



Topics with a focus for those working in **Primary Healthcare**



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NEWSLETTER



Lets meet some of our board members.



We are honoured to introduce Scott Fyfe who is one of our founding members of the ACCP.

Scott began his career with Ambulance Service Melbourne (class of 22c) in 1983, and in 1990 he qualified as a Mobile Intensive Care Paramedic (MICA); before going on to become a flight paramedic for both the Victorian and Tasmanian Ambulance services.

Through his experiences in both services, Scott has obtained a vast array of exposure to the various levels of work within State Ambulance services. Along with his extensive years in Ground Emergency Medical Services (GEMS), Helicopter Emergency Medical Services (HEMS) and Medical retrieval, Scott has worked in the fields of Clinical Manager, Group Manager, MICA Paramedic Community Support Coordinator (MICA PCSC - Omeo), Intensive Care Paramedic (ICP), Branch Station Officer, Duty Manager of the State Operations Centre (SOC) and has spent substantial time acting as the Manager of the SOC, Regional Manager NW region and Manager of AMR in Ambulance Tasmania (AT).

Scott has a real thirst for knowledge and improving himself. From being in the first cohort to converting to a Bachelor of Paramedicine through Monash University, he has obtained a Grad Cert in Aeromedical Retrieval, qualified as a Physician Assistant through James Cook University, and has recently completed a Graduate Diploma of Advanced Paramedic Practitioner through the University of Tasmania UTAS). With a passion for education and being an educator in his field, Scott has also obtained a Graduate Certificate in Professional Education from Deakin University.

As a qualified Extended Care Paramedic with AT, Scott has a passion for the progression of Paramedics into the role of Paramedic Practitioner and sees these skills sets as invaluable in the primary care resource-restricted rural and remote environments. His passion for the progression of paramedicine has seen Scott become one of the Founding Fellows of the ACPP.

General College



News



Scholarship Follow up

Last Month we shared the exciting news that 4 members of the Australian College of Paramedic Practitioners, thanks to our partnership with Bank Vic were awarded scholarships. Our President Andrew McDonnell asked the recipients to share with us a little bit more about who they are.



Pmd Andrew Brooker (Victoria)

Being selected as a recipient of the ACPP and BankVic scholarship is amazing, it has helped to start my Master's in Advanced Clinical Care (Paramedicine Practitioner) on the front foot. I am so humbled and grateful for being selected and would like to thank ACPP and; BankVic for not only granting my scholarship but also for all the hard work that went into enabling the Paramedicine Practitioners course to be debuted at Deakin University. Congratulations to everyone who was awarded a scholarship, and well done to all who will be joining me in the Master's program at Deakin, and again thank you to ACPP and BankVic for making it all happen. As a father of three children under five my wife and

I always put our children's needs first, my computer equipment is outdated and the text books I have are mostly second hand as it is hard to justify buying new equipment or text books when our children are our priority. Being awarded the scholarship will allow me to purchase up to date textbooks and reliable computer equipment to assist me in my studies, enabling me to access all of the most up to date information and technology required to study at this level both online and at campus, which would not have been possible without ACPP and BankVic.



Pmd Melissa Alexander (South Australia)

I am incredibly grateful for the scholarship awarded by ACPP and Bank Vic. I am an Extended Care Paramedic in South Australia and relish the opportunity that the Masters of Advanced Clinical Practice (Paramedic Practitioner) provides both for me and my patients. I have chosen the fellowship stream as endorsement by the ACPP provides so much validation to the role. The ongoing work by ACPP in changing legislation to expand our scope is invaluable.

The reinforcement and extension of my knowledge through undertaking the course will be of such benefit, as will the tireless work of ACPP in extending our scope, and will enable us to provide the best possible care to those in our community at a time of great need for change in our practice. I am excited to be a part of a new and emerging paramedic role and look forward to the job satisfaction this role will bring.

This scholarship will make travelling to Warnambool for intensive weeks so much easier to achieve, particularly with the additional logistics juggling travel with work commitments, health needs, and family. The scholarship will also enable me to purchase the study materials for my course that I would have otherwise just borrowed, and decrease the number of overtime shifts I will need to undertake. I value this education and the potential for change that it affords, and this scholarship allows me to focus some more of my time on my studies and undertake additional educational opportunities that I would not otherwise be able to attend. Many thanks again for investing so deeply in the future of paramedicine in Australasia, and for placing your faith in me to carry the torch for this journey.



Pmd Michelle Shanahan (Victoria)

I have wanted to do some sort of extended care since joining AV and feel I have the diversity of skills to promote this type of paramedicine to its full. I was so excited when I heard my name in regards to the scholarship that I was speechless. For those that know me that doesn't happen very often. It took me a few days to comprehend that this had occurred and couldn't stop smiling.

