

# RACGP Victoria submission

## Ambulance Victoria Inquiry

February 2025



RACGP

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## Introduction

The Royal Australian College of General Practitioners Victoria Faculty (RACGP Victoria) thanks the Legislative Council Legal and Social Issues Committee (the Committee) for the opportunity to contribute to the Inquiry into Ambulance Victoria (AV). While the Inquiry's primary focus includes internal matters such as financial oversight, governance, and workplace culture, we wish to highlight broader systemic concerns that impact AV and the wider healthcare system, including general practice.

A strong, stable, and sustainable ambulance service is critical to ensuring high-quality healthcare in Victoria. The RACGP acknowledges the importance of addressing AV's internal challenges and supports efforts to resolve these issues. However, we emphasise that these challenges have significant flow-on effects, particularly for general practitioners (GPs), who work closely with paramedics in providing primary care and occupational health services.

## Executive Summary

The RACGP Victoria Faculty welcomes the opportunity to contribute to the Legislative Council's Legal and Social Issues Committee Inquiry into Ambulance Victoria. As specialists in occupational medicine and the primary healthcare providers for many paramedics, general practitioners are uniquely positioned to comment on workplace culture and occupational health and safety impacts on paramedics (Term of Reference 5), as well as broader systemic issues that affect healthcare delivery.

This submission outlines:

- **Workplace challenges affecting paramedics**, including delays in treatment approval, inadequate return-to-work programs, and barriers to mental health support.
- **Interprofessional collaboration concerns**, including reports of strained relationships between paramedics and GPs, which impact patient care.
- **Workforce dynamics and scope of practice concerns**, particularly the impact of paramedic employment shortages and their movement into roles traditionally reserved for general practitioners.

We believe that addressing these concerns will strengthen collaboration between AV and general practice, ultimately contributing to a more cohesive and effective healthcare system.

## Key Observations:

### 1. Delayed Access to Treatment and Support

GPs who treat injured paramedics consistently report significant delays between injury occurrence and authorisation for appropriate treatment. This aligns with recent parliamentary evidence highlighting rising WorkCover payouts and prolonged injury claims within AV.

Case Study<sup>1</sup>: A paramedic sustained a back injury during a complex patient transfer. Despite immediate GP recommendations for physiotherapy and modified duties, approval for treatment was delayed for weeks, exacerbating the injury and extending recovery time.

### 2. Mental Health Impact of Return-to-Work Process

GPs report that the return-to-work process often causes psychological distress for injured paramedics, compounding their physical injuries. This aligns with concerns about AV's workplace culture and mental health support systems.

Case Study<sup>1</sup>: A paramedic with PTSD following a traumatic incident faced repeated challenges in accessing psychological support, with delays in approval for recommended treatment leading to deterioration in their condition.

### 3. Inadequate Modified Duties Programs

GPs frequently observe that return-to-work plans involving modified duties are either not implemented or are inappropriately modified, leading to re-injury or prolonged recovery periods.

Case Study<sup>1</sup>: A paramedic with a limb joint injury was cleared for light duties with specific restrictions. Despite clear medical guidance, they were repeatedly assigned tasks exceeding these restrictions, resulting in setbacks to their recovery.

### 4. Interprofessional Respect and Collaboration

Reports indicate instances of strained relationships between paramedics and GPs, including instances of disrespect from paramedics toward GPs. For example<sup>1</sup>, GPs have reported cases where paramedics have questioned their clinical decisions in front of patients, leading to confusion and potential undermining of patient trust. This undermines teamwork and impacts patient care. These dynamics highlight the need for improved interprofessional training and communication strategies to foster mutual respect and collaboration. We recommend the Inquiry examine AV's internal culture regarding interprofessional relationships and its approach to interdisciplinary patient management.

### 5. Workforce Dynamics and Scope of Practice

The growing number of paramedic graduates, coupled with limited employment opportunities within AV, has led to an increasing number of paramedics without employment prospects. In particular, the inability for paramedics to work part-time impacts female staff disproportionately, and also accelerates clinician burn out in some cases. This lack of flexibility in employment arrangements also means there are too few roles for graduating paramedics available within AV as all roles are required to be worked full time. Many paramedics are resultingly seeking roles traditionally held by general practitioners, raising concerns about proper training, governance, and funding for their integration into primary care teams.

