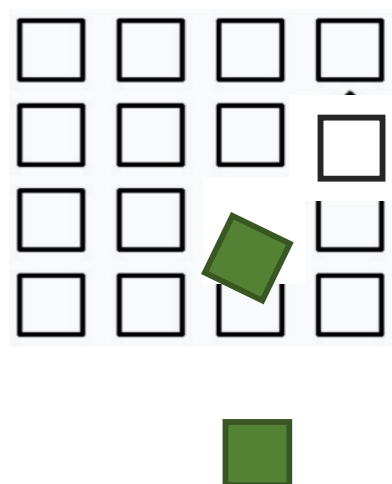


**Australian Bureau of Statistics
OSCA Classification Review**



**The OSCA Classification of Paramedics:
Response to the Review of Occupational
Classifications for Paramedics**

April 2026

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About the author

1. The author of this response is Adjunct Associate Professor Ray Bange OAM. Professor Bange is an independent health policy advisor and Executive Committee member of the Australian Health Care Reform Alliance. This submission is made in a personal capacity and may be shared or published.
2. An Honorary Fellow of the Australasian College of Paramedicine (ACP) and the Australian Institute of Paramedic Practitioners (AIPP), Professor Bange is the recipient of an Order of Australia Medal for contributions to paramedicine, education, and the community.
3. The author's concern for occupational classifications is built on his extensive professional experience and regulatory background. He remains actively engaged through his face-to-face professional interactions, postgraduate research supervision and assessment, mentorships and as the curator of social media platforms with a combined following exceeding 9000.

Background

4. The author thanks those who have provided advice. They include former and current Chief Paramedic Officers; land and aeromedical service providers; union officials; individual academics and researchers; experienced paramedics; former ambulance service Chief Executives; and health policy experts across medical, nursing and allied health professions.
5. The Australian Bureau of Statistics (ABS) is reviewing the Occupation Standard Classification for Australia (OSCA). OSCA was released on 6 December 2024 and is the outcome of a previous comprehensive review of the Australian and New Zealand Standard Classification of Occupations (ANZSCO).
6. The ABS drew attention to the Assessment Criteria including the need to adhere to the principles of statistical classifications.¹ Reference was made to the need for appropriate evidence and the complex implementation of classifications in labour market analysis.
7. The ABS noted that changes to the classification structure were being considered that may involve reorganising or consolidating existing occupation groups, creating new groups for emerging occupations, or adapting the structure to better reflect occupational relationships.
8. The author made several submissions during that earlier consultation process including a submission entitled *Draft Classification of Paramedics* dated May 2024 outlining concerns with the Round 2 (December) ABS proposals. These issues included inappropriate Major Group allocation, the use of unregulated job titles, misleading role identification, poor articulation of tasks and the inclusion of an undefined Paramedic Manager.
9. In July 2024 the ABS issued the Round 4 draft proposals. The author again raised attention to these above issues. The submission recommended changes affecting paramedicine were the recognition of Paramedicine as a Level 1 health profession under then Sub-Major Group 25 - Health Professionals. Recommendations included the creation of a new Minor Group 255 Paramedic classification, with contemporary role and task descriptions and provision for future sub-categories to reflect practice variations

¹ Australian Bureau of Statistics, ANZSCO [Preliminary] proposed changes: Consultation Round 2, Australian Government, 18 December 2024.

ABS classifications and health regulation

The special case of health professional regulation

10. Concern for public safety has been a hallmark of the regulation of health professionals in Australia which has developed a national regulatory framework under the Health Practitioner Regulation National Law (National Law).² This extends to the 'protection of title' that applies to certain occupations that is enshrined in legislation.
11. In Australia, paramedics are registered under the National Law and their authority to practice comes from that registration. Under the National Law, a person must not use the protected title 'paramedic' unless they are a registered practitioner. That legal status should be reflected consistently across all levels of government and by statutory authorities such as the ABS in the OSCA classifications.
12. The legal significance of registration is exemplified by cosmetic surgery and the use of relevant titles within the health professions. That has resulted in both new cosmetic surgery standards by the Australian Medical Council and protection of the title 'surgeon'.³
13. A plethora of roles and titles has developed across paramedicine to suit employer purposes. These roles in many cases are supported by additional training and development programs and micro-credentialing. However, there is no nationally recognised common scope of practice or overarching clinical governance or capabilities framework for these subcategories of practice.
14. With a mandate to develop occupational classifications that reflect the contemporaneous workforce, the author believes the ABS must still balance the primacy of regulation and the legal ramifications of registration against actual workforce practice and workplace titles.
15. Many of these titles are not currently regulated and are essentially occupational descriptors for enterprise award purposes and the author opines they should not be used for a formal OSCA classification. However, where formal regulatory endorsement is pending but evidence of significant workforce practice exists (e.g., Critical Care Paramedic), the ABS should create provisional classifications subject to review within (say) 24 months of regulatory determination.