I have already started to collect an extended care toolkit with clinical instruments, learning and communication tools. The money will also assist with my travel to campus and with travel and accommodation for my placements. My library was very out of date and I will be able to update my reference resources and subscriptions to essential materials.

I cannot thank BankVic and the Australian College of Paramedic Practitioners enough for this fantastic scholarship. I have a nursing background, and want to use both paramedicine, nursing and Paramedic Practitioner training, to provide primary care in areas where no GP's are available and to assist GPs when they do visit the area.



Pmd Laura Lally

Being awarded this scholarship really was a completely unexpected and very welcome surprise! I am overwhelmed with gratitude and feel so fortunate to be a part of this program and to have this added

support makes a big difference. Furthering education is a very expensive process and to have assistance with some of that financial stress really helps. I want to say a big heart felt thank you to everyone involved in making this possible and I am so proud to be part of this new and exciting career path. Thanks again.

Laura hopes to see the introduction of Primary Care and PPs into smaller locations to assist GPs, and keep people in their towns rather being transported long distances to regional hospitals, particularly in the after hours period

A big thank you to Dr Kate Kloot for all the hard work and effort she has put into developing the program and getting it up and running. Kate and her team continue to work hard to provide a high standard of education for the students in this course.

Community Paramedics, Nurses and Support Partners keeping People Safe in their Homes



HMS Collective is very proud to announce the employment of Victoria's first Community Paramedics. Each paramedic successfully completed a vigorous selection process and today undertook an orientation program. The highlight was a discussion led by a carer of one of the people we will be working with. A new era of support in the disability, aged care, mental health and community services has just begun.

Keeping people safe in community and out of hospital/ambulances.

Based in Riddells Creek, HMS Collective is expanding its services as a provider of aged care, disability support and in-home help to form Australia's first private community paramedic service. The volunteer organisation has recently recruited 10 experienced and qualified paramedics on a casual basis. The role of the CP is to reduce the need for emergency calls by providing preventative health measures and intervening before the health issue would potentially become an emergency. The concept has already been trialled in the UK and Canada but is yet to take off in Australia. Unlike regular paramedics, HMS Collective's fleet of community paramedics will be expected to use their own vehicles and equipment, giving mental and physical health assistance and attending in-home meetings with clients. For further information on HMS Collective, please contact: info@hmscollective.com.au



01.03.2021 AMBULANCE WORKLOAD

The Victorian Ambulance Union (VAU) is currently exploring and advocating for changes that can be implemented to reduce the workload and are actively lobbying for increases in paramedic resources across Victoria. The VAU is advocating for the Government to adopt measures including "a full rollout of the Prescribing Paramedic

Practitioner mobile across Victoria to provide options to treat patients in the home without transport.

The ACPP continues to work closely with the support of the VAU in their promotion of the paramedic practitioner role. Further details from the VAU can be found here.

<https://victorianambulanceunionincorporated.cmail20.com/t/t-l-mjruhdk-wiiukhtw-y/>

Partnerships with ACPP to help our members.

Bank Vic the bank for police, emergency and health workers.

Insurance, Financial Support and Banking



The College has negotiated and partnered with BankVic to provide comprehensive Insurance and Banking Products to our members. The College is incredibly proud as many of the products were only available to paramedics employed in ambulance services. These products are now open to all paramedics in all practices who are members of our

College

- **Income Protection and Accident Insurance – World Wide Coverage.** No medicals if ACPP member join by 28 February 2021 or within sixty days of joining ACPP. (<https://www.bankvic.com.au/insurance/?filter=Income>) to our members no matter where they work (except paramedics covered by the VAU). **Probably Australia's best package.**
- **Travel Insurance – World Wide coverage for the full year** Ideal for fly in and fly out Paramedics and those who work overseas (Great for those who want to take a long holiday (post-COVID-19))
- **Banking - Low loan rates** Credit, Financing, and General Banking options, Ask about the special offers to Members when refinancing your home loan, at lower interest rates

For further information, visit BankVic

They offer a different way of banking, where 100% of profits are reinvested to benefit members and the communities they are part of. For the best banking deals, visit www.bankvic.com.au or call 13 63 73. You can also drop in to either of their six branches, including branches at the Royal Children's Hospital, Sunshine Hospital and Monash Medical Centre.



SARRAH is recognised as the peak body representing rural and remote allied health professionals (AHPs) working in the public and private sector. SARRAH develops and provides services for AHPs to confidently and competently carry out their professional duties in providing a range of Aclinical and health education services to people who reside in these settings.

