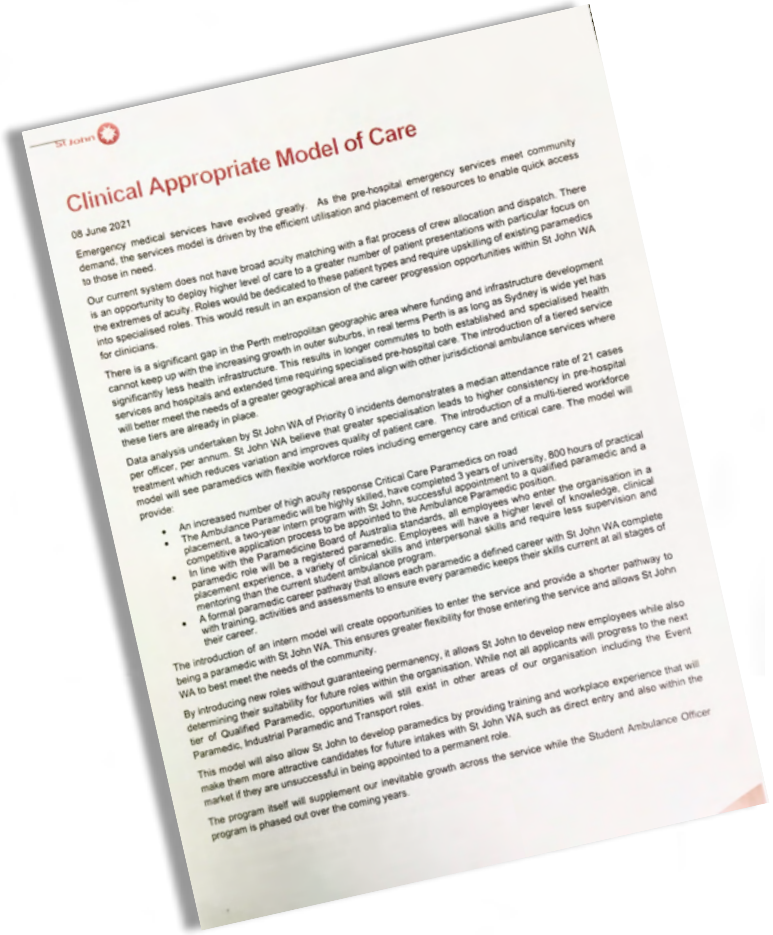
‘Clinical Appropriate Model of Care’ (CAMC)



St John

Clinical Appropriate Model of Care

08 June 2021

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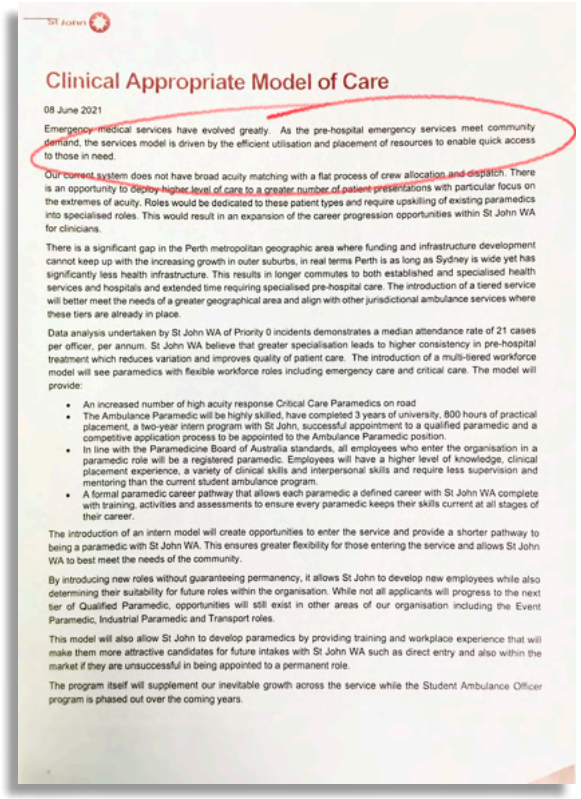
AEAWA Response

St. John:

"As the pre-hospital emergency services meet community demand, the services model is driven by the efficient utilisation and placement of resources to enable quick access to those in need"



