

Australasian College of Paramedicine

VISION FOR PARAMEDICINE MANAPOUTANGA

2026–2031

DRAFT

This draft Vision for Paramedicine is a preliminary document developed to support consultation and engagement. It may not represent the final version and will be refined based on stakeholder feedback.

Draft Vision for Paramedicine v5

For consultation

Te Reo Māori translation prepared by Ōkupu.

Acknowledgements | He kupu whakamānawa

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 Whanua 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.

DRAFT

This draft Vision for Paramedicine is a preliminary document developed to support consultation and engagement. It may not represent the final version and will be refined based on feedback.

A paramedicine initiative proudly developed by the Australasian College of Paramedicine in consultation with the paramedic profession, individuals, communities, and health professions.

Published by the Australasian College of Paramedicine
Australasian College of Paramedicine
Level 3, 478 George Street, Sydney NSW 2000
© Australasian College of Paramedicine 2026.

Disclaimer

The information in this document is presented in good faith at time of publishing using the information available to the Australasian College of Paramedicine (the College). It is provided on the basis that neither the College, nor the developers of the document, are liable to any person or entity for any damage or loss which may occur in relation to taking or not taking action in respect of any information or advice within this document.

All information contained herein is the sole property of the College. The College reserves all rights and privileges regarding the use of this information. Any unauthorised use, such as distributing, copying, modifying, or reprinting, is not permitted. To obtain permission to reproduce or distribute this document contact info@paramedics.org

CEO Forward | Kupu Whakataki

Final version will include message.

DRAFT

This draft Vision for Paramedicine is a preliminary document developed to support consultation and engagement. It may not represent the final version and will be refined based on stakeholder feedback.

Vision for Paramedicine | He kupu whakataki

Paramedicine will shape the future of healthcare across Australasia in partnership with individuals, Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples, communities, and health professions.

Guided by health equity, cultural safety, and evidence-informed practice, paramedics will advance high-quality, person-centred care within a connected and accountable health system, building safer and more accessible healthcare for all.

Purpose statement | Tauākī kaupapa

This document sets out the draft Vision for Paramedicine – the future state of the profession. It is not an operational plan or implementation strategy, nor does it represent the profession's milestones or the current state. Rather, it defines the shared direction, commitment, and system conditions required to realise this future in genuine partnership with the communities it serves.

Grounded in evidence and shaped through engagement with members, sector partners, consumers, Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples, and communities, the Vision affirms paramedicine's role not only as clinicians, educators, researchers, and leaders within contemporary health systems, but also as partners in shared decision-making and accountability.

Health equity, cultural safety, Māori and Pasifika whānau and Aboriginal and Torres Strait Islander peoples co-design are positioned as cross-cutting commitments informing all pillars. The Vision recognises accessibility, inclusion, supported decision-making, and inclusive communication as fundamental to patient safety and human rights.

It supports workforce sustainability, equitable access, and high-quality care, strengthened by strong governance, continuous learning, leadership, data integrity, and accountability for outcomes defined with, and meaningful to, communities.

The Vision will guide policy, education, regulation, and system development across Australasia from 2026 to 2031, providing a shared foundation for reform and investment. It sets a clear direction for the profession's contribution to a more equitable, accessible, and responsive health system that meets the evolving needs of every community.

Guiding principle – it starts with health equity | Mātāpono Arataki – Ka tīmata ki te tōkeke hauora

A resilient health system begins with equity. Health equity is both a moral imperative and a structural requirement for safe and effective care. Every person, regardless of geography, identity, disability, culture, or circumstance, has the right to timely access to high-quality healthcare and the opportunity to achieve their best possible health outcomes. Achieving health equity requires removing systemic barriers, investing in culturally safe and community-informed services, and designing care that is accessible, inclusive, and responsive.

Paramedicine plays a central role in advancing health equity across Australasia. As frontline providers, paramedics deliver care where it is needed most: in homes, rural and remote communities, and moments of crisis. Expansion into primary, urgent, and preventative care reflects a commitment to reaching underserved populations and closing gaps in access. Embedding health equity in practice means actively addressing structural inequities, the social determinants of health, and barriers faced by marginalised communities.