The ACPP is the first paramedic organisation to be granted membership of this prestigious association. ACPP are the 20th Member of AHPA. Why is this membership of the AHPA so important in the development of a Paramedic Practitioner Model and supporting Paramedics who already practice primary healthcare? AHPA provides ACPP access to;

- A seat at the table of government policy agenda, with representation on government advisory groups and Input to government submissions and consultations.
- Strategic alliances with other health organisations, with direct access to a wide variety of health industry groups, namely Australian Allied Health Leadership Forum, the National Rural Health Alliance, the National Aged Care Alliance and the Consumers Health Forum of Australia.

Partners in CPD

These topics have been selected for Paramedics and Paramedic Practitioners working in Primary Healthcare.

Therapeutic Guidelines Limited (TGL)

The Therapeutic Guidelines Limited develop, review and publish the medical guidelines for Australian practitioners. ACPP has a strategic agreement with the TGL. We are presently negotiating for representation via our members on their Editorial Groups. This will be a first for Paramedics and will allow Paramedics to influence national medical guidelines. As a result, TGL has offered a discounted subscription to eTGL for our members:

- 10% discount on eTherapeutic Guidelines (eTGL - Medical Guidelines)
- Benefit Code: ACPP2020 Web: <https://www.tg.org.au/>

Therapeutic Guidelines books

- Antibiotic digital Version 16 is available in digital format, as part of eTG complete.
- Cardiovascular – version 7
- Diabetes – version 1
- Endocrinology – version 5 has been split into Diabetes, Bone and Metabolism, and Sexual and Reproductive Health. All are available in digital format. Neurology – version 5
- Oral and Dental – version 3
- Palliative Care – available in digital format only, as part of eTG complete.
- Pain and Analgesia – available in digital format only, as part of eTG



The logo for Therapeutic Guidelines, featuring a horizontal bar with colored segments (red, green, blue, yellow, orange) above the text "Therapeutic Guidelines".

complete.

- Psychotropic – available in digital format only, as part of eTG complete.
- Respiratory – available in al format only, as part of eTG complete.
- Rheumatology – version 3
- Toxicology and Toxinology – available in digital format only, as part of eTG complete.
- Ulcer and Wound Management – version 3
- Complete set of Guidelines – available in digital format only, as part of eTG complete

CRANA Plus (Committee of Remote Nurses Australia)

ACPP has a memorandum of understanding (MOU) with CRANA that mutually recognises each other as the Peak Body for Paramedics/Nurses who work in remote and rural Australia.

CRANA are a great partner with us and have a number of CPD courses available. Course costs vary but are very relevant to Paramedic Practitioner practice including;

For details and to enrol, follow this link: <https://crana.org.au/education/courses/programs>

The CRANaplus Annual Conference has served as both a professional and social resource for the remote health Workforce of Australia for over three decades. Held over two days at a different location around the country each year, conference participants are informed, among other things, of the latest developments in remote health care policy, drug therapies, technologies and therapeutic treatments for clients in their care.

For more information, visit [www .crana conference .com](http://www.cranaconference.com)



These topics have been selected for Paramedics and Paramedic Practitioners working in Primary Healthcare.

National Prescribing Service – NPS Medicinewise

The NPS is a Federally funded organisation responsible for making recommendations to Government about medication use, medication safety, prescribing practices and providing medication-centred education.

ACPP is the only Paramedic organisation to be a Voting Member of the NPS.

The NPS-ACPP have a strategic alliance that will see a Paramedic Practitioner Portal added to the NPS website for CPD opportunities for our members.

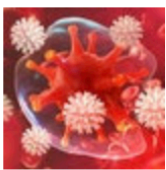
ACPP has also negotiated with NPS that our members will be able to apply for employment with NPS as educators, researchers, and other positions that become available. These have been traditionally restricted to doctors, pharmacists and nurses. A significant first for Paramedics.

