



ISSN 1447-4999

## **GUEST EDITORIAL**

Article 990339

### **Paramedics marching toward professionalism**

**Peter O'Meara**, BHA, MPubPol, PhD, FACAP, AFACHSE

Associate Professor in Prehospital Care

School of Biomedical Sciences

Charles Sturt University, Bathurst, NSW, Australia

Over the past decade paramedics have seen changes in their level of clinical practice, education and training, and increased their participation in research. This has increasingly placed them alongside other health professionals and helped develop their own sense of professional identity.

There has been a transition of paramedic care from a simple response, deliver first aid and transport model to a more integrated role within the health system including stronger links to the primary care system.<sup>1</sup> This transition from strict protocol driven practice to procedures requiring the paramedic to use knowledge and experience to problem solve and provide solutions is creating a more complex practice for paramedics.<sup>2</sup> Supporting these changes and providing a firm foundation for the future development of the profession has been the progressive move from a vocationally based training system to university based undergraduate education, with Bachelor degrees as the entry-level qualification.

The debate now taking place in regard to the future registration and regulation of paramedics in Australia is a healthy sign of a growing professional identity amongst paramedics.<sup>3-6</sup> The catalyst for this debate has been the Federal Government moves to set-up a unified national registration scheme for health professionals.<sup>7</sup> In order to be considered for entry into this regulatory framework, paramedics need to be recognised and acknowledged as an emerging profession. Other health professionals, government and the community will largely determine where paramedics are located on the professional continuum of health professions and whether registration and new forms of regulation will be introduced. Irrespective of these outcomes, it is our responsibility to lead the discussion and debate on professional issues that will determine our future as a profession.

Over a number of years a number of Australian writers have made positive contributions toward discussion of paramedic professionalism.<sup>8-17</sup> These contributions have ranged from the view that professional status has been achieved, with others arguing that further action is required if professional recognition is to be realised. Fitzgerald<sup>17</sup> encouraged the development of a body of knowledge through research as a crucial step along the path toward professional status. Considerable progress has been made in this regard. Mahony<sup>14</sup> and McIntyre<sup>18</sup> advocated a more political approach using the successful tactics of the established professions to establish a place for paramedics amongst health professionals. Reynolds<sup>12</sup> has

explored the cultural issues associated with professionalism and has since extended her work through completion of doctoral research.<sup>19</sup>

More recently, Fitzgerald and Bange<sup>3</sup> have pressed the case for a strong regulatory framework through the registration of individual paramedics. In their *JEPHC* article, they sought detailed input from ACAP members to a range of options for registration and regulation using a set of principles developed in the United Kingdom where the registration of paramedics is further advanced. As a result of member input to this invitation, ACAP have developed a policy position on registration and regulation that has been the basis of their submissions to a number of reviews and inquiries such as the National Health and Hospitals Reform Committee.<sup>20</sup> Sometimes these views are at odds with other interested parties such as the Council of Ambulance Authorities Inc.<sup>5</sup>

A number of writers, such as Grantham<sup>16,21</sup>, Reynolds<sup>12</sup> and Wyatt<sup>9</sup> have argued that we are at or near the end of this journey toward professional recognition. However, these optimistic assumptions need to be tested through an examination of what constitutes a profession in the modern world and the nature of paramedic practice. There is a world of difference between presenting ourselves as health professionals and being formally recognised as such. Unlike medicine, nursing and allied health, paramedics are rarely consulted or even considered as a profession when health policy is discussed at a national level.

While professional registration and regulation are components of this fabric of influence, finding a respected place at the table with government and other health professionals requires approaches that embrace the broader concepts of professionalism. Sheather<sup>2</sup> offers a framework for this dialogue and discussion of paramedic professionalism and identifies where the debate may lie in the future. For instance, he illustrates how language and symbolism are important when we refer to ourselves as paramedics and professionals rather than some of the older terms that some of us have memories of, such as drivers, bearers and officers. Reynolds<sup>19, 22</sup> has also explored these cultural and symbolic markers that mark the progress of our journey toward professional status. At a policy level, Sheather<sup>2</sup> argues that we need to address both the development of an economic and social model of our profession and the issues associated with the professionalisation of behaviours.

A number of issues have the potential for future exploration, discussion and debate. These inter-related issues include social and technological changes such as the increasing complexity of practice, the development of professional knowledge, and the community acceptance of paramedics in extended roles. Sheather uses the example of how paramedic practice has changed from "... a relatively simple response based, non invasive series of activities that ended at the hospital door to a much more complex practice based upon judgement and problem solving."<sup>2</sup>, p. 63 Within this context of changing roles and emerging professionalism, questions of how paramedics are educated, deployed and regulated need to be discussed amongst policy makers, employers and the profession.

The evolving professionalism of paramedics needs to be confirmed through professional behaviours that incorporate adherence to professional codes of conduct, reflective practice and commitment to continuing professional development. Many of the continuing professional development activities of ACAP already seek to encourage these outcomes amongst members. As these behaviours are integrated within a professional model of practice, paramedics may be able to join other health professionals in making a positive contribution to health and well being of our communities.