This includes culturally safe practice, inclusive communication, supported decision-making, and genuine partnership with Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples and communities across Aotearoa New Zealand and Australia. It requires alignment with Te Tiriti o Waitangi and the Pae Ora Act consumer engagement code in Aotearoa New Zealand, and recognition of Aboriginal and Torres Strait Islander peoples' rights, leadership, and partnership in Australia.

This Vision is expressed through six interconnected pillars describing the conditions required for paramedicine to deliver equitable, coordinated, and accountable care that meets the needs of every community.

This draft Vision for Paramedicine is a preliminary document developed to support consultation and engagement. It may not represent the final version and will be refined based on stakeholder feedback.

Understanding the Vision and Pillars

Paramedics are a highly educated and professionally trained workforce, regulated across jurisdictions. This document builds on the expertise of the workforce to outline a Vision for Paramedicine that describes the future state of the profession, with each pillar framed by an overarching statement and supported by a structured table of key themes and elements informed through consultation.

Key pillars: Putting people first | Ngā Pou Matua: Ko te Tangata te Tuatahi

Context

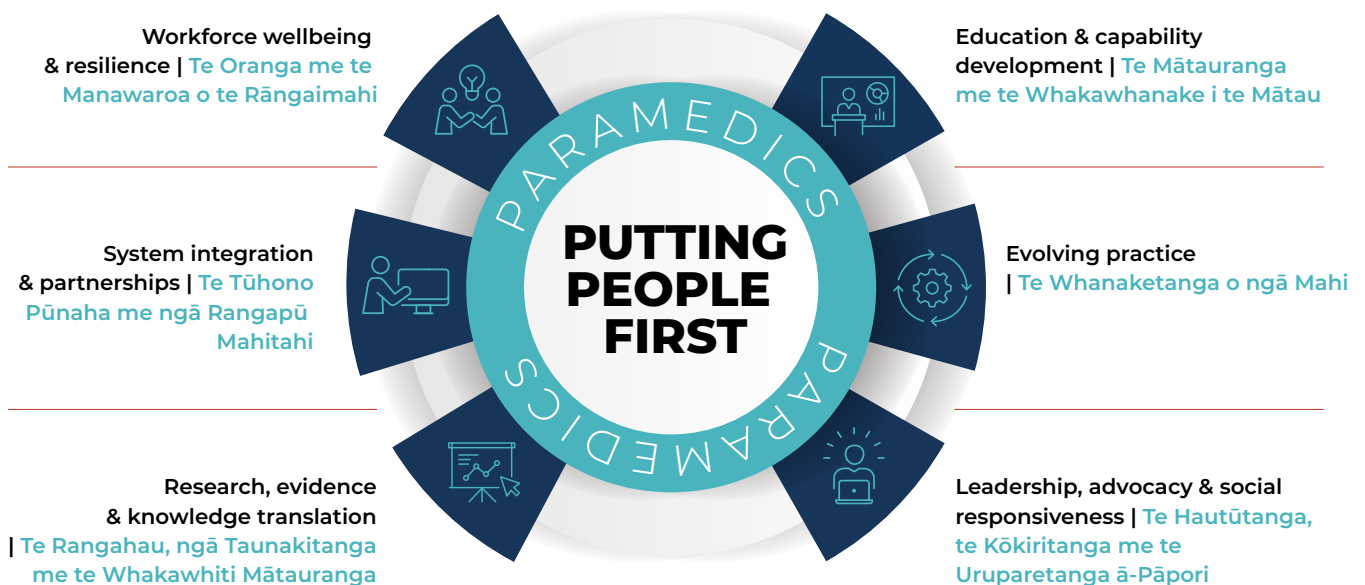
A people-first approach places individuals, families, whānau, communities, and the health workforce at the centre of care. It recognises people as active partners and values lived experience, cultural identity, and professional expertise alongside clinical evidence. Grounded in dignity, respect, and shared decision-making, this approach strengthens equity, inclusion, and responsiveness across all communities — including Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples, CALD communities, and those in rural and remote areas.

Paramedics play a vital role in these settings, often delivering care where access is limited and health outcomes are poorer. A people-first, person-centred approach in paramedicine requires flexible, place-based models that respect cultural worldviews, languages, community structures, and the systemic barriers shaped by geography, service scarcity, and digital inequity. Supporting the wellbeing, safety, and capability of paramedics is essential to achieving this.