NPS Medicine Wise has many other great free CPDs case studies and webinars currently available, including; Dementia: a multi-disciplinary approach to caring for people with changed behaviours, Taking action for acute low back pain, real-time prescription monitoring and many more

To find a CPD click this link: <https://www.nps.org.au/cpd/professions/activities>



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Fundamentals of Immunology

Rice University

Specialization (4 courses)

https://www.coursera.org/specializations/immunology?recoOrder=4&utm_medium=email&utm_source=recommendations&utm_campaign=XGvS8IA-EeuiLbV1NbTVAw



Fundamentals of Immunology: Innate Immunity and B-Cell Function

Rice University

https://www.coursera.org/learn/immunologyfundamentalsimmunitybcells?recoOrder=7&utm_medium=email&utm_source=recommendations&utm_campaign=XGvS8IA-EeuiLbV1NbTVAw

coursera



Anatomy: Human Neuroanatomy

University of Michigan

https://www.coursera.org/learn/anatomy403-3x?recoOrder=8&utm_medium=email&utm_source=recommendations&utm_campaign=XGvS8IA-EeuiLbV1NbTVAw



Introduction to Breast Cancer

Yale University

https://www.coursera.org/learn/breast-cancer-causes-prevention?recoOrder=6&utm_medium=email&utm_source=recommendations&utm_campaign=XGvS8IA-EeuiLbV1NbTVAw



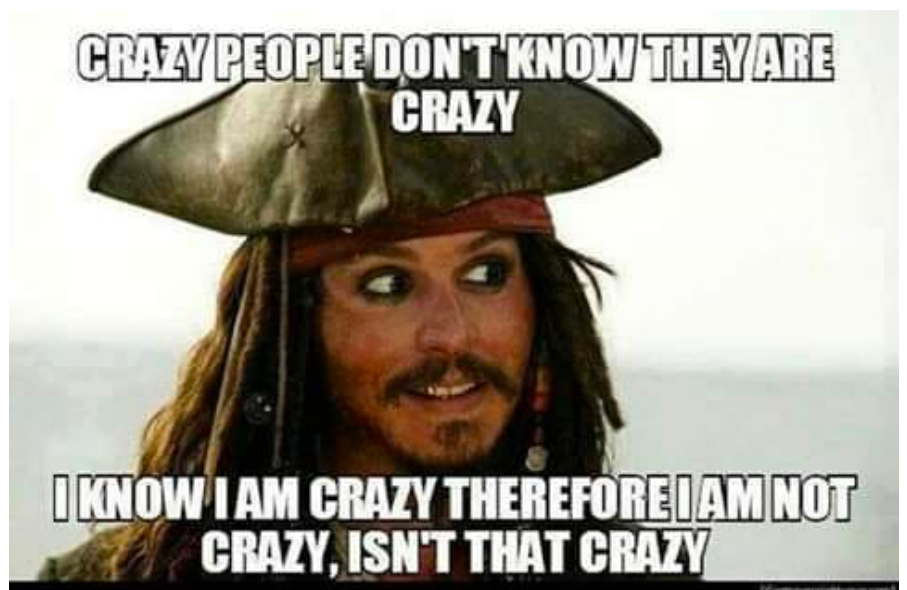
Understanding Cancer Metastasis

Johns Hopkins University

https://www.coursera.org/learn/cancer-metastasis?recoOrder=3&utm_medium=email&utm_source=recommendations&utm_campaign=XGvS8IA-EeuiLbV1NbTVAw



Laughter is the best medicine



Would you like to get more involved with ACPP?



We are looking for:

Paramedic's who are undergoing post-graduate education in Paramedic Practitioner.

Paramedic's who have been operating outside of State Ambulance Services and/or work within other paramedic services and are interested in the development of paramedics in the primary health care field to join us in the ACPP

Committee roles available -

Do you want to take on more of an active role within the college? There is a range of committees within the college where members can help out. If you are interested in becoming a member of a Committee, please contact the following;

Communications Committee

Chair: Pmd Greg Reaburn FACPP, Email: greg.reaburn@acpp.net.au

Membership and Income Committee

Chair: Pmd Kathryn McCormack GMACPP, Email: info@acpp.net.au

Research and Education Committee

Chair: Dr Kate Kloot FACPP, Email: info@acpp.net.au

Policy, Technology and Finance Committee

Chair: Pmd Scott Fyfe FACPP, Email: scott.fyfe@acpp.net.au

Legislative Change Committee

Chair: Pmd Scott Fyfe FACPP, Email: scott.fyfe@acpp.net.au

Contributions to the newsletter welcome: please email info@acpp.net.au



Not all Paramedics Work in Ambulances

Australasian College of

Paramedic Practitioners

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EDITORIAL



Opportunity for change: is it time to redefine the role of paramedics in healthcare?

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Paramedics are often the first point of contact for patients who access emergency healthcare services and are faced with a myriad of situations from low acuity complaints to life-threatening emergencies. Paramedics have been at the forefront of the COVID-19 pandemic, responding to emergencies, often in uncontrolled, unpredictable, and austere environments.