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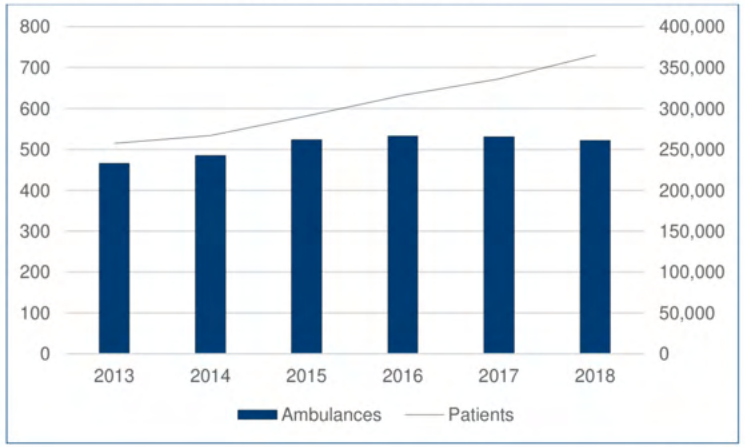
AEAWA Response:

St John's pre-hospital emergency services have not met community demand for a number of years, as evidenced by current P1, P2, and P3 target performance, and the graph below from the Auditor General. The CAMC proposal does nothing to address this.

we believe 'efficient utilisation' would include having actual ambulances available at the depot to commence work at the start of a shift. The CAMC model does not address the lack of ambulances. This model is really about COST efficiency, and the desire to pay Qualified Paramedics at AOG2 wages.

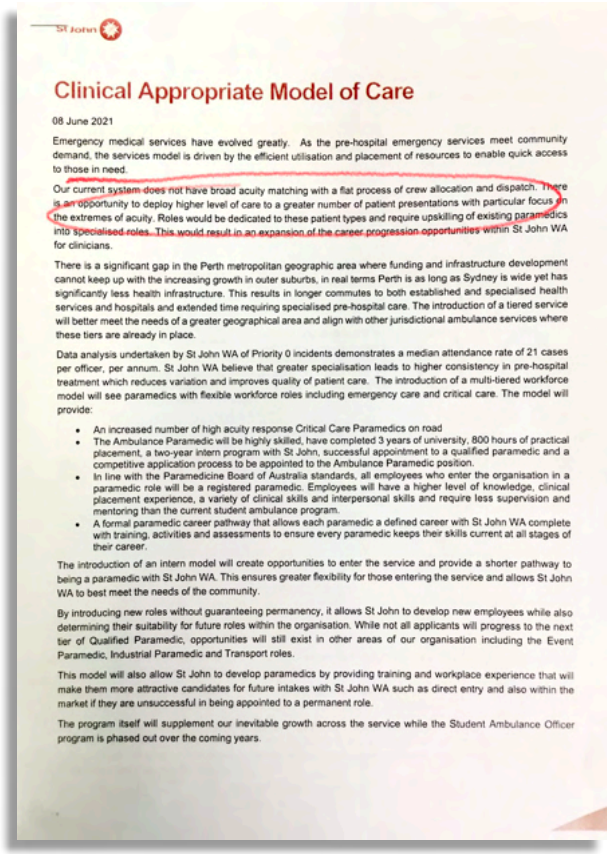
'Placement of resources' should include building new ambulance depots to keep up with population growth in new suburbs. The CAMC model does nothing to address this.

This is a 12% increase in ambulance numbers and 23% increase in paid staff to handle a 33% increase in cases. Since 2014-15, case numbers have continued to rise while ambulance numbers have not to the same degree (Figure 1).



Source: OAG from SJA data

Figure 1: Number of ambulance in WA (left axis) compared with number of cases (right axis), 2012-13 to 2017-18



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St. John:

"Our current system does not have a broad acuity matching, with a flat process of crew allocation and dispatch"

AEAWA Response:

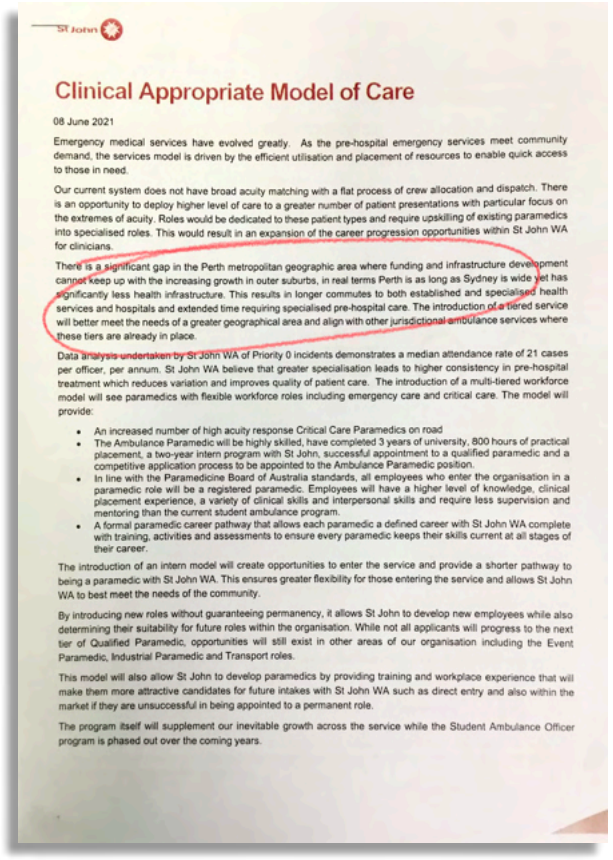
As highlighted by the AEAWA at multiple previous meetings, we feel that the REAL gap in 'acuity match' occurs at the lower end of acuity.

To reiterate to our members, we are NOT OPPOSED to the introduction of Critical Care Paramedics on road, but the CAMC model does nothing to address the bulk of frustrating low acuity work that contributes to ramping, and delays paramedic skills from reaching our sicker patients. It does nothing to address the 3am P4 discharges back to nursing homes, RFDS transfers, P2 inter-hospital transfers.

By St John's own statistics, they anticipate around 3 cases per day which would be better served by CCP skills. The chance that those CCP's are in the correct location to make a clinical difference is minimal. On examination of this data, most of the CCP suitable cases were composed of acute pulmonary oedema. APO is a condition which could easily be managed by new positive pressure equipment and diuretic medication for ambulance Paramedics.

We believe the real purpose of the CAMC model is to reduce the average wage of paramedics within this ambulance service. It has been openly stated by leadership that paramedics are '30% overpaid'. It is therefore no surprise to see that the proposed wage of the Intern and Qualified Paramedic positions is nearly 30% less.

Neither the Australian Nursing Federation nor the AMA would tolerate the introduction of new positions of 'Qualified Nurse' or 'Qualified Doctor' performing the same duties and same hours of work as their counterparts for 30% less.



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St. John:

"There is a significant gap in the Perth Metropolitan geographic area where funding and infrastructure development cannot keep up with increasing growth in the outer suburbs"

AEAWA Response:

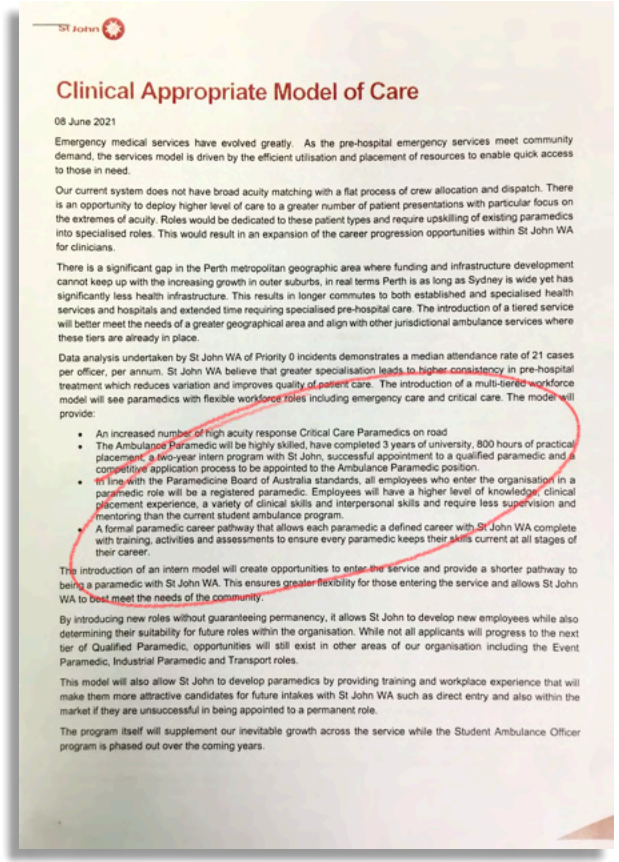
St John WA state that they cannot keep up (in terms of infrastructure) with increasing growth, but from our perspective it seems the organisation has not made any attempt to keep up with population growth, either by acquiring new land in new suburbs across Perth, nor acquiring sufficient ambulances.