The six pillars are presented alphabetically to reflect their equal importance and interdependence. Together, they outline the capabilities, partnerships, and system conditions needed for coordinated, culturally safe, and accountable paramedicine. They embed shared leadership in governance, service design, delivery, and evaluation, with equity, cultural safety, accessibility, and inclusive communication underpinning every aspect.

This people-first orientation aligns with Te Tiriti o Waitangi and the Pae Ora Act in Aotearoa New Zealand, and affirms the rights, leadership, and partnership of Aboriginal and Torres Strait Islander peoples in Australia. Collectively, the pillars establish the conditions that build trust, support wellbeing, improve outcomes, and ensure accountability for what communities define as meaningful.

*PRELIMINARY
This document is a draft and is not intended to be used for decision-making. It is developed to support the development of the final version and will be refined based on stakeholder feedback.*





Education & capability development | Te Mātauranga me te Whakawhanake i te Mātau

Context

Education and capability development support professional growth throughout a paramedic's career. Spanning undergraduate education, graduate transition, postgraduate and advanced education, specialist and leadership pathways, and continuing professional development (CPD), recognising flexible and non-linear careers across clinical, research, education, policy, leadership, and community roles.

At its core, education and capability development promotes a culture of continuous learning that fuels clinical excellence, innovation, reflective practice and quality improvement, while strengthening professional autonomy and system responsiveness, ensuring paramedics are supported to grow and communities benefit from consistently high-quality care.

Together, these elements below shape the learning environments and opportunities that enable professional development across a paramedic's career.

Advanced capability	<p>Advanced practice and extended practice education, including postgraduate qualifications, certifications, and micro-credentials such as prescribing, diagnostics, clinical leadership, and quality improvement.</p> <p>Ongoing professional development that strengthens clinical expertise, leadership, digital health capability, innovation, and systems thinking.</p> <p>Interprofessional learning and preparation for high-risk, rare, and complex situations.</p>
Education foundations	<p>Continued high-quality, evidence-informed university education accredited by national regulators, grounded in equity, cultural safety, and inclusion.</p> <p>Structured graduate transition programs supporting safe, independent, and reflective practice.</p> <p>Clear, flexible career pathways from entry-level through to advanced, specialist, and leadership roles, supported by an Australasian-wide career framework recognising diverse scopes and settings.</p>
Professional capabilities	<p>Core competencies in cultural safety, trauma-informed care, disability capability, health literacy, supported decision-making, and inclusive communication.</p> <p>Organisational cultures that promote co-design, respectful dialogue, and shared authority with communities.</p>
Systems capability	<p>Education in quality improvement, patient safety and systems safety, human factors, audit and feedback, and data-informed practice.</p> <p>Strong digital health capability, including electronic records, telehealth, decision support, data ethics, Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples' data sovereignty, privacy-by-design, and responsible algorithm use.</p>



Evolving practice | Te Whanaketanga o ngā Mahi

Context

Paramedic practice evolves in response to community priorities and health system needs, strengthening and extending practice beyond transport-based models. While maintaining excellence in emergency and critical care, practice spans urgent and primary care, outreach, aged care, Aboriginal and Torres Strait Islander health, Māori and Pasifika whānau health, chronic disease management, mental health, social care, palliative care, prescribing, referrals, telehealth, and other onsite care approaches.

This evolution is propelled by a profession increasingly able to practise anywhere communities live, work, and connect — from urban neighbourhoods to rural and remote regions, aeromedical and industrial environments, and emerging telehealth and virtual care spaces. As paramedicine expands its reach, practice development is guided by progressive regulatory frameworks, contemporary professional standards, and integrated health systems that enable seamless collaboration.

Strong governance and just culture principles create the conditions for safe autonomy, shared accountability, and bold, future-focused innovation, ensuring paramedics are empowered to lead change, respond to complexity, and shape a modern, adaptable, and community-anchored model of care.

Together, these elements below describe a future in which paramedic practice evolves with community needs, enabling safe, equitable, and seamlessly integrated care.