During the pandemic, many paramedic services have reported significant changes to service utilization [1, 2]. In this issue of CJEM, Grunau and colleagues highlight some of these changes, the challenges in pandemic response planning, and the role that paramedics play in helping to care for patients. Grunau et al. identified a 15% decrease in overall call volume during the first few months of the pandemic, and a 9% decrease in calls for major trauma, ST-segment elevation myocardial infarction (STEMI), and stroke [3]. They also identified changes in the primary problem for patients who called 911. There was a higher incidence of calls for respiratory distress and anxiety and a decrease in all other primary complaints. Interestingly, the authors found no change in the incidence of cardiac arrest calls [3].

There are a multitude of potential explanations for the noted decrease in 911 calls. First, the decrease in calls could be due to changes in patient behaviour, perhaps motivated by fear of contracting COVID-19. It is conceivable that patients

(and their families) viewed hospitals as high-risk locations for COVID-19 transmission, which led to delayed or absent 911 calls; even for people with time-sensitive life-threatening conditions. This has been reported by others who noted reductions in STEMI and stroke cases during the pandemic [4, 5]. Another explanation may be the general public heeding public health advice to only use the healthcare system if absolutely necessary to prevent overburdening the system, resulting in a hesitation to call for help even when it may be required.

Second, the reduction in call volumes could be a result of pandemic induced restrictions, resulting in fewer person-to-person interactions, and fewer people moving about each day in the community. While this could explain changes in certain conditions such as traumatic injuries, it is difficult to know whether this can explain other conditions such as heart attacks and strokes, which are the result of chronic disease processes. The reduction in call volume is likely related to a unique constellation of healthcare system issues including social, geographic, public health, and paramedic factors that are location specific. This may explain the contradiction in findings to other services that have reported increases in paramedic call volume [6], especially in cardiac arrests during the same time period [2, 6].

Lastly, it is possible the pandemic has exposed a larger issue; the over-utilization of 911 by patients with non-urgent complaints. While not explicitly the focus of the paper by Grunau and colleagues, it is well documented elsewhere, that an increasing proportion of 911 patients have non-urgent complaints and many are not transported to an emergency department (ED) [7]. Patients who have poor access to healthcare services often feel as if they have no alternatives and call 911 to access medical care. Other patients are unsure what constitutes a true medical emergency and are looking for assessment and advice. Either way these patients are not necessarily looking for transport to the ED. Perhaps this pandemic allows for an opportunity to re-examine the

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role of paramedics within the healthcare system to optimize patient care and system efficiency.

Paramedics have traditionally provided on-scene assessments and stabilization prior to transport to the ED for further care. There is, however, increasing awareness that this “you call, we haul” model is not financially sustainable, contributes to ED overcrowding, and does not result in a patient-centred approach to care [8]. Current models of care need to adapt to meet the growing and changing demand for community-based service. Unfortunately, the often antiquated system under which many paramedics work has not evolved to meet this need. This has become more apparent during the pandemic, where the rate of non-transport to hospital in many systems has substantially increased [1]. Paramedics are more often being asked to perform assessments and provide patient care on-scene without transporting patients to the ED, thereby performing a critical triaging function within the healthcare system. In Ontario, for instance, a COVID-19 directive has been developed to allow paramedics to initiate sign offs for low-risk COVID patients; reducing the transport burden on the system. These tools improve efficiencies within the system while ensuring safe and appropriate patient care.

While we are still in the middle of a global pandemic, we should continue to look to the future for ways to optimize delivery of out-of-hospital care. The work by Grunau and colleagues presents a starting point for this discussion, and a unique opportunity to continue to evaluate patient perceptions, attitudes, and barriers to accessing emergency services during the pandemic. In addition, it is important to evaluate additional assessments, treatments and referrals paramedics could provide at the scene for patients who do not want, or do not require transport to the ED.

This proactive approach could help us in future times of crisis. In addition, thorough evaluation of 911 use across Canada provides a vital opportunity to re-evaluate the system as a whole, including the role of paramedics within the larger healthcare system. Development of protocols and decision-making support ensures patient-centred care by allowing paramedics to assess, treat, and refer patients to other health resources at the scene avoiding unnecessary exposure of patients and ED staff, and helping to alleviate excess burden on beleaguered EDs. Re-development of the role of paramedics in other countries has demonstrated positive results from both a patient and system perspective [9].

Many questions remain surrounding the role of paramedics. Will we continue to see changes in 911 calls in subsequent waves of the pandemic? Have other jurisdictions in Canada had a similar experience? And how can we support paramedics to provide safe and appropriate patient-centred care in the community? Grunau and colleagues provide us with a valuable starting point for discussion on the role that paramedics play in healthcare in Canada, and an exemplar of what can be achieved with paramedic and physician collaboration.

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