St. John:

"The introduction of a tiered service will better meet the needs of a greater geographical area and align with other jurisdictional ambulance services where these tiers are already in place"

AEAWA Response:

We might be missing something here, but we cannot see how this CAMC model will better address a large geographical area.



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St. John:

"This model will provide: An increased number of high acuity response Critical Care Paramedics on road"

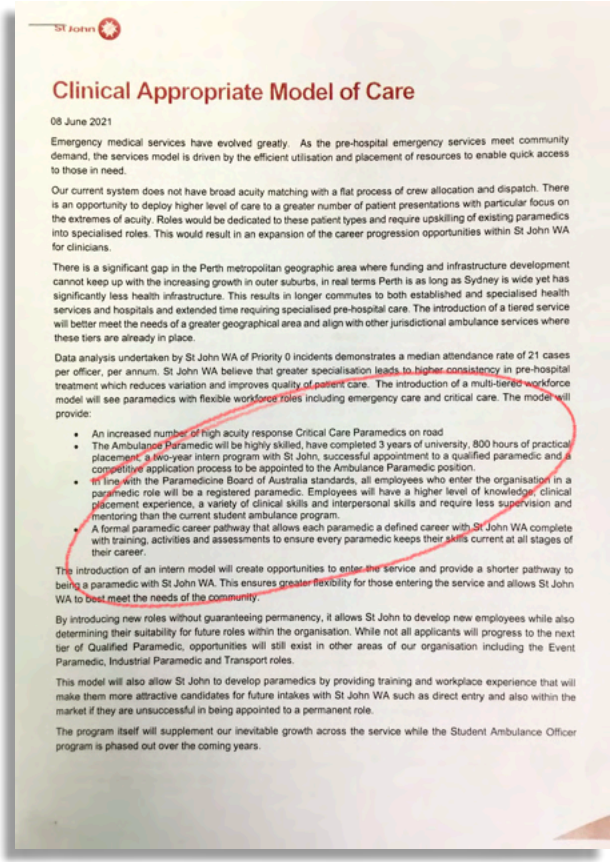
AEAWA Response:
We agree that the proposed model will introduce CCP on road. We are not opposed to this component of the proposal in isolation, but we are NOT willing to sacrifice the conditions of our FUTURE colleagues by LOWERING average industry wages across our service and creating a division of amongst colleagues on different conditions.

"This model will provide: The Ambulance Paramedic will be highly skilled, have completed 3 years of University

AEAWA Response:
This is already the case with the current model

"In line with the Paramedicine Board of Australia, all employees who enter the organisation will be registered paramedic.

AEAWA Response:
This already occurs frequently through Graduate induction schools and Direct Entry schools. And we are not opposed to St John increasing the number of graduates recruited. The difference being that under the current model they still complete components of the SAO progression programme, and then progress through pay scales without being capped at AOG2 wages.



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St. John:

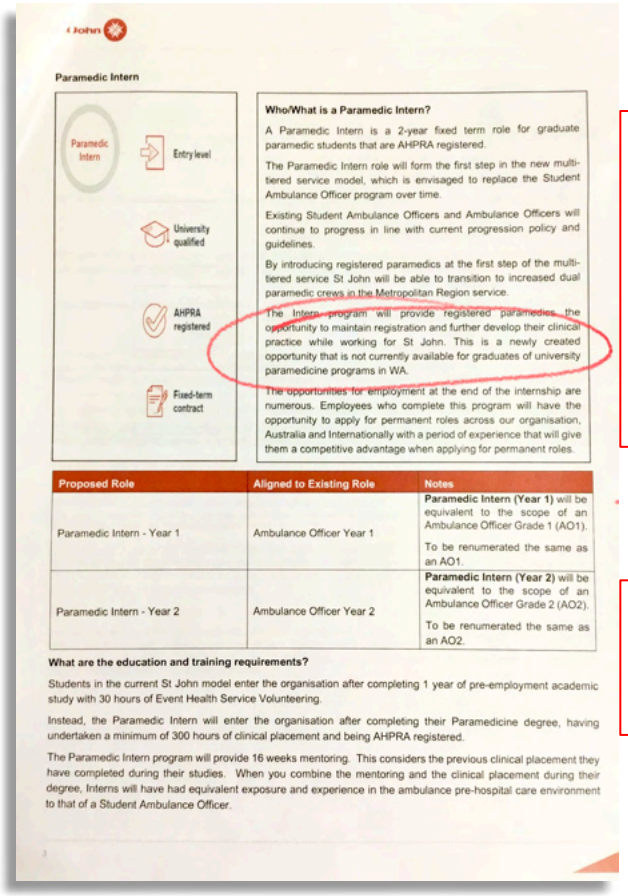
*"This model will provide: A formal paramedic career pathway that allow each paramedic a defined career with St John WA complete with **training, activities and assessments** to ensure every paramedic keeps their skills current at all stages of their career"*

