



Australasian College of Paramedicine

# Prebudget Submission

2026/27

# About the College

The Australasian College of Paramedicine (the College) is the peak professional body representing and supporting paramedics and student paramedics across Australasia since 1973. The College champions the unique capabilities of paramedics in emergency, urgent and primary care, driving a connected and multidisciplinary approach to high-quality healthcare in all communities.

The College is future-focused and committed to enhancing person-centred care through sustainable initiatives, sound policy and legislation, evidence-based research findings, and models of care that utilise and support paramedics to work to their optimal capabilities driving professional growth and opportunity.

## Through collaboration we improve person-centred care

The College has developed strong working relationships across jurisdictions, with the Ahpra Paramedicine Board of Australia, the Council of Ambulance Authorities, the Australasian Council of Paramedicine Deans, government health departments, universities delivering paramedicine courses, private healthcare providers and other bodies representing the health professions.

The College is currently partnering with several tertiary institutes on the landmark *Australasian Paramedicine Workforce Survey*,<sup>2</sup> which is now in its third year. The College is also working with the Department of Health, Disability and Ageing's Digital Health Agency to better understand the profession's digital landscape, and is involved in several pilot initiatives embedding paramedics in team-based care across hospital and primary care settings.<sup>3</sup> In addition, the College is developing an endorsed Paramedic Career Framework to strengthen national role clarity, capability definitions, workforce planning, and interprofessional collaboration.<sup>4</sup> The College has also received funding from Suicide Prevention Australia and the WA Mental Health Commission to deliver accredited mental health first aid training that supports paramedic wellbeing.

## 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 the unique role of Māori as Tangata Whenua and embrace Te Tiriti o Waitangi, recognising Māori as tino rangatiratanga of Aotearoa New Zealand while supporting the guiding principles of Te Tiriti – Tino rangatiratanga, Equality, Active protection, Options, and Partnership.