Inclusive practice	Equity and cultural safety embedded across all areas of practice. Accessibility, disability inclusion, supported decision-making, and inclusive communication recognised as core safety and human rights standards.
Practice development	Practice shaped by community need, health system gaps, and shared definitions of safety and quality. Continued excellence in emergency and critical care alongside roles across urgent, primary, community-based, and preventative care. Clinical practice that recognises social determinants of health and contributes to public health, system resilience, and disaster preparedness.
Safe autonomy	Professional autonomy exercised within regulatory requirements, professional standards, and just culture governance.
Governance	Consumers, Aboriginal and Torres Strait Islander peoples, Māori and Pasifika whānau, and communities actively involved in governance, service design, delivery, and evaluation. Aboriginal and Torres Strait Islander peoples and Māori and Pasifika whānau leadership and authority informing governance, workforce development, research, and data stewardship. Strong collaboration with health care services, regulators, and health, disability, and social care partners to support coordinated care.



Leadership, advocacy & social responsiveness | Te Hautūtanga, te Kōkiritanga me te Uruparetanga ā-Pāpori

Context

Leadership and advocacy strengthen paramedicine's contribution to health system governance, public discussion, and equitable health outcomes. Participation in governance and policy development occurs within the profession's scope of influence and is grounded in transparency and accountability.

Advocacy is undertaken in partnership with communities and informed by lived experience, evidence, and a strong focus on equity. Social responsiveness includes meaningful engagement, transparent participation in governance processes, and accountable contributions to policy development. Leadership is demonstrated through ethical use of technology and data, commitment to just culture principles, and sustained action to address discrimination and structural inequities.

Together, these elements below describe how leadership and advocacy support accountable governance, inclusive decision-making, and socially responsive paramedicine.

Advocacy and partnership	<p>Policy engagement informed by lived experience, evidence, and a strong focus on health equity.</p> <p>Community partnerships shaping advocacy priorities and public commitments to equity and inclusion.</p>
Governance and accountability	<p>Consumers, Aboriginal and Torres Strait Islander peoples, Māori and Pasifika whānau and communities represented in governance, advisory, and accountability roles.</p> <p>Recognition of Aboriginal and Torres Strait Islander peoples and Māori and Pasifika whānau leadership and authority across governance, workforce development, research, and data stewardship.</p> <p>Transparent leadership in quality and safety, including public reporting on equitable outcomes and inclusive governance practices.</p>
Inclusive leadership	<p>Leadership across clinical, academic, operational, and policy settings.</p> <p>Commitment to workforce diversity and inclusive leadership that reflects the communities served.</p> <p>Accessibility, disability inclusion, supported decision-making, and inclusive communication upheld as core safety and human rights standards.</p>



Research, evidence & knowledge translation | Te Rangahau, ngā Taunakitanga me te Whakawhiti Mātauranga

Context

Research and evidence strengthen paramedicine and improve outcomes for communities. Research literacy, critical appraisal, and evidence-informed practice are profession-wide expectations, with inquiry and quality improvement forming part of professional responsibility across roles and at all career stages.

Consumers and communities contribute to research priorities, design, interpretation, and dissemination. Māori and Pasifika whānau, and Aboriginal and Torres Strait Islander peoples' leadership and authority inform research governance, methodology, and data stewardship, including commitments to data sovereignty and privacy-by-design. Evidence informs practice, education, governance, workforce planning, and policy development, supported by accessible knowledge translation and shared learning across the health system.

Together, these elements below describe how research and evidence underpin accountable, community-informed, and evidence-based paramedicine.

Data governance	<p>Strong ethical governance, including Aboriginal and Torres Strait Islander peoples' and Māori and Pasifika whānau data sovereignty, privacy-by-design, and consumer-informed oversight.</p> <p>Secure and transparent data environments enabling responsible data sharing and linkage with administrative health datasets.</p>
Knowledge translation	<p>Accessible knowledge translation, including plain-language summaries and community-facing outputs.</p>
Partnership and co-design	<p>Consumers, Aboriginal and Torres Strait Islander peoples, Māori and Pasifika whānau, and communities actively involved in research governance, priority setting, design, interpretation, and sharing of findings.</p> <p>Aboriginal and Torres Strait Islander peoples, Māori and Pasifika whānau leadership and authority embedded across research governance, methodology, workforce development, and data stewardship.</p> <p>Use of diverse, culturally responsive methodologies, including Aboriginal and Torres Strait Islander peoples and Māori and Pasifika whānau -led and community-based approaches.</p>
Research capability	<p>Research capability and research literacy recognised as core expectations across all roles and career stages.</p> <p>Evidence integrated into clinical practice, education, quality improvement, governance, and policy dialogue.</p> <p>Patient-reported and experience-reported measures recognised as valid and valuable forms of evidence.</p>