Recognition of subsidiary classifications

16. The National Law provides for registration in specialities and divisions within the professions. The importance of having this provision for formal recognition of an occupational role is well demonstrated by cosmetic surgery (*para 12*). The Paramedicine Board of Australia (PBA) is currently assessing the need for and role of any specialist paramedicine endorsement.
17. At this time there are no specialties listed for paramedicine and unregulated job titles such as '*Intensive Care Paramedic*' or '*Ambulance Paramedic*' have no formal regulatory backing. Without specialist registration, there is no protected specialist title, or any registered title other than paramedic.⁴
18. Identification of specialist roles for sub-classifications under OSCA should form part of regular industry-wide surveys. The threshold for recognition should be based on any regulatory determinations by the PBA, established educational and practice pathways, the number of practitioners and the perceived impact of the classification.

² *Health Practitioner Regulation National Law*, Australian Health Practitioner Regulation Agency (Ahpra), <https://tinyurl.com/4ennb8yp> Accessed 01/04/2026.

³ *Making cosmetic surgery in Australia safer*, Australian Health Practitioner Regulation Agency (Ahpra), <https://tinyurl.com/yy6nt7cx> Accessed 01/04/2026.

⁴ Eburn M, *Specialist paramedics*, Australian Emergency Law, 25 May 2024. <https://tinyurl.com/2dmvycor> Accessed 25/04/2026.

Observations on OSCA changes and structure

The positioning of paramedics within Sub Major Group 26

19. The author welcomes the recognition of paramedicine as a health profession under the Sub Major Group 26 Health Professional, which is now consistent with the overarching regulatory regime for health practitioners in Australia.
20. The PBA has defined the qualifications and capabilities needed for paramedic registration, emphasising their autonomy and alignment with other Level 1 Health and Allied Health Professions (AHPs). The definition of a paramedic is simple: a paramedic is a qualified health professional registered by the PBA under the National Law.

Separation of paramedic role activities from ambulance services

21. The OSCA change to remove reference to the ‘ambulance’ prefix is welcomed and is consistent with regulatory legislation across Australian jurisdictions where health professions are not defined by the practice setting.⁵

Task Paramedic descriptors

22. The author considers the proposed tasks for 269432 Paramedic retain outdated implicit links to ambulance service roles. Such defined employment tasks and other explicit physical roles for ambulance services are increasingly undertaken by other staff.⁶ A 265431 Nurse Practitioner is not defined by the employer but by a generic setting viz: *“Provides advanced and extended nursing care to people as authorised in relevant nursing legislation, in a range of health, welfare and community settings”*.
23. The focus on transportation response roles is commonly restricted to public ambulance service activities by law. In emergency, retrieval, austere and search and rescue operations, the actual transportation role is not a healthcare function but may rely on others such as helicopter pilots.
24. Some proposed ‘tasks’ such as *“Attends accidents and medical emergencies”* describe practice settings rather than clinical activities. Others, such as *“May attend public gatherings where medical help may be needed, such as sporting or community events”* are not specific to paramedics but commonly also apply to medical practitioners and nurses.
25. The proposed tasks for 269431 Critical Care Paramedic are consistent with the capabilities statement for all registered paramedics and no distinction needs to be made in terms of classification. The application of these roles may vary across different employers, but there is currently no national standard, registered specialty or endorsement.

The Paramedic Manager

26. The classification of 141334 Paramedic Manager under 1413 Health and Welfare Services Managers is an outlier. No clear case has been articulated for this unregulated but practitioner-titled classification which appears designed around managing an emergency service entity rather than a registered practitioner role focused on patient care.
27. It raises the issue of whether a similar consistent distinction is being made for nurses, physicians, pharmacists and other health professional colleagues. (It is noted that Nursing and Midwifery Unit Managers are excluded from this unit group and are included in the 265 taxonomic occupational group under Midwifery and Nursing professionals.)