JEPHC has decided to encourage further dialogue and debate on these questions of professional identity, behaviour and recognition through the establishment of a new section in the journal where the issues of professionalism can be canvassed through scholarly enquiry and reflection. This will provide paramedics with the opportunity to contribute to and shape the future of the profession through examination of the evidence, critical reflection and creativity.

The introduction of the section also coincides with the [Inaugural Annual JEPHC Symposium](#), on 16<sup>th</sup> April 2009. The theme for the symposium, *Embedding Professionalism in Paramedic Education and Practice in the setting of Emergency Primary Health Care* will provide a national forum to promote interaction and discussion between local and national managers, researchers, educators, practitioners and students, from ambulance services, universities and kindred emergency primary health care organisations.

## References

1. Council of Ambulance Authorities. *Expanding roles: An Australasian overview of emerging paramedic models of care*. Adelaide: Council of Ambulance Authorities Inc.; 2008.
2. Sheather R. Professionalisation. In: O'Meara P, Gribich C, eds. *Paramedics in Australia: Contemporary challenges of practice*. First ed. Sydney: Pearson Education Australia; 2009:62-83.
3. Fitzgerald G, Bange R. Defining a Regulatory Framework for Paramedics: A Discussion Paper. *Journal of Primary Health Care*. 2007;5(2):Article No. 990253.
4. Hotchin L. *The Regulation of Paramedics in Australia: A Response to the Council of Ambulance Authorities Position Statement*. Ballarat: Australian College of Ambulance Professionals; 2008.
5. Council of Ambulance Authorities. *CAA Position Statement: Council of Ambulance Authorities views on the regulation of pre-hospital care providers*. Adelaide: Council of Ambulance Authorities Inc.; 2008.
6. Boyle M, Burgess, S., Chilton, M., Fallows, B., Lord, B., Shugg, D., Williams, B. & Wyatt, A., . Monash University Centre for Ambulance and Paramedic Studies (MUCAPS) Submission to the Department of Human Services (DHS), in response to the DHS Discussion Paper examining the regulation of the Health Professions in Victoria. *Journal of Emergency Primary Health Care*. 2003;1(3-4).
7. Council of Australian Governments. Intergovernmental agreement for a national registration and accreditation scheme for the health professions. Australian Government; 2008.
8. Chilton M. A brief analysis of trends in pre-hospital care services and a vision for the future. *Journal of Emergency Primary Health Care (JEPHC)*. 2004;2(1-2).
9. Wyatt A. Toward Professionalism - An analysis of Ambulance practice. *Australasian Journal of Emergency Care*. 1998;5(1):16-20.
10. Willis E, McCarthy L. From first aid to paramedical: ambulance officers in the health division of labour. *Community Health Studies*. 1986;10(1):57-67.
11. Tippett V, Clark, M., Woods, S., and Fitzgerald, G. Towards a national research agenda for the ambulance and pre-hospital sector in Australia. *Journal of Emergency Primary Health Care (JEPHC)*. 2003;1(1-2).
12. Reynolds L. Is Prehospital Care Really a Profession? . *Journal of Emergency Primary Health Care*. 2004;2(1-2).
13. O'Meara P. Professional and community expectations of rural ambulance services in Australia. *Pre-hospital Immediate Care*. 2001;5(1):27-30.
14. Mahony K. The Politics of Professionalism: Some Implications for the Occupation of Ambulance Paramedics in Australia. *Journal of Primary Health Care*. 2003;1(3-4):Article No. 990044.
15. Jacobs I. Prehospital care: A plea for more research. *Emergency Medicine*. 2000;12:175-176.

16. Grantham H. Ambulance education past present and future. *Journal of Emergency Primary Health Care (JEPHC)*. 2004;2(1-2):1-2.
17. Fitzgerald G. Guest Editorial - Research in Prehospital Care. *Journal of Primary Health Care*. 2003;1(3-4):Article No. 990052.
18. McIntyre D. Technological determinism: A social process with some implications for Ambulance Paramedics. *Journal of Primary Health Care*. 2003;1(3-4):Article No. 990041.
19. Reynolds L. *Beyond the front line: An interpretative ethnography of an ambulance service*. Adelaide: Division of Business, School of Management, University of South Australia; 2008.
20. Australian College of Ambulance Professionals. Meeting the Challenge Submission on National Health Care Reform to the National Health and Hospitals Reform Commission. Ballarat; 2008.
21. Grantham H. New Paradigm Paramedics. *South Australian Ambulance Service* [Web Resource]. Available at: [www.saamambulance.com.au/publicweb/para.html](http://www.saamambulance.com.au/publicweb/para.html). Accessed 10 January, 2002.
22. Reynolds L. Contextualising paramedic culture. In: O'Meara P, Grbich C, eds. *Paramedics in Australia: contemporary challenges of practice*. 1st ed. Sydney: Pearson Education Australia; 2009:37-52.