System integration & partnerships | Te Tūhono Pūnaha me ngā Rangapū Mahitahi

Context

System integration enables coordinated care across sectors and settings through shared accountability. It operates across three interconnected domains: clinical integration (coordinated multidisciplinary teams and care pathways), digital integration (interoperable technologies), and data integration (ethical and accurate information use).

Safe integration depends on informed consent, privacy protections, appropriate access boundaries, and robust governance. Integration aligns with professional standards, regulatory oversight, and the realities of different jurisdictions.

Together, these elements below describe how system integration supports coordinated, safe, and equitable care across sectors and settings.

Clinical integration	<p>Interprofessional collaboration and multidisciplinary care models across health and social care sectors.</p> <p>Warm handovers, shared care planning, and two-way referral communication to support continuity of care.</p> <p>Participation in health system planning, emergency management, and surge capacity coordination.</p>
Digital and data integration	<p>Interoperable digital systems that enable secure, ethical, and timely information exchange.</p> <p>Strong safeguards for informed consent, privacy, data accuracy, and appropriate access boundaries, including in emergency situations.</p> <p>Active mitigation of risks such as records misinterpretation, stigma, rare disease misinformation, and outdated information.</p>
Partnership and co-design	<p>Consumers, Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples', and communities involved in the design and governance of integrated care pathways.</p> <p>Recognition of Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples' leadership and authority in system design and partnership.</p> <p>Equity and cultural safety embedded within cross-sector partnerships and service design.</p>
System integration and planning	<p>Participation in health system planning, emergency management, and surge capacity coordination.</p>



Workforce wellbeing & resilience | Te Oranga me te Manawaroa o te Rāngaimahi

Context

Workforce wellbeing underpins safe, sustainable, and equitable paramedicine. It is a system and organisational responsibility grounded in legal workplace safety obligations and shared accountability across employers, leaders, regulators, and the profession.

Occupational violence, physical assault, psychological injury, secondary trauma, and moral distress are explicitly recognised as serious safety risks. Both physical and psychological harm require prevention-focused work design rather than reliance on individual resilience. Organisational structures, workload, rostering, leadership culture, and resourcing shape workforce sustainability. Contemporary employment realities, including multi-employer and flexible careers, are recognised and supported.

Together, these elements below describe how workforce wellbeing supports safe, flexible, sustainable, and inclusive paramedicine.

Inclusive workplaces	Equity and cultural safety integrated into workforce planning and organisational design. Accessibility and inclusive communication recognised as important workplace safety considerations.
Organisational responsibility	Wellbeing embedded as a system and organisational responsibility, supported by legal workplace safety obligations. Workforce voice included in governance and organisational decision-making. Human-centred digital systems designed to reduce documentation burden and alert fatigue.
Workforce safety	Clear recognition of occupational violence, physical and psychological harm, secondary trauma, and moral distress as serious workforce safety issues. Prevention-focused work design addressing workload, rostering, organisational culture, leadership, and systemic stressors. Psychological safety upheld as a core safety requirement. Supervision, reflective practice, and structured debriefing embedded within professional culture.
Workforce sustainability	Recognition of multi-employer arrangements and diverse employment contexts. Flexible work options and supported career transitions across all career stages. Data-informed workforce planning aligned with community need and long-term service sustainability.

Commitment statement | **Tauākī Here**

This Vision sets a shared direction for the future of paramedicine across Australasia. It reflects a profession committed to learning, partnership, and accountability, and to working alongside individuals, Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples, communities, and health system partners to improve health and wellbeing.

Realising this future will require sustained commitment to health equity, cultural safety, and evidence-informed practice. As health systems evolve, paramedicine will continue to grow as a trusted profession contributing to safer, more accessible, and more responsive healthcare.

