 | $31,000-$60,000 | $61,000-$90,000 | $91,000-$120,000 | $121,000-$150,000 | $151,000+ | Prefer not to say |
|---|---|---|---|---|---|---|---|
| One | 1.7% | 2.3% | 10.3% | 29.2% | 27.3% | 24.9% | 4.2% |
| Two+ employers | 1.2% | 4.7% | 10.0% | 24.7% | 33.5% | 23.5% | 2.3% |

Chi square difference test: p-value <0.001

## Hours of work per fortnight (not including overtime)

Despite income differences between those with one job and those with multiple jobs, both groups reported working a similar number of hours per fortnight, with 41–80 hours being the most common range (56%; Table 25).

*Table 25: Comparison of hours worked per fortnight to multiple employers (combined sample)*

| | 40 hours or less per fortnight | 41-80 hours per fortnight | 81 hours or more per fortnight |
|---|---|---|---|
| One employer (666) | 17% | 56% | 27% |
| Two+ employers (216) | 15% | 56% | 28% |

# Snapshot: Student respondents

**A forward-looking view into the next generation of paramedics, capturing their expectations and motivations as they prepare to join the healthcare workforce.**

## Student respondents

The following section details key trends among survey respondents who identified as 'students'. A total of 268 student respondents participated in the survey. Of these, 173 (65%) were studying an undergraduate paramedicine degree in Australia, while 95 (35%) were enrolled in Aotearoa New Zealand.

Insights from this group provide valuable indications about the future paramedicine workforce.

## Gender and age profile of student respondents

The gender and age distribution of student respondents is summarised in Tables 26 and 27. The majority of students identified as female in both Aotearoa New Zealand (58%) and Australia (54%). Age profiles were also comparable across both countries, with the largest proportion of respondents aged between 20 and 29 years (59% in Aotearoa New Zealand; 57% in Australia).

*Table 26: Gender profile of paramedicine students*

| | Aotearoa New Zealand (89) | Australia (157) |
|---|---|---|
| Male | 34% | 42% |
| Female | 58% | 54% |
| Non-binary | 6% | 3% |
| Prefer not to say | 2% | 1% |
| Other | 0% | 1% |

*Table 27: Age profile of paramedicine students*

| | Aotearoa New Zealand (88) | Australia (157) |
|---|---|---|
| <20 years | 11% | 10% |
| 20-29 years | 59% | 57% |
| 30-39 years | 17% | 20% |
| 40-49 years | 7% | 8% |
| 50-59 years | 5% | 5% |
| >60 years | 1% | 1% |

## Year of expected graduation

The expected graduation of student respondents, is shown in Table 28. More than two thirds of respondents indicated they expected to graduate in 2025 or 2026, representing 68% of students in Aotearoa New Zealand and 77% in Australia, highlighting the near term growth of the future workforce.

*Table 28: Expected year of graduation from undergraduate paramedicine degree*

| | Aotearoa New Zealand (86) | Australia (157) |
|---|---|---|
| 2024 | 5% | 15% |
| 2025 | 35% | 46% |
| 2026 | 33% | 31% |
| 2027 | 24% | 6% |
| 2028 | 2% | 3% |
| 2029 | 1% | 0% |

## Desired workplace setting post-graduation

Students were asked to identify their desired employment setting upon completion of their studies (Table 29). Most graduates envisage working in jurisdictional ambulance services following graduation, although the proportion is lower for Aotearoa New Zealand students (66%), compared to Australian students (80%). Additionally, there is a higher proportion in Aotearoa New Zealand (21%) who indicate a desire to work for 'rescue services' and 'overseas' work combined, compared to Australia (13%).

*Table 29: Desired workplace setting post-graduation*

| | Aotearoa New Zealand (94) | Australia (166) |
|---|---|---|
| Defence force | 1% | 1% |
| Events | 1% | 1% |
| Hospital | 1% | 0% |
| Mining/industrial/offshore | 2% | 2% |
| Jurisdictional (state/ territory) ambulance service | 66% | 80% |
| Rescue service | 10% | 7% |
| Primary healthcare, not in an ambulance service | 3% | 0% |
| Overseas | 11% | 6% |
| Non-emergency patient transport | 0% | 1% |
| Unknown | 4% | 1% |
| Other | 1% | 2% |

For those who indicated 'other' and provided a free-text response (n=5), their answers related to location and work type rather than employer, although one respondent noted 'medical school' as their desired post-graduation location.

## Future career ambitions and aspirations in paramedicine

Students were asked to reflect on their long-term career aspirations in paramedicine, encompassing clinical, education, research, and management roles. When asked about the likelihood of remaining in the profession until retirement, 67% of Aotearoa New Zealand students and 83% of Australian students reported being 'somewhat' or 'very likely' to do so (Table 30).