⁵ Bange R, *Tasmanian legislation and paramedicine*, The Paramedic Observer, Facebook, 18 August 2022. <https://tinyurl.com/2p8ebyt6> Accessed 02/09/2024.

⁶ *Make Ready Service*, HealthShare NSW, NSW Government. <https://tinyurl.com/3pvd768h> Accessed 02/09/2024.

28. A comparison of the nominated tasks for Paramedics and Nurses/Midwives shows:*

141334 Paramedic Manager	265331 Nursing/Midwifery Unit Manager
Manages and oversees the operational management of medical out-of-hospital emergencies.	Determines objectives, strategies, policies and programs for the unit or health care facility, ensuring compliance with relevant regulations.
Organises and coordinates the deployment of paramedic teams to emergency situations.	
Directs and supervises Paramedics in the provision of emergency medical care.	Provides management, education and training to staff, implementing advancements in nursing / midwifery practices.
Provides guidance and support to Paramedics in complex or critical situations.	Monitors and evaluates the quality and clinical standards of nursing/midwifery care.
Controls administrative operations, such as budget planning, report preparation, and expenditure on supplies, equipment, and services.	Manages financial resources for the unit or facility and the provision of cost-effective nursing/midwifery care.
Monitors adherence to policies, compliance, quality of care, and clinical outcomes.	
Liaises with other emergency services and healthcare providers.	Collaborates with other Health Professionals to ensure coordinated patient care.
Controls selection, training, & supervision of staff.	Recruits and rosters staff to meet the needs of the unit or health care facility.
Participates in development & implementation of emergency response protocols.	
Registration or licensing is required.	Registration or licensing is required.

***This comparison illustrates functional differences, albeit these roles are not directly analogous**

29. Other occupations under Unit Group 1413 such as 1413999 Health and Welfare Services Managers are more explicit in nominating the role as applying to the management of service activities. Paramedics remain an outlier in having a smorgasbord of mixed service/ practitioner functions with an emphasis on emergency response or provider services. If this classification is retained it would be better described as a Manager of Paramedic (or Emergency) Services.
30. The third Paramedic descriptor is also problematic because service provider operational managers may be responsible for also managing nurses and technician (unregistered) staff.
31. While registration or licensing is a nominated requirement for 141334 Paramedic Manager and 141332 Director of Nursing/Midwifery, 141333 Medical Administrator/ Medical Superintendent, 141335 Welfare Centre Manager and 1413999 Health and Welfare Services Managers have no listed licensing or registration requirements.
32. The occupations in the 1413999 group include Chief Medical Officer (Health Services), Chief Radiographer, Director of Pharmacy, Director of Physiotherapy Services, Director of Speech Pathology, Disability Services Manager, Manager of Allied Health Services, Manager of Child Protection Services, and Primary Health Organisation Manager. The important thing to note is that these positions do not use the protected title as the misleading prefix.
33. The position of 141334 Paramedic Manager thus must be a registered paramedic. However, many leadership roles within paramedic and ambulance services have been filled by practitioners from other professions including nurses and medical practitioners. The classification thus does not serve the purpose of providing accurate workforce identification for administration and planning.

34. There needs to be clarification and justification for this classification in terms of any regulated specialisation, the definition of role, and the number of likely practitioners to warrant a separate classification (*paras 6-7*). The use of a job title must not prevail over the functional role and legal status of an occupation. The 141334 Paramedic Manager classification therefore is not supported or an alternative adopted such as two classifications: Clinical Paramedic Manager (under 2694) and Operational Ambulance Manager (under 1413).
35. If the managerial position is to be retained based on satisfactory evidence of significance, corrected role and numbers, then it should be a subset of the Paramedic taxonomy tree (2694) like Nursing and Midwifery (265) or identified by using an 'alternative title' mechanism.

The Critical Care Paramedic classification

36. Health Ministers have agreed (19 April 2024) to work with the PBA to establish Area of Practice Endorsements for advanced practice paramedics in critical care and community paramedicine. The author recommends that pending regulatory endorsements be addressed through provisional classification subject to amendment within 24 months of determination (*para. 15*).
37. Jurisdictional support and educational planning for the introduction of Paramedic Practitioners is well advanced in Victoria. This field of practice appears assured of successful implementation with potentially more practitioners than other sub-categories of practice.⁷
38. The estimated 70% of Australian Paramedics working in ambulance services already are engaged in an immense variety of care situations including chronic care, mental health, palliative care and drug-related responses, while the remaining 30% of private paramedics are engaged in widely diverse roles across the health and care sector.
39. Data from the annual *Report on Government Services (RoGS)*⁸ indicate that emergency responses involve less than 50% of the total ambulance sector responses (*Figure 1*). These data refer to *responses, not paramedic time or clinical significance*. In the absence of time-motion studies of paramedic activities, *Figure 1* indicates the proportion of emergency responses is less than commonly perceived, suggesting paramedic roles may be diversifying.