Grounded in partnership with communities and accountable for meaningful outcomes, this Vision affirms paramedicine's role in shaping healthcare across Australasia for the benefit of every community.

DRAFT

This draft Vision for Paramedicine is a preliminary document developed to support consultation and engagement. It may not represent the final version and will be refined based on stakeholder feedback.

Glossary | Kupu Whakamārama

Advanced practice	Advanced practice refers to roles where paramedics apply extended clinical knowledge and skills, often supported by postgraduate education, to deliver more comprehensive assessment and care.
Autonomy	Professional autonomy means paramedics can make independent clinical decisions within their scope of practice, professional standards, and regulatory requirements. Autonomy is exercised alongside collaboration with other health professionals and shared decision-making with patients.
Cultural safety	Cultural safety means care that is respectful of people's cultural identity and experiences and is free from racism and discrimination. Cultural safety is defined by the person receiving care and includes Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, and other groups whose needs may not be well served by standard approaches.
Data integration	Data integration means safely combining and sharing health information across systems so that clinicians have accurate and relevant information when caring for patients. Good data integration supports safer and more coordinated care.
Data sovereignty	Data sovereignty refers to the rights of Māori and Pasifika whānau, Aboriginal and Torres Strait Islander peoples to control how data about their people, communities, and cultures is collected, used, and shared.
Interprofessional collaboration	Interprofessional collaboration means different health professionals working together with patients and communities to plan and deliver care.
Just culture	Just culture is an approach to safety that encourages learning from mistakes while maintaining accountability. It recognises that most errors arise from system factors rather than individual blame.
Knowledge translation	Knowledge translation means making research findings understandable and usable in practice, policy, and community settings.
Multidisciplinary	Collaboration between professionals from different disciplines or fields who work together to provide care, solve problems, or design services. In healthcare, this may include paramedics, nurses, doctors, allied health professionals, social workers, and other specialists contributing their expertise to support coordinated and comprehensive care.
Shared decision-making	Shared decision-making means patients and clinicians working together to make decisions based on clinical evidence and what matters most to the person receiving care.

Consultation timeline | Whakawhitiwhiti Kōrero Rārangi Wā

Phase 1 (2025) Discovery and initial draft

Discovery: A comprehensive review of paramedicine and broader health system reports, policy, legislation, and implementation frameworks across Australia and Aotearoa New Zealand was undertaken to inform the development of the draft Vision for Paramedicine.

Initial draft: Drawing on this review, an initial draft of the draft Vision for Paramedicine was developed, reflecting the evolving role of the profession and the future needs of the Australasian health system.

Phase 2 (2025) Confidential consultation and second draft

Consultation: The initial draft was circulated to subject matter experts and key members of the paramedicine profession for confidential consultation.

Second draft: The draft Vision for Paramedicine was revised to incorporate expert insights and feedback gathered through this consultation phase.

Phase 3 (2025/2026) Consumer and stakeholder consultation and third draft

Consultation: The second draft was shared with consumer organisations and key professional and sector stakeholders across Australasia.

Third draft: Feedback from consumer and stakeholder consultations informed significant refinement of the draft Vision for Paramedicine.

Phase 4 (2026) Public consultation and final draft

Public consultation: Now open

Phase 5 (2026) Release

Expected to be released in 2026.

