2026 Census: FAQs relating to paramedic occupation data

1. **Why is the College campaigning for greater categorisation of paramedic roles?**
   The College worked with the Australian Bureau of Statistics (ABS) to secure greater categorisation of paramedic roles in Australia's Occupation Standard Classification for Australia Classification (OSCA). In 2024 we achieved health professional categorisation for 'Paramedics' and 'Critical Care Paramedics', as those groups meet the ABS threshold for their own category. As primary and urgent care roles do not yet have a category, the College is advocating for a grouped classification to capture them. Completing your 2026 Census occupation details is how the profession builds the evidence for better recognition, workforce planning, and funding.
2. **What is the 2026 Census and why does it matter to paramedics?**
   The Census, run by the ABS in August 2026, is Australia's most complete count of who we are and what we do — including our occupations. Census occupation data underpins government decisions about health workforce planning, education funding, and service design. For paramedicine, it is one of the most influential datasets for demonstrating the size, diversity, and distribution of our profession.
3. **Why does accurate occupation data collection matter so much?**
   Decision-makers can only plan for what they can see. When paramedics are counted accurately—including the settings and specialties in which they work — governments, health services, and universities can plan workforce supply, target funding, and design models of care that reflect paramedicine practice. Inaccurate or generic data renders parts of the profession invisible, and invisible roles attract neither funding nor policy attention.
4. **How are paramedic roles classified?**
   The ABS classifies every occupation in Australia through its national occupation classification system, which sets out distinct categories based on the skills, tasks, and qualifications of each role. Roles that are recognised as distinct categories can be separately counted, analysed, and planned for. Roles without their own category are absorbed into a broader 'paramedic' grouping, and their specific contribution disappears from the data.
5. **What are the 'thresholds' for an occupation category?**
   The ABS applies criteria before recognising an occupation as its own category — most importantly, that a sufficient number of people work in the role, and that its skills and tasks are demonstrably distinct from related occupations. This protects the integrity of the classification. For more information on occupation thresholds visit this ABS page.
6. **Which paramedic specialty roles met the threshold?**
   Critical Care Paramedic (CCP) met the ABS threshold — the workforce numbers and role distinctness supported a standalone category, and CCPs can now be separately identified in national data. At the time of assessment (OSCA 2024 v1.0 is the result of a comprehensive review of ANZSCO conducted between July 2022 and December 2024), the data available for primary and urgent care paramedic roles (such as Extended Care Paramedics and Community Paramedics) did not meet the threshold for individual categories of their own.

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7. **Why is the College suggesting a grouped classification for primary and urgent care paramedics?**
   Because these roles individually fall below the ABS threshold, but together they represent a significant and rapidly growing area of practice. A grouped classification — capturing primary and urgent care paramedics as one recognised category — is the practical way to make this workforce visible in national data now, rather than waiting years for each role to reach a standalone threshold. As the grouped category grows and the data matures, it creates the evidence base for more granular categories in future.

8. **What has the College's advocacy achieved?**
   The College worked directly with the ABS to push for greater categorisation of paramedic roles in the national classification. This advocacy is about three outcomes: enhanced delivery of care for Australians; funding opportunities for paramedics and students, and greater recognition of paramedicine in national workforce planning.

9. **What should I write as my occupation on the Census?**
   Specific, consistent responses across the profession are exactly what builds the numbers needed to meet ABS thresholds. The College has developed a guidance document which can be found here.

10. **What happens if primary and urgent care roles still aren't counted?** Without a recognised category, these roles remain statistically invisible: their growth cannot be tracked, their workforce cannot be planned for, and the case for funding paramedic-led primary and urgent care is harder to make. That is why the College is pursuing the grouped classification and encouraging every member to complete their Census occupation details accurately.

11. **What if my primary job is as a manager or academic rather than in clinical practice?**
    Record the job you actually do — the Census asks about your primary job, and manager and academic roles have their own recognised categories in the classification. The key is to keep paramedicine visible in how you describe it: use a title and task description that reflect both the role and the profession, for example 'Paramedicine Lecturer', 'Paramedicine Researcher', or 'Ambulance Services Manager', rather than a generic 'lecturer' or 'manager'. That breadth is itself part of the College's advocacy story: paramedicine is a profession that leads, teaches, and builds evidence, not only one that responds.

12. **When can I complete the census and where can I find out more?**
    If you know where you'll be on Census night (11 August), you can complete the Census as soon as your receive your instructions in the mail or via your MyGov inbox. Read more information here: Doing the Census | Census Information