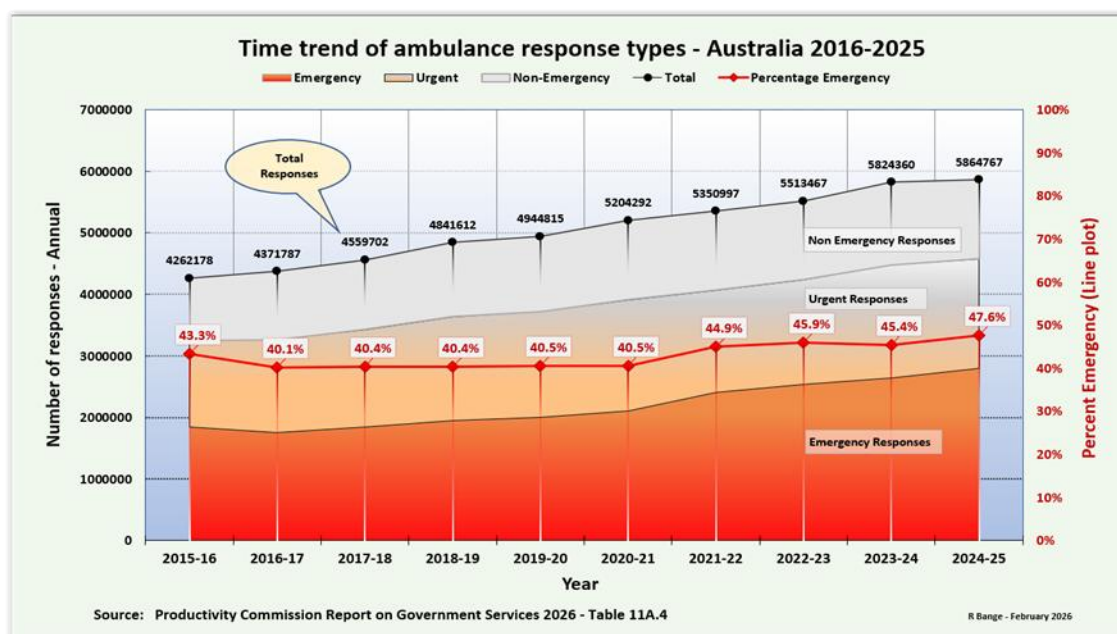


Figure 1. Time trend of Australian ambulance service responses

⁷ Premier of Victoria, *Delivering Australian-First Paramedic Practitioners*, Government of Victoria, 4 June 2023. <https://tinyurl.com/uuera733> Accessed 22/04/2026.

⁸ Productivity Commission, *Report on Government Services (RoGS) 2026, Part E Health, , Ambulance Services*, 5 February 2026, <https://tinyurl.com/yvy7pr5d> Accessed 26/04/2026.

40. These healthcare trends have been recognised by the development of new evidence-based models of care, which take various forms but are commonly described under the general title of Community Paramedicine. Despite these rapidly emerging practice developments, the ABS has chosen the niche category of Critical Care Paramedic as a specific Paramedicine classification under the Minor Group 269.
41. The number of practitioners carrying the titles of Critical Care Paramedic is relatively small and based on provisional NZ data less than 10% of paramedics. There is no national regulatory category, PBA accredited educational pathways or specific scope of practice. While the threshold for occupational numbers may be perceived as being met, the selection of Critical Care Paramedics for classification ahead of other categories of practice is unusual and inconsistent with likely growth and deployment of the profession.
42. The author supports the introduction of specialist areas of practice subject to due process. Noting that the registration of paramedics currently does not include any specialisations and consistent with paras 15 and 36, the author supports a provisional classification for Critical Care Paramedic, subject to review upon regulatory determination. However, the current OSCA implementation lacks such provisional status and therefore is not supported.