AEAWA Response:
This model actually introduces a CEILING on paramedic progression where all new entrants will plateau at the Qualified Paramedic level on be fixed on AOG2 wages, until an Ambulance Paramedic position arises. With the current number of Ambulance Paramedics, there will be NO progression for many, many years. The so-called Intern programme offers a 2 year fixed term contract and no guarantee of employment, in fact, ST John explicitly state they will recruit many more than we need. There is no additional 'training, activities, and assessments' other than we already have included in the current EBA agreement in the form of CEP.

St. John:

"…the intern model will create opportunities to enter the service and provide a shorter pathway to being a paramedic with St John WA"

AEAWA Response:
This model may provide a shorter pathway to being a paramedic, but the initial 2 years will be as insecure employment with a 'fixed term 2 year contract', further, they may achieve a 'Paramedic' job title sooner, but they will remain on AMBULANCE OFFICER WAGES for MUCH longer.



Paramedic Intern

Paramedic Intern

Entry level

University qualified

AHPRA registered

Fixed-term contract

Who/What is a Paramedic Intern?

A Paramedic Intern is a 2-year fixed term role for graduate paramedic students that are AHPRA registered.

The Paramedic Intern role will form the first step in the new multi-tiered service model, which is envisaged to replace the Student Ambulance Officer program over time.

Existing Student Ambulance Officers and Ambulance Officers will continue to progress in line with current progression policy and guidelines.

By introducing registered paramedics at the first step of the multi-tiered service St John will be able to transition to increased dual paramedic crews in the Metropolitan Region service.

The Intern program will provide registered paramedics the opportunity to maintain registration and further develop their clinical practice while working for St John. This is a newly created opportunity that is not currently available for graduates of university paramedicine programs in WA.

The opportunities for employment at the end of the internship are numerous. Employees who complete this program will have the opportunity to apply for permanent roles across our organisation, Australia and Internationally with a period of experience that will give them a competitive advantage when applying for permanent roles.

Proposed Role	Aligned to Existing Role	Notes
Paramedic Intern - Year 1	Ambulance Officer Year 1	**Paramedic Intern (Year 1)** will be equivalent to the scope of an Ambulance Officer Grade 1 (AO1). To be renumerated the same as an AO1.
Paramedic Intern - Year 2	Ambulance Officer Year 2	**Paramedic Intern (Year 2)** will be equivalent to the scope of an Ambulance Officer Grade 2 (AO2). To be renumerated the same as an AO2.

What are the education and training requirements?

Students in the current St John model enter the organisation after completing 1 year of pre-employment academic study with 30 hours of Event Health Service Volunteering.

Instead, the Paramedic Intern will enter the organisation after completing their Paramedicine degree, having undertaken a minimum of 300 hours of clinical placement and being AHPRA registered.

The Paramedic Intern program will provide 16 weeks mentoring. This considers the previous clinical placement they have completed during their studies. When you combine the mentoring and the clinical placement during their degree, Interns will have had equivalent exposure and experience in the ambulance pre-hospital care environment to that of a Student Ambulance Officer.