However, when asked how long they expected to remain in a patient-facing role, 30% of Aotearoa New Zealand students and 18% of Australian students indicated a duration of fewer than 10 years (Table 31). These findings suggest that many students may already be considering future transitions into non-clinical career pathways within paramedicine.

*Table 30: Likelihood of career-until-retirement in paramedicine*

| | Aotearoa New Zealand (92) | Australia (165) |
|---|---|---|
| Very likely | 34% | 49% |
| Somewhat likely | 33% | 34% |
| Unsure | 16% | 11% |
| Somewhat unlikely | 13% | 4% |
| Very unlikely | 4% | 2% |

*Table 31: Expected years in clinical, patient-facing paramedicine role*

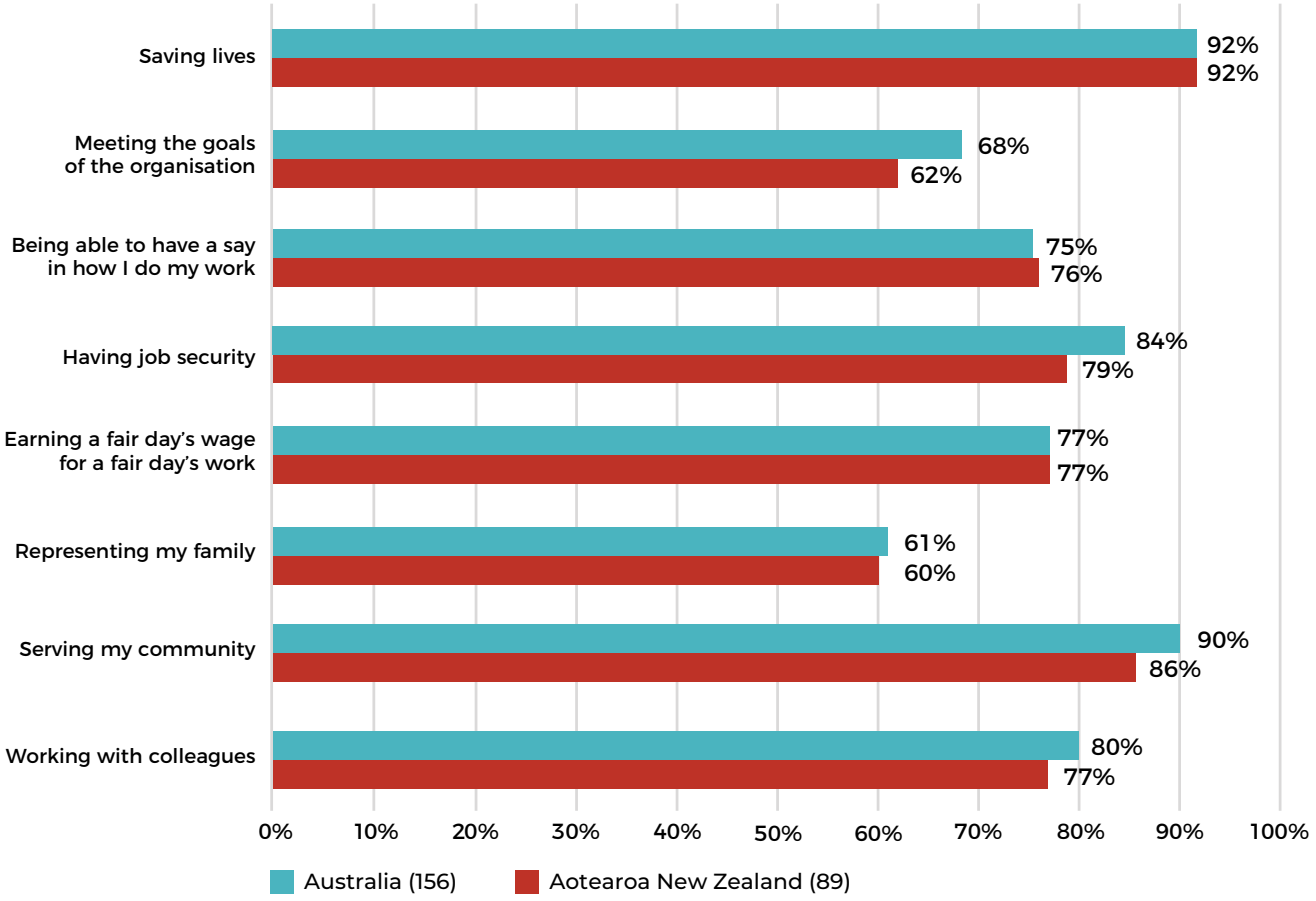
| Years | Aotearoa New Zealand (91) | Australia (165) |
|---|---|---|
| < 4 | 4% | 2% |
| 5 to 9 | 26% | 16% |
| 10 to 14 | 25% | 25% |
| 15 to 19 | 11% | 16% |
| 20 to 24 | 14% | 12% |
| 25 or more | 19% | 30% |