The strange structure of Minor Group 269

43. Paramedics have been classified in OSCA under the Minor Group 269 Miscellaneous Health Professionals. This Group comprises 2691 and 2692 Dental professionals, 2693 Environmental Health and Health Promotion Officers, 2694 Paramedic Professionals, 2695 Veterinarians and Veterinary Technologists and 2699 Other Health Professionals.
44. The combination of human health practitioners regulated under the National Law along with other professions (veterinarians) that deal with animal diseases creates strange bedfellows, especially when the sundry subcategories include Ahpra-regulated occupations (269932 Chinese Medicine Practitioners) and unregulated occupations (269931 Acupuncturist, 269933 Naturopath).
45. Separately, the 263 Allied Health Science Professionals Minor Group comprises several Ahpra-registered professions (2631 Medical Radiation Practitioners, 2633 Optometrists, 2634 Pharmacists, 2635 Sonographers and 2639 Other Allied Health Science Professionals).
46. The author's previous submissions outlined the changes in health professional regulation with the implementation of the National Law that created two populations of (human) health workers - one cohort is unregistered or self-regulated while the other cohort consists of regulated or registered professions (including paramedicine).
47. Those smaller occupations outside the Ahpra regulatory umbrella might reasonably be considered Miscellaneous or Other Health Practitioners. That is not the case for a significant professional group like paramedicine.
48. While Veterinarians hold an important role in animal health, they are not normally associated with practitioners in human health and care. There is little affinity of practice regimes or settings with dentistry or paramedicine. Similarly, there is no common alignment of Ahpra-regulated professions for other professions in the 269 Minor Group.
49. The author previously has proposed that paramedicine should be aligned with the regulated Ahpra cohort and that a new Minor Group be created for paramedics as an exception under the ABS conceptual basis for classification.⁹ This specific Minor Group would then have all paramedics under a single classification of Paramedic until formal specialisations are in place with enough numbers to warrant separate Unit classifications (*paras 34, 41-42*).

⁹ Australian Bureau of Statistics, *Conceptual basis of ANZSCO*, Australian Government, 22 November 2022. <https://tinyurl.com/5yc2yu5d> Accessed 11/05/2024.

50. Paramedicine specialties may be incorporated over time as they are identified/defined, and the practitioner numbers increase. New subsidiary Codes can be introduced based on sustainable numbers in registered specialties, with the number and type of lower-order codes updated by the regular OSCA review cycle or special reviews.¹⁰
51. Projected numbers provide a strong case for longitudinal code stability and integrity of data, with the projected number of paramedics for 2030 ranging from a low of 35,000 to a high of 43,000, well within the scope of statistical significance.
52. Additional grounds for recognition include the unique positioning of paramedicine within the public health sector compared to other allied health professions, jurisdictional prohibitions on the use of title (beyond those of registration) and the importance of public safety. These factors set paramedicine apart as a professional occupation while a specific Minor Group would allow for minimal changes in managing longitudinal data for this growing profession.
53. These views are consistent with the principles of regulation. The author submits that regulatory status should carry more weight than practitioner numbers in determining subcategories.