St. John:

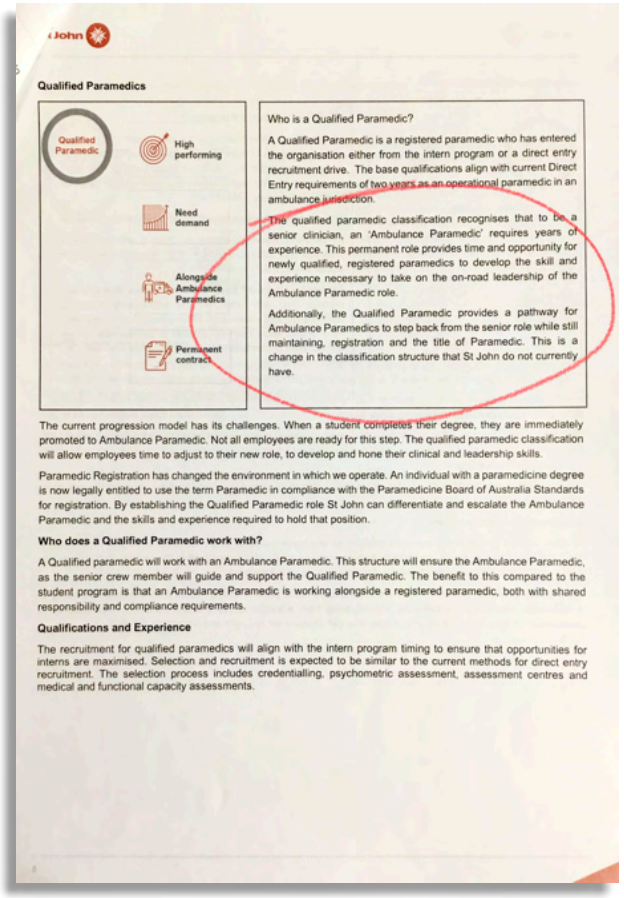
"The Intern program will provide registered paramedics the opportunity to maintain registration and further develop their clinical practice while working for St John"

AEAWA Response:
The Intern program will provide St John with cheap labour in unsecured employment, the majority of which will not progress to Qualified Paramedic as there are sufficient new graduate which can replace the outgoing Interns and therefore maintain a workforce of AHPRA registered paramedic Interns on AO1/AO2 wages.

In addition, most graduate paramedics have completed practical placements and are trained to perform many skills such as cannulation. The Internship program would limit them in year 1 to AO1 skills.

"The opportunities for employment at the end of the internship are numerous"

AEAWA Response:
St John are trying to suggest this Intern proposal is motivated by a desire to offer employment opportunities and experience to new graduates. This not a benevolent proposal. St John simply want .



Qualified Paramedics

Qualified Paramedic

High performing

Need demand

Alongside Ambulance Paramedics

Permanent contract

Who is a Qualified Paramedic?

A Qualified Paramedic is a registered paramedic who has entered the organisation either from the intern program or a direct entry recruitment drive. The base qualifications align with current Direct Entry requirements of two years as an operational paramedic in an ambulance jurisdiction.

The qualified paramedic classification recognises that to be a senior clinician, an 'Ambulance Paramedic' requires years of experience. This permanent role provides time and opportunity for newly qualified, registered paramedics to develop the skill and experience necessary to take on the on-road leadership of the Ambulance Paramedic role.

Additionally, the Qualified Paramedic provides a pathway for Ambulance Paramedics to step back from the senior role while still maintaining, registration and the title of Paramedic. This is a change in the classification structure that St John do not currently have.

The current progression model has its challenges. When a student completes their degree, they are immediately promoted to Ambulance Paramedic. Not all employees are ready for this step. The qualified paramedic classification will allow employees time to adjust to their new role, to develop and hone their clinical and leadership skills.

Paramedic Registration has changed the environment in which we operate. An individual with a paramedicine degree is now legally entitled to use the term Paramedic in compliance with the Paramedicine Board of Australia Standards for registration. By establishing the Qualified Paramedic role St John can differentiate and escalate the Ambulance Paramedic and the skills and experience required to hold that position.

Who does a Qualified Paramedic work with?

A Qualified paramedic will work with an Ambulance Paramedic. This structure will ensure the Ambulance Paramedic, as the senior crew member will guide and support the Qualified Paramedic. The benefit to this compared to the student program is that an Ambulance Paramedic is working alongside a registered paramedic, both with shared responsibility and compliance requirements.

Qualifications and Experience

The recruitment for qualified paramedics will align with the intern program timing to ensure that opportunities for interns are maximised. Selection and recruitment is expected to be similar to the current methods for direct entry recruitment. The selection process includes credentialling, psychometric assessment, assessment centres and medical and functional capacity assessments.