## Motivations for becoming a paramedic

Student respondents were asked to indicate their motivations for becoming a paramedic (Figure 32). Motivation levels were determined using the average agreement for each item within a pre-validated question set. These results are directly comparable to those shown in Figure 30, where the same questions were posed to currently practising paramedics.

Student respondents from both countries held 'saving lives' as the top priority with 92% agreement, compared to currently practising Aotearoa New Zealand (85%) and Australian (82%) respondents. The next most highly ranked motivation among Aotearoa New Zealand (86%) and Australian (90%) students was 'serving my community', which received comparatively lower agreement by paramedics (79% in Aotearoa New Zealand and 81% Australia). For both groups surveyed 'representing my family' was the lowest ranked priority, although it was rated considerably lower by paramedics (51% for both Aotearoa New Zealand and Australia), in comparison to students (60% in Aotearoa New Zealand and 61% in Australia).

*Figure 32: Motivations of respondents to undertake the paramedic role*



# Appendix 1: Research Team

| | |
|---|---|
| Associate Professor Liz Thyer | Chief Investigator – Western Sydney University |
| Dr Navin Naidoo | Associate Investigator – Western Sydney University |
| Ms Sascha Baldry | Research Assistant – Western Sydney University |
| Professor Kingsley Agho | Statistician – Western Sydney University |
| Dr Graham Howie | Associate Investigator and Site Co-lead – Auckland University of Technology |
| Mr Stephen Aiello | Associate Investigator – Auckland University of Technology |
| Mr Norm Wilkinson | Associate Investigator – Auckland University of Technology |
| Dr Verity Todd | Associate Investigator and Site Co-lead – Auckland University of Technology |
| Ms Alecka Miles | Associate Investigator and Site lead – Edith Cowan University |
| Dr Brennen Mills | Associate Investigator – Edith Cowan University |
| Professor Moira Sim | Associate Investigator – Edith Cowan University |
| Professor Ben Farr-Wharton | Workforce Strategy – Edith Cowan University |
| Dr Fleur Sharafizad | Workforce Strategy – Edith Cowan University |
| Dr Aglae Hernandez Grande | Workforce Strategy – Edith Cowan University |
| Dr Amelia Brennan | Associate Investigator – Australasian College of Paramedicine |

# Appendix 2: Methods

## Frequency or 'proportion of the sample' analysis

For the most part, the analysis tallied the number of responses to a particular question and tallied these against the total sample. This kind of analysis is used to show how one, or several factors or conditions, might distribute across a sample.

In the adjacent example, the proportion of clinical paramedics for Aotearoa New Zealand and Australia is displayed. While the percentage of respondents is indicated against each of the age groups, the total number of respondents is identified in the title for this column - 164 Aotearoa New Zealand respondents and 538 Australian respondents.

Importantly, for some of the questions in this report, not all respondents answered every question. People who didn't answer more than 40% of questions asked of them were not included in survey analysis, consistent with norms. As such, the number of respondents may vary from item to item.

| | Age | Clinical (164) |
|---|---|---|
| Aotearoa New Zealand | <20 | 0% |
| | 20-29 | 25% |
| | 30-39 | 29% |
| | 40-49 | 20% |
| | 50-59 | 21% |
| | >60 | 5% |
| | **Age** | **Clinical (538)** |
| Australia | <20 | 0% |
| | 20-29 | 16% |
| | 30-39 | 25% |
| | 40-49 | 22% |
| | 50-59 | 24% |
| | >60 | 12% |

