

16 April 2026

Submission: OSCA 2027 Update Consultation (open in 2026)

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. The College advocates for paramedicine as a regulated health profession and supports paramedics working across emergency, urgent, primary and community care settings.

The College's work spans all jurisdictions, practice settings, and employment models, including state ambulance services, private providers, primary care, community health, retrieval medicine, education, research and policy. This breadth positions the College uniquely to provide expert advice on paramedic workforce structures, professional scopes of practice, and workforce data needs.

Accurate, contemporary workforce data underpins the College's engagement with governments, regulators, employers, professional bodies, and communities. We work regularly with Commonwealth, state and territory governments, departments of health, regulators, and cross-jurisdictional bodies to inform health workforce planning, service design, education pipelines and reform initiatives.

Datasets relating to paramedicine are currently fragmented and largely held by jurisdictional ambulance services. While valuable, these datasets do not capture the full diversity of the paramedic workforce, particularly those working beyond traditional ambulance service models. For these reasons, the Australian Bureau of Statistics (ABS) - Occupations Standard Classification for Australia (OSCA) data remains a critical source of trusted, nationally consistent workforce information – a sentiment Minister Katy Gallagher outlines in the Minister's Foreword, in the ABS Data and Digital Government Strategy.ⁱ

Our position

The College supports the overall direction of the proposed OSCA structure and agrees that paramedicine is appropriately classified at:

- **Major Group: 2** – Professionals
- **Sub-Major Group: 26** – Health Professionals
- **Minor Group: 269** – Miscellaneous Health Professionals

The College also supports the recognition of paramedicine as a distinct profession within the classification hierarchy and acknowledges that 2024 consultation efforts have meaningfully progressed this objective. We understand that data thresholds are currently withholding paramedicine from its own distinct minor group, but we encourage a language amendment to 'miscellaneous' as it is an uncommon term used in any professional context, and we suggest using alternative language such as Health Practitioners (not elsewhere classified).

However, further amendments are required at the unit group and occupation levels to ensure the classification accurately reflects the contemporary paramedic workforce and avoids embedding outdated or misleading terminology that will compromise workforce data quality.

In particular, the College's position is that:

1. **Current and emerging paramedic roles must be visible**

The exclusion of Extended Care Paramedics from occupation-level classification undermines the ABS's capacity to collect meaningful workforce data at a time when governments are actively expanding paramedic roles beyond ambulance services for the purpose of health system reform and enhanced patient-centred care.

2. **OSCA must be future-ready**

The classification framework must be sufficiently robust to accommodate emerging roles, including Advanced Paramedic Practitioners,ⁱⁱ which are expected to become an endorsed class of paramedic under the Ahpra Paramedicine Board of Australia,^{iv} and evolving scopes of practice aligned with ongoing health system reform.ⁱⁱⁱ

Recommendations

To ensure OSCA supports both accurate current data collection and the future workforce, the College recommends the following.

Recommendation 1: Adopt an updated Unit Group title

The unit group description already outlines 'critical and extended care' practice. Revise the unit group title to explicitly acknowledge these specialist scopes of paramedic practice:

Unit Group:

2694 Paramedics and Specialist Paramedics

Description:

No amendment required

Recommendation 2: Include Extended Care Paramedic occupation

The College recommends the following occupation structure be revised to incorporate Extended Care Paramedics:

- 2694 Paramedic Professionals
 - 269431 Critical Care Paramedic
 - 269432 Extended Care Paramedic
 - 269433 Paramedic

This structure enables workforce analysis while remaining simple and usable across Census, surveys and administrative datasets.

Recommendation 3: Include Extended Care Paramedics occupation information

The formal inclusion of Extended Care Paramedics at the occupation level is critical. Here is the suggested occupation information.

269432 Extended Care Paramedic

Provides specialised health care to persons with low acuity, chronic and complex health care needs across a range of healthcare environments.

Registration or licensing is required.

Alternative title

- Urgent Care Paramedics^{iv}
- Primary Care Paramedics
- Low Acuity Paramedics
- Paramedic Practitioner

Skill level: 1

Main tasks

- Assesses health of ill patients, need for assistance, specialised needs, and factors affecting patients' conditions
- Conducts diagnostic tests and interprets results to aid in patient assessment
- Administers emergency medical treatment and life support interventions to stabilise patients
- Resuscitates and defibrillates patients and operates life-support equipment
- Prepares written reports on the state of critically ill patients' injuries and treatment

Excluding this cohort limits the ABS's ability to support:

- Primary and urgent care workforce and funding reform initiatives
- Hospital avoidance strategies
- Workforce modelling and education planning

Recommendation 4: Design OSCA to accommodate endorsed paramedic roles

ABS will need to design OSCA for the imminent regulation endorsement of paramedics.^v

This includes recognising pathways for:

- Advanced Paramedic Practitioners
- Paramedics practising with independent prescribing, diagnostic or referral authorities^{vi}

Clear occupation-level distinctions now will enable future sub-classification or endorsement markers as these roles mature and regulatory frameworks evolve. This role is likely to be comparable to 265431 Nurse Practitioner.

The College will continue to advocate for this occupation to be included in the OSCA.

Recommendation 5: Ensure OSCA supports longitudinal workforce analysis

By adopting accurate titles and clear descriptors, OSCA will better support:

- Long-term workforce trend analysis
- Evaluation of health reforms

- Cross-jurisdictional and international comparisons
- Evidence-based policy and funding decisions

This is particularly important as governments increasingly look to paramedics as part of multidisciplinary, team-based models of care. **Error! Bookmark not defined.**

Closing statement

The proposed recommendations reflect the paramedic profession as it exists today, as well as its anticipated evolution in 2026.

OSCA classifications play a critical role in shaping how professions are understood, measured, and utilised. Ensuring that paramedicine is accurately represented will directly support health system reform, workforce sustainability, and improved patient access to care.

The College welcomes continued engagement with the ABS and related bodies to ensure OSCA remains accurate, contemporary and fit for purpose.

ⁱ Australian Government. (2025). *Data and Digital Government Strategy (Version 1.0)*. Available from: https://www.dataanddigital.gov.au/sites/default/files/documents/2025-10/Data%20and%20Digital%20Government%20Strategy%20v1.0_0.pdf. Accessed April 2026

ⁱⁱ Australian Government Department of Health and Aged Care. (2024). *Health Ministers' Meeting communiqué (19 April 2024)*.

ⁱⁱⁱ Australian Government Department of Health and Aged Care. (2024). *Unleashing the potential of our health workforce: Scope of practice review – Final report*. Available from: https://www.health.gov.au/sites/default/files/2024-11/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report_0.pdf accessed April 2026

^{iv} Australian Government Department of Health and Aged Care. (2025). *Medicare Urgent Care Clinics: Operational guidance*. Section 7.2.2. Available from: <https://www.health.gov.au/sites/default/files/2025-12/medicare-ucc-operational-guidance.pdf> . Accessed April 2026

^v Australasian College of Paramedicine. (2026). *Australasian Clinical Practice Framework for Paramedicine (Version 1)*. Available from: https://paramedics-prod-public.s3.ap-southeast-2.amazonaws.com/42692/Clinical_Practice_Framework_V1.pdf Accessed April 2026

^{vi} Paramedicine Board of Australia. (2025). *Newsletter: May 2025*. Australian Health Practitioner Regulation Agency. Available from: <https://www.paramedicineboard.gov.au/News/Newsletters/May-2025.aspx> Accessed April 2026