Bibliography | Rārangi Tohutoro

1. Australian Government Department of Health, Disability and Ageing. Summary Statistics, Allied Health, All Professions. Oct 2024. Available from: <https://hwd.health.gov.au/resources/data/summary-all.html>, accessed Nov 2025.
2. Australasian College of Paramedicine. Australasian Paramedicine Workforce Survey. 2024, 2025. Available from: <https://paramedics.org/apws>, accessed Nov 2025.
3. Australasian College of Paramedicine. Paramedicine: Clinical Practice Framework for Australasia. Mar 2026. Available from: https://paramedics-prod-public.s3.ap-southeast-2.amazonaws.com/42692/Clinical_Practice_Framework_V1.pdf, accessed Mar 2026.
4. Australasian College of Paramedicine. Position Statement: Urgent support needed for paramedic students experiencing 'placement poverty'. May 2024. Available from: <https://paramedics.org/news/Urgent-support-needed-for-paramedic-students-experiencing-placement-poverty>, accessed Nov 2025.
5. Australian Commission on Safety and Quality in Health Care. The NSQHS Standards. Available from: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>, accessed Nov 2025.
6. Australian Government Australian Centre for Disease Control. National Immunisation Strategy for Australia 2025-2030. May 2025. Available from: <https://www.health.gov.au/resources/publications/national-immunisation-strategy-2025-2030-implementation-plan?language=en>, accessed Nov 2025.
7. Australian Government Department of Health, Disability and Ageing. M. Cormack. Unleashing the Potential of our Health Workforce: Scope of Practice Review. Nov 2024. Available from: <https://www.health.gov.au/our-work/scope-of-practice-review>, accessed Nov 2025.
8. Australian Government Department of Health, Disability and Ageing. Ngayabah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams. Oct 2023. Available from: <https://www.health.gov.au/resources/publications/the-ngayubah-gadan-consensus-statement-rural-and-remote-multidisciplinary-health-teams?language=en>, accessed Nov 2025.
9. Australian Government Department of Health, Disability and Ageing. Mar 2022. Australia's Primary Health Care 10-Year Plan 2022-2032. Available from: <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032?language=en>, accessed Nov 2025.
10. Australian Government Department of Health, Disability and Ageing. Medicare UCC Operational Guidance. Aug 2025. Available from: <https://www.health.gov.au/resources/publications/medicare-ucc-operational-guidance?language=en>, accessed Nov 2025.
11. Australian Government Department of Health, Disability and Ageing. Modernising My Health Record – Improved access to health information. Update Oct 2025. Available from: <https://www.health.gov.au/our-work/modernising-my-health-record-improved-access-to-health-information?language=en>, accessed Nov 2025.
12. Australian Government Department of Health, Disability and Ageing. National Immunisation Strategy (2025-2023) Implementation Plan. Dec 2025. Available from: <https://www.health.gov.au/resources/publications/national-immunisation-strategy-2025-2030-implementation-plan?language=en>, accessed Mar 2026.
13. Australian Government Department of Health, Disability and Ageing. National Medical Workforce Strategy 21-2031. Jun 2024. Available from: <https://www.health.gov.au/our-work/national-medical-workforce-strategy-2021-2031?language=en>, accessed Nov 2025.
14. Australian Government Department of Health, Disability and Ageing. National Preventive Health Strategy. Dec 2021. Available from: <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en>, accessed Nov 2025.
15. Australian Government Department of Health, Disability and Ageing. National Roadmap for Improving the Health of People with Intellectual Disability. Jul 2021. Available from: <https://www.health.gov.au/resources/publications/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability?language=en>, accessed Mar 2026.
16. Australian Government Department of Health, Disability and Ageing. Strengthening Medicare Taskforce Report. Dec 2022. Available from: <https://www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report?language=en>, accessed Nov 2025.
17. Australian Government Department of Health, Disability and Ageing. The Australian Health and Medical Research Workforce Audit. Oct 2024. Available from: <https://www.health.gov.au/resources/publications/mrff-the-australian-health-and-medical-research-workforce-audit?language=en>, accessed Mar 2026.