St. John:

"The Qualified Paramedic classification recognises that to be a senior clinician, an 'Ambulance Paramedic' requires years of experience"

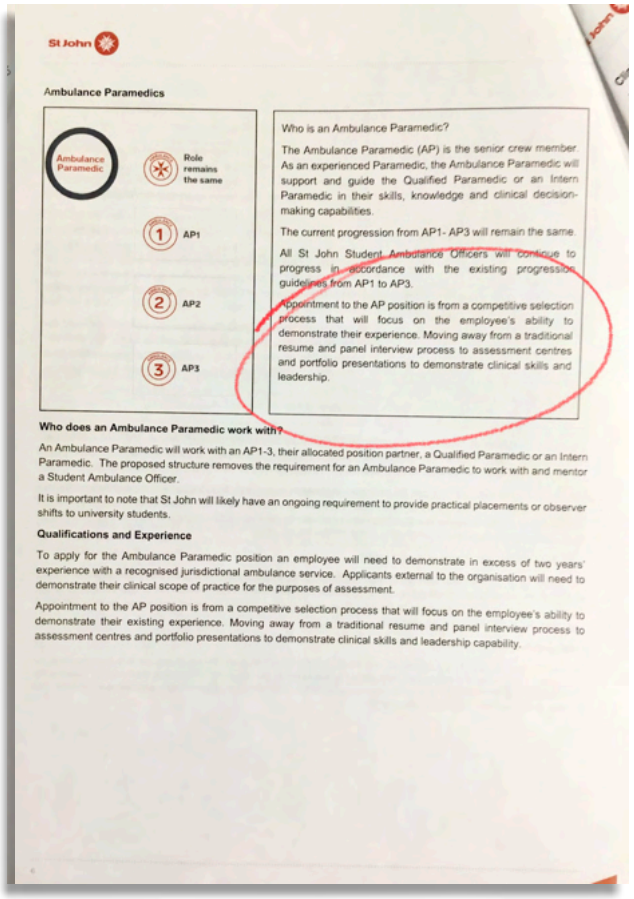
AEAWA Response:
The proposed role of Qualified Paramedic has the same skills, medication and AHPRA responsibilities as an Ambulance Paramedic. We therefore do not support ANY proposal which includes paying these proposed employees permanently at AO2 wages.

St. John:

"…the Qualified Paramedic provides a pathway for Ambulance Paramedics to step back from the senior role while still maintaining, registration and the title of Paramedic"

AEAWA Response:
We would be extremely surprised if any Ambulance Paramedic would drop up to $26,523 to work the same shifts, with the same skill set, medications and registration responsibilities.

The document is simply trying to sell a proposal which is CLEARLY all about cost, despite not mentioning cost savings at all.



St John

Ambulance Paramedics

Ambulance Paramedic

Role remains the same

1 AP1

2 AP2

3 AP3

Who is an Ambulance Paramedic?

The Ambulance Paramedic (AP) is the senior crew member. As an experienced Paramedic, the Ambulance Paramedic will support and guide the Qualified Paramedic or an Intern Paramedic in their skills, knowledge and clinical decision-making capabilities.

The current progression from AP1- AP3 will remain the same.

All St John Student Ambulance Officers will continue to progress in accordance with the existing progression guidelines from AP1 to AP3.

Appointment to the AP position is from a competitive selection process that will focus on the employee's ability to demonstrate their experience. Moving away from a traditional resume and panel interview process to assessment centres and portfolio presentations to demonstrate clinical skills and leadership.

Who does an Ambulance Paramedic work with?

An Ambulance Paramedic will work with an AP1-3, their allocated position partner, a Qualified Paramedic or an Intern Paramedic. The proposed structure removes the requirement for an Ambulance Paramedic to work with and mentor a Student Ambulance Officer.

It is important to note that St John will likely have an ongoing requirement to provide practical placements or observer shifts to university students.