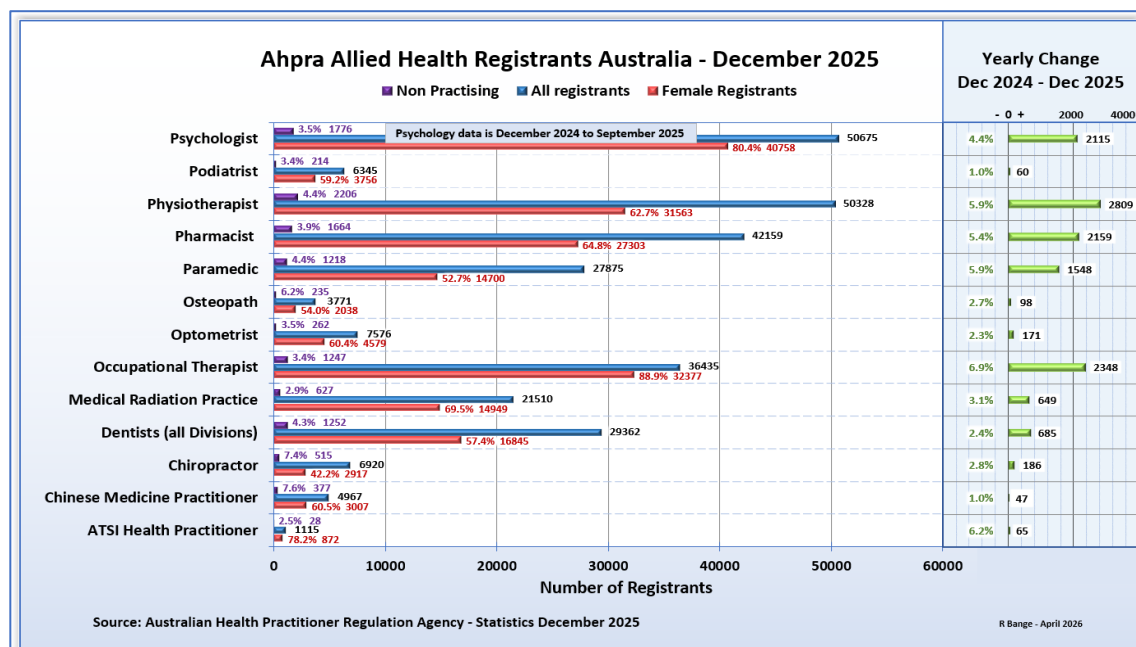


Figure 2. Ahpra Allied Health Practitioners Registrant Numbers

54. The author also proposed that if a stand-alone Paramedicine Minor Group was not created, then paramedicine should be located with other regulated health professions as part of a coherent group carrying a descriptive title representative of Ahpra-regulated health professionals (*Figure 2*).
55. The author reiterates his strong support for a stand-alone Minor Group for paramedicine. Implementation of that new Minor Group and subsequent variations to the 269 Minor Group would still leave the 269 Minor Group with ample numbers.

¹⁰ Bange R, *Review of the Australian and New Zealand Standard Classification of Occupations (ANZCO) (page 5)*, Submission to the Australian Bureau of Statistics, June 2022. Public Consultation on the Australian and New Zealand Standard Classification of Occupations (ANZSCO) Review.

The description and tasks of paramedicine

56. The OSCA job and task descriptions for a paramedic remain unsuitable and combine basic technical duties with the advanced professional responsibilities of modern paramedics. Today's paramedics are autonomous health professionals and a contemporary role and task descriptions should apply. For classification purposes the ABS should not attempt to define the scope of practice which is the responsibility of the PBA.
57. The author does not support a list of tasks to describe professional-level occupations, particularly in rapidly evolving fields like paramedicine. Professions by their very nature are inherently dynamic and subject to changes in best practice. The descriptors should be simple, concise and apply generally across all relevant areas or settings of practice.
58. The PBA provides guidance in their Professional Capabilities for registered paramedics statement. The Aotearoa New Zealand Te Kaunihera | Paramedic Council¹¹ also provides a description (sic) of the profession with an appropriate focus on patients and healthcare delivery, viz:

"Paramedics are registered health practitioners who use their clinical knowledge, skills and judgement to provide healthcare services primarily in the provision of urgent and/or emergency assessment, diagnosis and treatment of patients, including the provision of clinical advice, referral and, where required, transport. All patient care is, ethically, safely and effectively carried out in accordance with Aotearoa New Zealand law, the principles of Te Tiriti ō Waitangi, Kaunihera standards of clinical competence and cultural competence (including competencies that will enable effective and respectful interactions with Māori), clinical guidelines, documented protocols, and standing orders issued by the employer/organisation's clinical governance framework. Paramedics liaise and cooperate with other healthcare providers and clinical personnel to foster a team approach, provide leadership, provide supervision, support and oversight of non-regulated members of the clinical team, and ensure services are provided in a timely and integrated fashion in partnership with individuals, families, whānau and communities."

59. A modified descriptor statement has been prepared by the author (*para 60*) for a single classification of paramedic. This classification may be complemented by showing practice diversity through the nomination of alternative titles until there is regulatory consistency across Australia and other criteria (such as the minimum number of practitioners) meet the threshold of classification significance.
60. The following classification statement with a focus on the healthcare role is suggested:

XXXXX Paramedic

- Paramedics assess, diagnose, treat, and provide healthcare and life support care for patients in a range of settings, including medical emergencies.
- Registration or licensing is required.
- Specialisation/Alternative titles.

Multiple titles are used across paramedicine to indicate different areas or fields of practice, such as Intensive Care Paramedic, Critical Care Paramedic, Extended/Specialist Care Paramedic, Paramedic Manager, Community Paramedic and Paramedic Practitioner.