Bibliography | Rārangi Tohutoro

18. Australian Government Digital Health Agency. National Digital Health Strategy 2023-2028. Updated Nov 2025. Available from: <https://www.digitalhealth.gov.au/national-digital-health-strategy>, accessed Nov 2025.
19. Australian Government National Indigenous Australian Agency. National Agreement on Closing the Gap. Jul 2020. Available from: <https://www.closingthegap.gov.au/national-agreement>, accessed Nov 2025.
20. Australian Medical Association. 2025 AMA Rural Health Issues Survey Report. Apr 2025. Available from: <https://www.ama.com.au/articles/2025-ama-rural-health-issues-survey-report>, accessed Mar 2026.
21. Grattan Institute. Smarter spending: Getting better care for every hospital dollar. 2025 Available from: Smarter spending: <https://grattan.edu.au/report/smarter-spending-getting-better-care-for-every-hospital-dollar/>, accessed Nov 2025.
22. K. Woolcock, J. Gregg and A. Groth. Perspectives Brief - Policy alignment for place-based solutions for better health outcomes in rural and remote communities. Deeble Institute for Health Policy Research. May 2025. Available from: <https://ahha.asn.au/resource/policy-alignment-for-place-based-solutions-for-better-health-outcomes-in-rural-and-remote-communities/>, accessed Mar 2026.
23. Ministry of Health | Manatu Hauora. Health of Disabled People Strategy. Jul 2023. Available from: <https://www.health.govt.nz/publications/health-of-disabled-people-strategy>, accessed Mar 2026.
24. Ministry of Health | Manatu Hauora. Pae Tu: Te Rautaki Hauora Māori. Jul 2023. Available from: <https://www.health.govt.nz/publications/pae-tu-hauora-maori-strategy>, accessed Nov 2025.
25. Ministry of Health | Manatu Hauora. Rural Health Strategy. Jul 2023. Available from: <https://www.health.govt.nz/publications/rural-health-strategy>. accessed Nov 2025.
26. Ministry of Health | Manatu Hauora. Te Mana Ola: The Pasifika Health Strategy. Jul 2023. Available from: <https://www.health.govt.nz/publications/te-mana-ola-the-pacific-health-strategy>, accessed Nov 2025.
27. Ministry of Health | Manatu Hauora. The New Zealand Health Strategy. Jul 2023. Available from: <https://www.health.govt.nz/publications/new-zealand-health-strategy#mig>, accessed Nov 2025.
28. Ministry of Health | Manatu Hauora. Women's Health Strategy. Jul 2023. Available from: <https://www.health.govt.nz/publications/womens-health-strategy>, accessed Nov 2025.
29. Ministry for Regulation | Te Manatu Waeture. Regulatory Impact Statement - Proposed verification pathway for medicines approvals. Apr 2025. Available from: <https://www.regulation.govt.nz/our-work/regulatory-impact-statements/regulatory-impact-statement-proposed-verification-pathway-for-medicines-approvals-2/>, accessed Mar 2026.
30. National Rural Health Alliance. Primary Care Rural Integrated Multidisciplinary Health Services (PRIM-HS). Jan 2023. Available from: <https://www.ruralhealth.org.au/primary-care-rural-integrated-multidisciplinary-health-services/>, accessed Nov 2025.
31. P. Breadon, D. Romanes. A New Medicare: Strengthening General Practice. Dec 2022. Available from: <https://grattan.edu.au/report/a-new-medicare-strengthening-general-practice/>, accessed Nov 2025.
32. Paramedicine Board Ahpra. Professional standards. Reviewed Feb 2025. Available from: <https://www.paramedicineboard.gov.au/Professional-standards.aspx>, accessed Nov 2025.
33. Parliamentary Counsel Office | Te Tari Tohutohu Paremata. New Zealand Legislation - Medicines Amendment Bill, Government Bill 134-3. Nov 2025. Available from: <https://www.legislation.govt.nz/bill/government/2025/0134/latest/whole.html>, accessed Mar 2026.
34. Royal Australian College of General Practitioners. General Practice: Health of the Nation. Oct 2024. Available from: <https://www.racgp.org.au/general-practice-health-of-the-nation>, accessed Nov 2025.
35. Te Kaunihera Manapou Paramedic Council. Strategic plan 2026-2029. Available from: <https://paramediccouncil.org.nz/PCNZ/PCNZ/0.Te-Tiriti/Strategic-plan-.aspx>, accessed Mar 2026.
36. Victoria State Government Department of Health. Our workforce, our future. A capability framework for the mental health and wellbeing workforce. May 2023. Available from: <https://www.health.vic.gov.au/our-workforce-our-future/capabilities>, accessed Mar 2026.
37. Australian Government Australian Digital Health Agency and Australian Government Department of Health, Disability and Ageing. National Allied Health Digital Uplift Plan. Dec 2025. Available from: <https://www.digitalhealth.gov.au/about-us/strategies-and-plans/national-allied-health-digital-uplift-plan> accessed March 2026.

Australasian College of Paramedicine

VISION FOR PARAMEDICINE MANAPOUTANGA

2026–2031



Contact information:

Australasian College of Paramedicine
info@paramedics.org

Published by

Australasian College of Paramedicine
Level 3, 478 George Street,
Sydney NSW 2000

Phone: AUS 1300 730 450 ext.5 | NZ 0800 730 450
www.paramedics.org