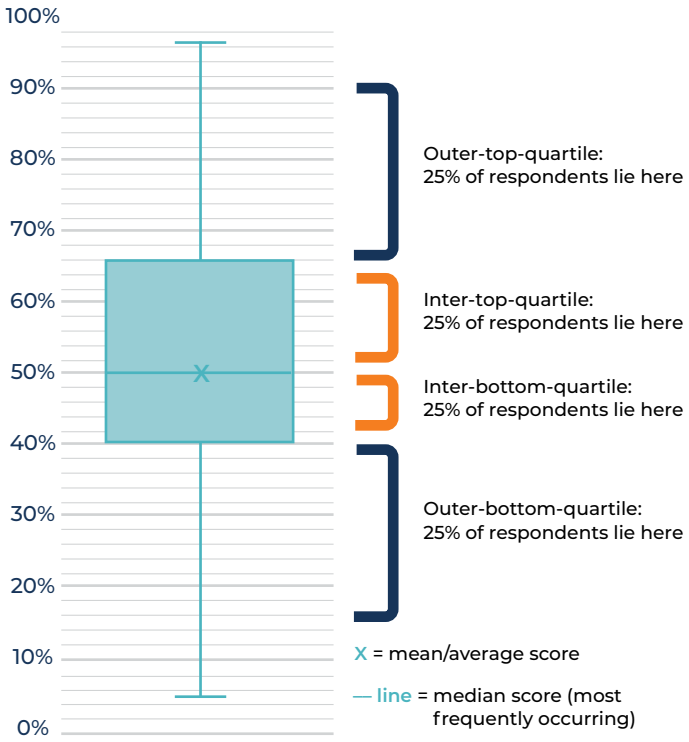
## Box and whisker plots

Analysis for responses to several questions from the survey utilise 'box and whisker' plots/graphs. Box and whisker graphs are useful for understanding how the sampled respondents scored on each question relative to others. The percentage on the Y axis highlights average level of agreement.

If a person scored 100%, it would mean that they answered 'strongly agree' to all questions that comprise a set of questions, representing a construct (for example, 'intention to leave'). Equally, if a person scored 0%, it would mean that they answered 'strongly disagree' to all questions. 50% is indicative of the 'neither agree nor disagree'/'neutral' scaling point.

**Appendix 2: Methods continued**

The box and whisker plot highlights the distribution of responses across the sample. The 'x' identifies the mean score (the average or sum of all scores divided by the number of respondents). This is a good indication of 'what happens most of the time'. The line represents the median value (the middle number in a sorted list of scores). The filled-in box encompassing the mean and median represents the inter-quartile range, where 50% of the sample have answered. The 'whiskers' (the stems protruding from the inter-quartile filled box) represent the outer values (roughly, where 25% of the lowest and 25% highest responses fell). Any dots appearing outside the box and whiskers represent outliers, who had substantially different values to the rest of the sample.




## Role classification

Some responses are presented with a breakdown of role type: clinical, research, education, or management. One of the early questions in the survey asked respondents which of the four roles best described their position with their primary employer. This response is used to classify respondents in relation to later data where appropriate.

## Terminology

Aotearoa New Zealand – both the Māori and English terms are used throughout the text.

LGBTIQA+ – Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual, plus is an evolving acronym according to the Australian Institute of Family Studies and may change depending on the audience.

# Appendix 3: List of data points

**Demographic**

- Gender (Man, Woman, Non-Binary, Prefer not to say, Other)
- Age
- Ethnicity
- Language(s) spoken
- Experience living in peri-urban, rural, or remote areas
- NZ or Australian-based
- Born in NZ, if NZ-based / Born in Australia, if Australia-based
- Parent or guardian to a child < 16 years
- Caring responsibilities for an adult
- Sexual orientation

**Education and Training**

- Highest paramedicine qualification
- Country of education
- Role in clinical supervision of students or trainees
- Level of preparedness
- Normal continuing professional development (CPD) activities in a year:
  - o Conferences, seminars or workshops

**Appendix 3: List of data points continued**

- o Reading and reflecting on scientific journal articles or participation in a journal club
- o Work-based learning or in-service education
- o Degree, short course or online courses
- o Involvement in a research study as a participant
- o Other [Please specify]

· Barriers to CPD:

- o There is a lack of time to complete CPD
- o I have few CPD opportunities available to me
- o The CPD opportunities are too expensive
- o There are no barriers
- o Other barriers [Please specify]

· Enablers of CPD:

- o Colleagues or manager are supportive of me completing CPD
- o My employer is supportive of me completing CPD
- o I have professional memberships which support my completion of CPD
- o There are no enablers

**Professional membership:**

· Yes - Australasian College of Paramedicine
· Yes - Australian College of Nursing
· Yes - New Zealand Nurses Organisation
· Other [Please specify]

**Knowledge of the Australasian College of Paramedicine**

· Are you aware of the role of the College and the services they provide
· How likely are you to join the College in the coming 12 months?
· Rank of the functions you would want a health professional association to undertake:

- o Advocacy and leadership for the profession
- o Education and professional development
- o Access to the latest research
- o Career and professional services
- o Health and wellbeing services
- o Publications, industry information and resources
- o Clinical and professional standards
- o Conferences, events and networking