Qualifications and Experience

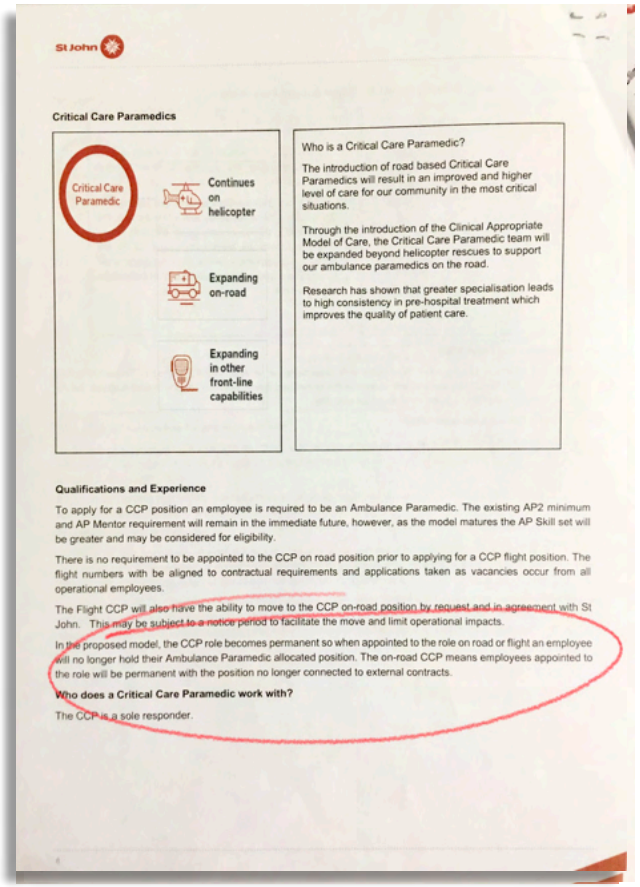
To apply for the Ambulance Paramedic position an employee will need to demonstrate in excess of two years' experience with a recognised jurisdictional ambulance service. Applicants external to the organisation will need to demonstrate their clinical scope of practice for the purposes of assessment.

Appointment to the AP position is from a competitive selection process that will focus on the employee's ability to demonstrate their existing experience. Moving away from a traditional resume and panel interview process to assessment centres and portfolio presentations to demonstrate clinical skills and leadership capability.

St. John:

"Appointment to the AP position is from a competitive selection process that will focus on the employees ability to demonstrate their experience"

AEAWA Response:
Unfortunately, St John have demonstrated that their interpretation of 'merit based appointment' is different from most employees on road. The appointment processes in the past have lacked transparency, openness and fairness. There is a high likelihood that if your fall out of favour with St John you may never progress from Qualified Paramedic to Ambulance Paramedic.



St John

Critical Care Paramedics

Critical Care Paramedic

Continues on helicopter

Expanding on-road

Expanding in other front-line capabilities

Who is a Critical Care Paramedic?

The introduction of road based Critical Care Paramedics will result in an improved and higher level of care for our community in the most critical situations.

Through the introduction of the Clinical Appropriate Model of Care, the Critical Care Paramedic team will be expanded beyond helicopter rescues to support our ambulance paramedics on the road.

Research has shown that greater specialisation leads to high consistency in pre-hospital treatment which improves the quality of patient care.

Qualifications and Experience

To apply for a CCP position an employee is required to be an Ambulance Paramedic. The existing AP2 minimum and AP Mentor requirement will remain in the immediate future, however, as the model matures the AP Skill set will be greater and may be considered for eligibility.

There is no requirement to be appointed to the CCP on road position prior to applying for a CCP flight position. The flight numbers with be aligned to contractual requirements and applications taken as vacancies occur from all operational employees.

The Flight CCP will also have the ability to move to the CCP on-road position by request and in agreement with St John. This may be subject to a notice period to facilitate the move and limit operational impacts.

In the proposed model, the CCP role becomes permanent so when appointed to the role on road or flight an employee will no longer hold their Ambulance Paramedic allocated position. The on-road CCP means employees appointed to the role will be permanent with the position no longer connected to external contracts.

Who does a Critical Care Paramedic work with?

The CCP is a sole responder.

St. John:

"…the CCP role becomes permanent [sic] when appointed to the role on road or flight…"

AEAWA Response:

St John are dangling a carrot in the form of CCP on road, in order to introduce a raft of changes which would see the average paramedic in WA the lowest paid in the country.

It is clear however, that once the initial on road CCP positions are filled, they will essentially become unattainable 'career pathways' for most paramedics. States such as Victoria have a much higher proportion of CCP equivalent vs paramedic, meaning those positions become realistically obtainable.

Please do not forget they also see to remove permanent positions for all new vehicles and seek the ability to move you across shift colours at their convenience.

Thanks for taking the time to keep informed.

The negotiation team are always happy to receive feedback and suggestions on **info@aeawa.com.au**