¹¹ Te Kaunihera | Paramedic Council, *Te whānui o te tikanga mahi, Scopes of practice*, <https://tinyurl.com/y7tr252t> Accessed 24/04/2026.

Main Tasks

- Undertakes patient examination to determine the nature of their health condition.
- Provides patient-centred care to develop a care plan, which may include collaboration with or referral to other health professionals.
- Assesses and implements a care plan based on the presenting condition of patients – both in urgent and non-urgent circumstances.
- Undertakes diagnostic tests and procedures, and interprets test results and reports, using diagnostic tools such as electrocardiograms and ultrasound.
- Performs advanced and/or critical care for acute complaints including resuscitation at an advanced life support level.
- Monitors patient progress and responses to treatment.
- Maintains accurate records of patient information and treatment provided, including medications.
- Participates in the management of mass casualty or major incident situations.

Recommendations

61. Accurate and reliable workforce classifications are essential to inform policy development and to ensure appropriate advice. All levels of the OSCA classification hierarchy are relevant in considering the ramifications of policy development and implementing healthcare reforms.
62. Currently, for paramedicine as a regulated health profession, the only accurate and regular datasets are those with limited public details provided through the PBA for registered practitioners.¹² Labour force studies and data published by the Productivity Commission such as ROGS are useful but limited by their nature (public sector) and extent of coverage.¹³
63. Ambulance service workforce studies and ROGS cover only those paramedics working for the jurisdictional ambulance services and omit the estimated 30% or more of practitioners working outside those services. ROGS reporting is also service-oriented and does not cater well for practitioner details or the information required to inform general workforce strategies.
64. Analysis of past Census outcomes has shown discrepancies in coding because of poor descriptors which is why the OSCA descriptors, tasks and classification levels must accurately reflect the contemporaneous paramedic workforce and work regimes.
65. Classifying paramedics under the Sub-Major 26 Health Professionals category is a significant improvement and assists patients with potentially better access to care through the wider mobilisation of practitioners (*Appendix A*).
66. Not having a separate stand-alone Minor Group for paramedicine (*paras 43-55*) may limit efforts to raise awareness and develop multidisciplinary care programs.
67. The niche classifications for Critical Care Paramedic and Paramedic Manager without a firm legal basis could cause confusion and potentially give rise to legal and industrial issues, since much larger cohorts carrying titles like Intensive Care Paramedics and Extended Care Paramedics have been omitted. The task descriptions also remain poorly articulated and too prescriptive for Level 1 professionals.

¹² Bange R, *Registered Paramedics in Australia - June 2024*, The Paramedic Observer, Facebook, 10 August 2024. <https://tinyurl.com/3umcyuys> Accessed 22/04/2026.

¹³ Bange R, *Report on Government Services (ROGS) 2026*, The Paramedic Observer, Facebook, 6 February 2024. <https://tinyurl.com/bdesrfs9> Accessed 22/04/2026.

68. The author does not support classifications for a single regulated profession spanning different areas of the classification taxonomy (Minor Group 269 Miscellaneous Health Professionals and Minor Group 141 Education, Health and Welfare Service Managers) without specialist-level registration and evidence of sufficient numbers. Data collection is thereby distributed and subject to error.
69. For a highly regulated profession like paramedicine, any sub-classifications should emanate from the primary taxonomic tree of paramedicine to provide consolidated numbers and form a coherent set supported by a skills matrix. The inclusion of Paramedic Manager under a separate taxonomic tree is thus considered inappropriate and contrary to legislation.
70. The author acknowledges the many different job titles used across paramedicine prior to national regulation in 2018. These are generally underpinned by varying employer constraints and industrial agreements, governance guidelines, scopes of practice, protocols and pathways to practice through micro-credentialling and postgraduate qualifications.
71. Notwithstanding the common use of those titles, currently in both Australia and Aotearoa New Zealand, paramedicine is regulated under relevant national legislation. Those regulatory requirements should guide the classification matrix.
72. Governments have recognised the evolving role of paramedics in supporting the progressive development of formal endorsements for Critical Care Paramedics, Community Paramedics, independent prescribing rights, the education of Paramedic Practitioners and research into different models of care. As these roles are defined and implemented, the OSCA classification taxonomy should be amended to suit.
73. The major concern is to get the descriptors and tasks correct so users of OSCA are working on datasets that apply to contemporary paramedic practice. That extends to a review of embedded documentation that permeate the health sector regarding paramedicine as an independently regulated health profession and other barriers to paramedic practice.
74. The ABS should review all classifications under the proposed 1413 Health and Welfare Services Managers regarding the need for registration or licensing (*paras 29-34*).