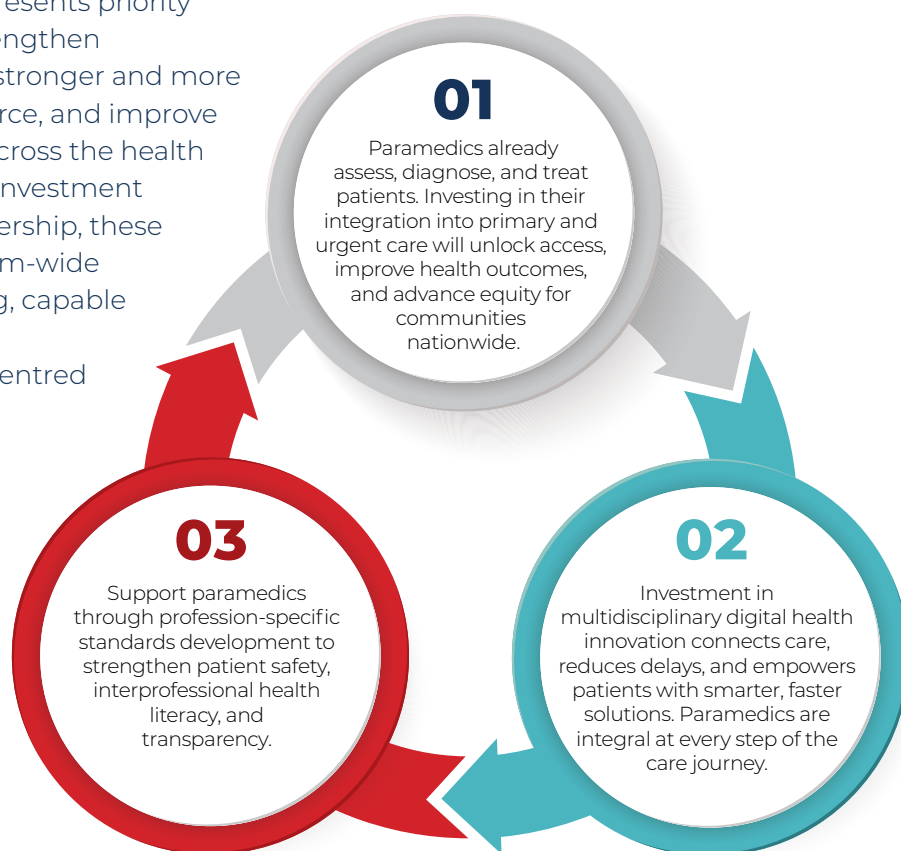
# Executive summary

Australia faces rising healthcare demands, driven by an ageing population, increasing rates of chronic disease, and more complex care needs.<sup>5</sup> Both emergency departments and general practice are under sustained pressure, with clinicians consistently reporting excessive workload and burnout.<sup>6,7</sup> Persistent capacity constraints continue to fuel emergency department overcrowding, ambulance ramping, and delays in accessing timely person-centred care.<sup>7,8</sup>

These pressures disproportionately affect Australia's most at-risk populations, who continue to experience significantly poorer health outcomes.<sup>8</sup> National policy frameworks are clear: strengthening prevention, expanding multidisciplinary teams in primary and urgent care, and empowering Australia's health workforce to work at its full scope offer cost-effective, evidence-based strategies to reduce avoidable presentations, improve patient flow, enhance care for priority population groups, and deliver better value from health expenditure.<sup>8-15</sup>

Paramedics are a highly skilled, widely distributed, highly trusted workforce, with advanced clinical training, strong community reach, and the adaptability required for contemporary models of care.<sup>12-14</sup> Although paramedicine became a registered health profession in 2018,<sup>16</sup> legislative, regulatory and funding settings have not kept pace with the profession's evolution. As a result, paramedics remain largely confined to jurisdictional ambulance services, restricting their integration into primary and urgent care, and impeding their potential to support broader health system reform.

This pre-budget submission presents priority opportunities that work to strengthen multidisciplinary care, build a stronger and more sustainable paramedic workforce, and improve access, efficiency and equity across the health system. With well-sequenced investment and coordinated national leadership, these projects offer high-value, system-wide gains by optimising an existing, capable and highly-trusted healthcare workforce to support person-centred models of care nationwide.



**This diagram illustrates how our proposals work together to strengthen the health system**

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Australia can't meet rising primary and urgent care demands while paramedics remain locked out of national policy reform, funding and leadership.

### Problem statement

Australia faces rising demand for primary and urgent care with persistent workforce maldistribution, especially outside metropolitan areas.<sup>8</sup> National policy frameworks consistently prioritise multidisciplinary, team-based models and better distribution of capability across settings.<sup>8-15</sup> Paramedics are trained, educated and regulated to assess, diagnose and treat a wide range of presentations, with strong reach into communities.<sup>7,13,12</sup> Yet they remain largely excluded from core Commonwealth funding levers and national leadership structures, limiting system responsiveness and equity.

Current legislative and funding barriers prevent paramedics from practising to their full clinical capability. National prescribing and immunisation reforms, equitable funding pathways, and national leadership are needed to ensure all Australians, particularly in rural and underserved communities, have timely access to primary, urgent and preventive care.<sup>8,9,13,15</sup>

### Securing Commonwealth investment across these priorities is critical for success:

**1) Include paramedic students in the Commonwealth Prac Payment scheme.**

*Enable quality placement supply and equitable student support across primary and urgent care settings, outlined in the College's position statement.<sup>17</sup>*

**2) Enable prescribing for paramedics via national harmonisation of legislation and regulation.**

*Amend Commonwealth legislation and regulation to establish consistent endorsement and safe, supervised prescribing pathways in line with National Prescribing Competencies Framework, and Ahpra - Paramedicine Board of Australia regulatory model.*

**3) Recognise paramedics under the Medicare Benefits Schedule (MBS) for defined primary and urgent care services.**

*Support team based care and relieve pressure on EDs and general practice via appropriate itemisation/ settings (e.g., Medicare Urgent Care Clinics, primary care clinics, virtual urgent care, aged care, mental health care, etc.)*

**4) Recognise paramedics to provide immunisation under the National Immunisation Strategy/NIP frameworks.**

*Expand preventive care reach and close immunisation gaps, particularly in rural and remote communities by amending regulation to enable the paramedicine profession to provide vaccinations.*

**5) Invest in the appointment of a national Chief Paramedic Officer within DoHDA.**

*Establishing a Chief Paramedic Officer within the national health leadership team, alongside the Chief Medical Officer, Chief Nursing and Midwifery Officer, Chief Allied Health Officer, and Chief Psychiatrist, will provide strong, coordinated leadership, policy coherence, and oversight across jurisdictions. Paramedics are generalists who operate in every care setting; national leadership is essential to ensure their full and optimal utilisation within Australia's health system.*



### Healthcare need:

To deliver truly integrated health reform that prioritises person-centred care and leverages one of Australia's most trusted health professions - paramedicine - substantial investment is required across these key priorities.

