

Maintaining Ambulance Service Capacity During COVID-19 (Staffing Levels/rapid employment options)

Prepared by the Paramedicine Working Group, with input from the wider OzSAGE group.

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Background

On September 27, 2021, the OzSAGE Paramedicine Working Group released an advice paper titled [Maintaining Ambulance Service Capacity During COVID-19](#). One of the recommendations from that paper was that rapid employment processes of recently graduated and registered paramedics were needed to meet surge demand and reduce paramedic burnout risks. This advice paper expands on this issue.

The opening of state borders, excluding WA, and the reduction in use of non-pharmaceutical public health control measures has coincided with the emergence of a new variant of concern (Omicron). As a result, we have seen an exponential increase in COVID-19 case numbers across Australia. While vaccinations and boosters will reduce both the incidence and severity of illness from COVID-19, [health systems](#) across Australia are still experiencing surges in case numbers requiring hospital admission and intensive care.

This surge in case numbers is also affecting ambulance services. While some states have increased hospital bed capacity in anticipation of this increase in demand, we have not seen a similar response from ambulance services. There has been no appreciable increase in paramedic or ambulance service staff numbers implemented.

While the emergence of the Omicron variant, and relatively high vaccination rates, will likely reduce the impact of COVID -19 to individuals, it is having a significant impact on the health system. Even if only a smaller percentage of the population become infected, this small percentage equates to a very large number of people. The potential emergence of additional new variants, as well as the unknown but probable negative health effects of long COVID on the population, is likely to further increase ambulance service demand into the future to the extent that current staffing levels will be inadequate, and the system will not cope.

Ambulance services are experiencing increased patient numbers, emergency department [ramping](#), shortages of supplies such as personal protective equipment (PPE), and staff absences resulting from staff being [furloughed](#), awaiting testing, becoming infected or as a result of [exhaustion and burn-out](#). As a result, we are now seeing the predicted overwhelming of ambulance services' capacity across Australia, resulting in significantly [delayed response times to emergency calls](#).

Even if governments made funding available with immediate effect, based on the current ambulance service employment processes, it would take many months to increase the number of paramedics available to respond to emergencies, and even then, this would only be a very small increase. The current recruitment processes used by ambulance services in Australia are not designed to support the rapid increases in the number of paramedics required to respond to the evolving situation.

The increase in patients requiring hospital admission from COVID -19 is not a short-term issue. The predicted outcome from 'opening-up Australia' is that increased case numbers will persist, and in fact will most likely become business as usual.

As with other [health care professionals](#), the surge in demands for access to emergency health care has placed paramedics under immense pressure. As a result, our communities face a [possible mass exodus](#) of burnt-out [paramedics](#) from the health system. In addition, the increasing occurrence of other health agencies, such as community health services, recruiting both experienced and graduate paramedics to supplement their existing workforces will see a reduction in the numbers of available paramedics to ambulance services into the future.

The current responses from ambulance services to this is has been the standard emergency management response of sourcing mutual aid to support their operations. Some states have received assistance from the ADF, other emergency services or even the Red Cross. While these measures are appropriate for short term disaster or major incident management situations, they are not a viable option for the prolonged changes required in the workforce posed by the current and future pandemics.

The recruitment processes currently used by ambulance services across Australia were designed to accommodate incremental growth and previously low staff attrition numbers. They were not intended to deal with the circumstances presented by the current pandemic. To help manage the current staffing crisis there is now an urgent need to focus on the rapid and sustained recruitment of paramedics across Australia. The current recruitment models are no longer fit-for-purpose, and as we move into the 'living with COVID' business as usual model of much higher demand, the current systems will not be able to keep up.

It is estimated that there are approximately 6,000 registered paramedics who are not currently employed by a state-run or funded emergency ambulance service. While some of these will be paramedics who no longer wish to practice paramedicine as part of an emergency ambulance crew, there are still many thousands that could make a contribution. The most significant barrier is the current lack of ongoing funded positions to place them in. Even with this large group of qualified and registered paramedics available, the current employment processes will not enable them to be utilised in a timely manner.

The increased demand also impacts on other areas of ambulance operations as well as on individual paramedics. In addition to recruiting more paramedics, staffing must be increased across the entire ambulance system and include emergency operations centre (communications/control) staff, managers/supervisors, and support services.

Recommendations

Requiring immediate implementation

- Government's must commit to the funding of additional on-going full-time equivalent paramedic positions
- Increase the number of internship positions to enable additional intakes of graduate paramedics
- Offer incentives for retired paramedics to return to short term employment. Incentives could include both monetary and working arrangements, such as reduced hours per week or specific days per week. This will increase both the number and experience level of paramedics during a time when rapid recruitment of newly registered paramedics dilutes the clinical experience pool
- Offer incentives for retired paramedic managers to return to short term employment. Incentives could include both monetary and working arrangements, such as reduced hours per week or specific days per week. This would enable some current managers to be redeployed back into patient facing roles and boost the number of experienced front-line paramedics enabling more internships to be provided

- Recruit paramedics from comparable overseas ambulance services. While previous experience indicates that this does not attract many paramedics, it again helps to increase the number of experienced paramedics within the system

Requiring urgent implementation

- Establish paramedic mentor positions where experienced retired or academic paramedics can work with new interns as clinical supervisors. This could dramatically increase the number of internship positions available
- Redesign the internship programmes to enable a quicker progression to self-competence of practice
- Implement pre-internship programmes that enable paramedics to be employed in ongoing frontline roles while awaiting internship positions. These paramedics could undertake a shortened internship programme having completed much of the non-critical clinical programme prior to their internship

Requiring medium term implementation

- Work with the university sector to design and conduct pre-internship programs outside of ambulance services to reduce the length of the ambulance internship programmes