**Employment**

· Annual gross (pre-tax) income from your primary employer
· Percentage of income from primary paramedicine role
· Current position in paramedicine [employment type & jurisdiction]
· Registration type
· Role [clinical, research, education, management]
· Title
· Principal work setting
· Principal work setting postcode
· Rural or remote work
· Fly-in-fly-out work
· Tenure in industry
· Tenure of current employer
· Contract type (full time, part time, casual/contract, self-employed)
· Hours worked per fortnight, excluding overtime and on-call

**Appendix 3: List of data points continued**

- Hours per fortnight of overtime and on-call work
- Work schedule/shift pattern
- Number of current employers
- Desire for more or less work
- Desire for single or multiple employment

Change of contract

- In the previous 12 months, have you asked for a change to your contracted work arrangements? Yes/No
- Reasons:
    - Requested part time
    - Requested job share
    - Requested change to regular (non-rotating) shifts
    - Requested reduced hours for a limited period
    - Requested more convenient geographic location
    - Prefer not to say
    - Other
- Was this requested granted?
    - Fully granted
    - Partly granted
    - Declined
    - Not yet received a reply
    - Prefer not to say

Job demands

- In a typical fortnight, in your work with your primary employer, what proportion (as a percentage %) of your work includes:
    - Direct patient care not including waiting to transfer patient care to another health professional
    - Direct patient care while waiting to transfer patient care to another health professional
    - Indirect patient care (travel to and from patient, paperwork, etc.)
    - Management and administration
    - Educational activities
    - Research activities
    - Meals/downtime
    - Other

Resource adequacy

- There are enough staff at my organisation to get the work done
- There are enough trained staff to ensure quality of care
- There is enough support to allow me to spend sufficient time with patients
- I have enough time and opportunity to discuss care problems with other medical/emergency staff
- [Not applicable]

Motivations

- What drives your motivation in your paramedicine work:
    - Working with colleagues
    - Serving my community
    - Representing my family
    - Earning a fair day's wage for a fair day's work
    - Having job security
    - Being able to have a say in how I do my work
    - Meeting the goals of the organisation
    - Saving lives

**Appendix 3: List of data points continued**

Wellbeing

- Overall, I am reasonably happy with my work life
- Most days I feel a sense of accomplishment in what I do at work
- I feel content with my work
- I get a sense of joy from my work

Intention to quit

- I frequently think about leaving this organisation
- It is likely that I will search for a job in another organisation within the next year
- It is likely that I will leave my current organisation within the next year

Career intentions

- How many years do you intend to remain in the paramedicine workforce in Australia?
- How many years do you intend to remain with your current, primary paramedicine employer?

Career planning (Aus and NZ)

- In the next 12 months, what is the likelihood that you will apply for the following roles?
    - Specialist/advanced clinical paramedicine role
    - Management role (with any employer)
    - Advanced educational role (within an ambulance/health service or education provider)
    - Advanced research role
    - Engage in formal education provided by a Recognised Training Organisation or University and a discipline other than paramedicine
- Future study ambitions (Aus and NZ)
    - Engage in informal education in addition to your mandatory continuing professional development. This might include optional in-house training or external study
    - Engage in formal coursework education provided by a Recognised Training Organisation or University in paramedicine (not including research)
    - Engage in formal research education in paramedicine. This would include Honours, Masters, PhD studies

Leave Provisions

Leave

In the past 12 month's what leave options have you taken (not including annual leave or short-term sick leave less than 10 consecutive days)

- Type of leave beyond 10 days:
    - Parental/adoption leave
    - Long service
    - Workers' compensation leave
    - Prefer not to say
    - Other
    - No
- Reason for leave beyond 10 days:
    - Covid-19
    - Physical illness
    - Mental illness
    - Prefer not to say
    - Other

**Appendix 3: List of data points continued**

**Parental Leave (those who indicated they had caring responsibilities of children under 16)**

- I was able to take time off for appointments I wanted to attend during mine/my partners pregnancy or child-related appointments in general
- I was able to take short term (2 weeks) parental leave around the time of the birth or adoption of a child
- I was able to take extended leave to be the carer of a child if I wanted to

Paid Parental Leave (Yes/No)

- Able to return to the same or similar role, responsibilities and pay following leave (Yes / No (why))
- Family care duties Yes/No

Accommodation of family care duties

- I was able to take time off for relevant appointments
- I was able to make leave arrangements to enable important caring duties
- I was able to continue my career development while undertaking my caring duties
- I found it easy to discuss my caring duties with my work colleagues

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Australasian Paramedicine
Workforce Survey

# AUSTRALASIAN PARAMEDICINE WORKFORCE SURVEY

## REPORT 2024-2025

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