### Impact:

This proposal will improve timely access to care, ease pressure on hospitals and general practice, strengthen preventive health, and ensure consistent national utilisation of paramedics.

### Government alignment:

- Strengthening Medicare Taskforce Report,<sup>8</sup>
- Australia's Primary Health Care 10-Year Plan,<sup>9</sup>
- National Medical Workforce Strategy,<sup>10</sup>
- A New Medicare: Strengthening General Practice,<sup>11</sup>
- RFDS Best for the Bush 2023,<sup>12</sup>
- Unleashing the Potential of our Health Workforce: Scope of Practice Review,<sup>13</sup>
- Ngayabah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams,<sup>14</sup>
- National Preventive Health Strategy,<sup>15</sup>
- National Immunisation Strategy for Australia 2025-2030.<sup>18</sup>

### Key issues this proposal will address:

- *Underutilisation of an existing workforce:* Exclusion from Commonwealth funding mechanisms (MBS; Commonwealth Prac Payment scheme) prevents systematic integration of paramedics into primary and urgent care.
- *Misalignment between state and Commonwealth health funding:* State-funded ambulance services and Commonwealth-funded primary care operate in silos, fragmenting patient pathways.
- *Pressure on general practitioners and emergency departments:* Current settings prevent paramedics from alleviating demand, contributing to longer wait times and increased acute care pressure.
- *Inequitable access to clinical training support:* Paramedic students cannot access the Commonwealth Prac Payment scheme, reducing workforce sustainability.
- *Lack of national leadership for paramedicine:* Without Commonwealth and jurisdictional Chief Paramedic Officers, paramedic expertise is absent from key policy and reform processes.

# Proposal 2

## Incorporating paramedics into a connected digital health system

Paramedics are one of Australia's most trusted health professions and highly skilled generalists who work across every care setting. Investing in their integration into digital health will drive innovation, improve health records and data quality, and enable the safe adoption of AI supported care – unlocking smarter, more connected healthcare for all Australians.

### Problem statement

Digital health is a critical enabler of a high-performing, nationally integrated health system.<sup>6,9,10,15,19,20</sup> To realise this vision, digital innovation must fully incorporate the paramedicine profession at the design stage.

Paramedics currently lack access to core digital health systems, including My Health Record (MHR), a central component of Australia's national digital health strategy.<sup>19</sup> This exclusion impedes system-wide interoperability and undermines care coordination across emergency, primary, urgent and hospital settings. The result is duplicated tests, missed clinical information, avoidable readmissions and lost opportunities for early intervention, particularly for people with chronic conditions, complex needs or limited health literacy.<sup>10</sup>

Addressing these gaps requires updates to legislative frameworks, software standards, and digital health infrastructure to explicitly include paramedics. Enabling digital integration will strengthen continuity of care, support real-time clinical decision-making, and improve system efficiency. Inclusion will embed paramedics more effectively within multidisciplinary pathways, supporting the delivery of safe, connected and person-centred care.

#### Project investment:

This proposal requires legislative, regulatory and software updates to formally include paramedics in national digital identity systems and interoperable data-sharing frameworks, supported by secure authentication, robust data governance, and system configuration across ambulance, primary, urgent and hospital settings.

#### Healthcare system need:

Exclusion of paramedics from core digital systems and new technologies creates avoidable delays, duplication and safety risks across emergency, primary and hospital care.

#### Impact:

Including paramedics in digital health systems strengthens continuity of care, reduces errors and duplication, and enables faster, safer, more coordinated treatment across Australia's entire health system.