While the RACGP supports multidisciplinary care, we do not endorse the notion that allied health practitioners who have not achieved Fellowship of the Specialty of General Practice should undertake work traditionally performed by GPs without the requisite training. This shift raises several risks, including gaps in diagnostic expertise, inappropriate prescribing practices, and fragmented patient care. Additionally, governance and funding limitations make integrating paramedics into primary care teams difficult.

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<sup>1</sup> All case studies have been de-identified to protect individual privacy while illustrating common scenarios observed by GPs.

## Recommendations

### 1. Streamlined Treatment Approval Process

- Implementation of expedited approval pathways for common injuries.
- Establishment of clear communication channels between treating GPs and AV's injury management teams.
- Regular review and updating of treatment authorisation protocols.

### 2. Enhanced Return-to-Work Program

- Development of comprehensive modified duties programs.
- Improved training for AV supervisors in managing returning workers.
- Regular monitoring and adjustment of return-to-work plans.

### 3. Improved Mental Health Support

- Early intervention mental health programs.
- Reduction of barriers to accessing psychological services.
- Integration of mental health support into standard recovery protocols.

### 4. Cultural Change Initiatives

- Training for AV management on supporting injured workers and fostering with measurable targets for improvement.
- Training for AV management on injury prevention and risk identification & mitigation strategies.
- Reduction of stigma associated with workplace injuries through awareness campaigns and leadership endorsement.
- Promotion of a recovery-focused workplace culture through ongoing education and engagement programs.
- Establishment of a monitoring framework to assess the impact of cultural initiatives, using key performance indicators such as workplace injury reporting trends, staff satisfaction surveys, and interprofessional collaboration assessments.
- Implementation of mentorship programs to support paramedics returning to work, fostering a positive and inclusive work environment.
- Training for AV management on fostering interprofessional respect and collaboration.

### 5. Workforce Sustainability and Integration into Primary Care

- Development of sustainable employment pathways for paramedics within AV to prevent workforce attrition, including the establishment of permanent and temporary part time roles.
- Clear governance, training, and funding models for paramedics who transition into primary care.
- Safeguards to ensure appropriate training and oversight for paramedics in general practice settings.

## Implementation Framework

### Phase 1: Immediate Actions (0-6 months)

- Streamline treatment approval processes for injured workers.
- Reform communication protocols between AV, AV's WorkSafe insurer and treating practitioners.
- Enhance early intervention mental health support when workers become injured.
- Designate a task force within AV to oversee these immediate changes, ensuring accountability and timely execution.

### Phase 2: Structural Changes (6-12 months)

- Improve modified duties offerings for return-to-work programs.
- Expand training for supervisors and managers to support returning injured workers.
- Strengthen interprofessional collaboration initiatives.
- Appoint a dedicated oversight committee within AV to monitor the progress and effectiveness of these changes.

### Phase 3: Cultural Transform (12-24 months)

- Implement cultural change programs to reduce the stigma of injury and the barriers to successful return-to-work post injury.
- Implement cultural change programs that focus on injury prevention, including physical and psychological injuries.
- Implement cultural change programs to foster recognition of the value of part time roles in supporting paramedics to remain in the AV workforce when life circumstances change, or a clinician is at risk of burn out
- Establish ongoing monitoring and evaluation of workforce dynamics.
- Develop long-term employment strategies for paramedics within AV and primary care.
- Assign a joint governance team between AV leadership and external stakeholders, including RACGP representatives, to ensure sustained accountability and alignment with best practices.

## Conclusion

As specialists in occupational medicine and primary healthcare providers, GPs are uniquely positioned to observe and assess the impact of workplace practices on paramedic health and recovery. Our observations indicate systemic issues within Ambulance Victoria that contribute to suboptimal health outcomes for injured paramedics and broader disruptions to the healthcare system.

The RACGP Victoria Faculty remains committed to supporting both individual paramedics and systemic improvements in injury management. We welcome the opportunity to collaborate with Ambulance Victoria and other stakeholders to implement these recommendations and ensure a sustainable and effective healthcare system. Please do not hesitate to reach out for further discussions or to explore joint initiatives aimed at improving workforce integration and patient outcomes. We welcome the opportunity to further discuss our concerns or provide additional information.