#### Government alignment:

- Australia's Digital Health Strategy,<sup>19</sup>
- My Health Record Expansion Program,<sup>20</sup>
- Australia's Primary Health Care 10-Year Plan,<sup>9</sup>
- Strengthening Medicare Taskforce Report,<sup>8</sup>
- National Medical Workforce Strategy,<sup>10</sup>
- National Preventive Health Strategy.<sup>15</sup>



### Key issues this proposal will address:

- *Lack of access to essential clinical information:* Paramedics cannot view or update MHR, limiting the quality, safety and continuity of care.
- *Fragmentation between emergency, primary and hospital care:* Siloed information contributes to duplication, inconsistent patient pathways and inefficient system navigation.
- *Exclusion from digital health legislation and standards:* Paramedics are omitted from digital identity frameworks, clinical software standards and prescribing-related digital infrastructure.
- *Reduced continuity of care in rural and remote areas:* Digital integration would give paramedics timely access to information where medical coverage is limited.
- *Missed system-level efficiencies:* Exclusion prevents full utilisation of investments in MHR, interoperability and digital health innovation.
- *Limited support for multidisciplinary care:* Exclusion undermines national goals for connected, team-based models.
- *Barriers to preventive health and chronic disease management:* Access to longitudinal health information is essential for early intervention and anticipatory care during paramedic encounters.

# Proposal 3

## Australian Standards: Supporting integration into multidisciplinary teams

The absence of national paramedicine standards undermines consistency and safe integration into multidisciplinary care - developing NSQHS-aligned Paramedicine Standards is needed to guide high-quality practice nationwide.

### Problem statement

National health standards provide the foundation for consistency, clinical safety, and accountability across Australia's healthcare system. They establish benchmarks for professional practice, promote best practice, and reduce risk for both patients and providers.<sup>21</sup>

However, outside of professional standards set by the Paramedicine Board of Australia, there are no standards for paramedics.<sup>22</sup> This creates variability in practice expectations across jurisdictions. This gap creates fragmentation in care pathways and limits the profession's contribution to coordinated, team-based models.

Developing Australian Paramedicine Standards that complement the Australian Commission's National Safety and Quality Health Service (NSQHS) Standards<sup>21</sup> is essential to address these issues. Standards will define clear, consistent practice expectations, strengthen collaboration across disciplines, and support safe, high-quality care delivery. This will improve patient outcomes, enhance system efficiency, and build greater confidence in paramedic-led care across diverse healthcare settings.

### Project investment:

This proposal requires a time-limited investment to develop national paramedicine standards in partnership with regulators and health services, including national consultations, governance, technical drafting, cultural safety review and implementation resources. This will ensure alignment with NSQHS Standards and national accreditation systems, delivering long-term benefits through consistent, high-quality practice expectations across Australia's health system.

### Estimated investment:

\$1.2 million over three years, including consultation coordination, technical writing, and sector testing.

### Healthcare system need:

Outside of professional standards set by the Paramedicine Board of Australia, there are no standards for paramedics.

### Impact:

Developing national paramedicine standards will set clear, consistent expectations for safe, high-quality practice across all care settings, strengthening interprofessional collaboration, supporting health service accreditation, and enhancing public safety and confidence. National consistency will improve workforce mobility, reduce practice variation, support integration within multidisciplinary teams, and contribute to more efficient, reliable and accountable care across Australia's health system.

### Government alignment:

- Strengthening Medicare Taskforce Report,<sup>8</sup>
- Australia's Primary Health Care 10-Year Plan,<sup>9</sup>
- National Medical Workforce Strategy,<sup>10</sup>
- A New Medicare: Strengthening General Practice,<sup>11</sup>
- Unleashing the Potential of our Health Workforce: Scope of Practice Review,<sup>13</sup>
- National Preventive Health Strategy.<sup>15</sup>



### Key issues this proposal will address:

- *Inconsistent quality and safety across care settings:* Lack of standardised expectations leads to variation in clinical practice, affecting patient outcomes and care reliability.
- *Fragmentation between paramedicine and existing national standards:* Misalignment with NSQHS and other standards creates gaps in governance, accreditation and system interoperability.
- *Reduced workforce efficiency across jurisdictions:* Differing expectations and requirements increase administrative burden and limit workforce mobility and system efficiency.
- *Barriers to safe, collaborative, patient-centred care:* The absence of nationally consistent standards restricts the ability of paramedics to contribute fully to integrated models of care, limiting system responsiveness and patient experience.

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