Recommendation 1

75. That the OSCA classification of Paramedic be reviewed with the creation of a single new Minor Group classification for Paramedicine having an amended role description aligned with contemporary practice and registration

Recommendation 2

76. That an amended and simplified generic description of the role of paramedic be adopted.

Recommendation 3

77. That the Paramedic Manager classification be renamed or relocated to the taxonomic tree for Paramedicine and provided with an appropriate set of descriptors.

Abbreviations

The following abbreviations are used in this submission.

ABS	Australian Bureau of Statistics
AHP	Allied Health Profession/al (context applies)
Ahpra	Australian Health Practitioner Regulation Agency
ANZSCO	Australian and New Zealand Standard Classification of Occupations
CCP	Critical Care Paramedic
National Law	Health Practitioner Regulation National Law
NZ	Aotearoa New Zealand
OSCA	Occupation Standard Classification for Australia
PBA	Paramedicine Board of Australia
ROGS	Report on Government Services
Te Kaunihera	Te Kaunihera Manapou Paramedic Council (New Zealand)

Appendix A – Recent policy submissions using practitioner data

A summary of some recent policy submissions by the author which have drawn on data directly or indirectly related to the classification of paramedics.

Bange R, *“Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022”*, Invited Commentary, Health and Environment Committee, Queensland Legislative Assembly, Brisbane, June 2022.

Bange R, *“Draft Industry Summary for Ambulance and Paramedic Industry Reference Committee”*, Response to public consultation, SKILLS IQ, July 2022.

Bange R, *“Review of the Australian and New Zealand Standard Classification of Occupations (ANZCO) June 2022”*, Response to public consultation, Australian Bureau of Statistics, Australian Government, July 2022.

Bange R, *“The ANZSCO Anomalies: An examination of the Australian and New Zealand Standard Classification of Occupations (ANZCO) for paramedicine”*, Occasional Paper, August 2022.

Bange R, *“Draft Data Strategy”*, Submission to Public Consultation on a draft Data strategy, Australian Health Practitioner Regulation Agency (Ahpra) and National Boards, January 2023.

Bange R, *“Informing Future Skills: Observations on the Operation of Jobs and Skills Australia”* Submission to public consultation, Department of Employment and Workplace Relations, Australian Government, Canberra, February 2023.

Bange R, *“The Classification of Paramedics: Recommendations for the reclassification of Paramedics under the Australian and New Zealand Standard Classification of Occupations (ANZSCO)”*, Submission in response to public consultation on the ANZSCO Classification Review Round 2, Australian Bureau of Statistics, Australian Government, August 2023.

Bange R, *“Unleashing the potential of Paramedicine: highlighting the opportunities to mobilise paramedicine in the delivery of health services”*, Submission to the Unleashing the Potential of our Health Workforce Review, Department of Health and Aged Care, Australia, October 2023.

Bange R, *“Industrial Paramedic: Recommendations for the reclassification of Industrial Paramedic under the Australian and New Zealand Standard Classification of Occupations (ANZSCO)”*, Submission in response to public consultation on the ANZSCO Classification Review Round 3, Australian Bureau of Statistics, Australian Government, December 2023.

Bange R, *“Health professionals MIA: Observations on the mobilisation of paramedics in the collection of data on health and care services in Australia”*, Submission to Jobs and Skills Australia, Skills Priority List - Stakeholder Survey, February 2024.

Bange R, *“ACC Inclusion of Paramedics: Recommendations on proposed changes to ACC regulations applying to paramedics as treatment providers and as registered health professionals”* Submission to Aotearoa New Zealand Ministry of Business, Innovation & Employment, May 2024.

Bange R, *“Unleashing Paramedicine: Response to Issues Paper 2”*, Submission to the Unleashing the Potential of our Health Workforce Review (Scope of Practice Review), Department of Health and Aged Care, Australian Government, May 2024.

Bange R, *“Draft Classification of Paramedics: Response to the Preliminary Proposals for Reclassification of Paramedics under the Australian and New Zealand Standard Classification of Occupations (ANZSCO)”*, Response to preliminary proposals on the ANZSCO Classification Review Round 2 and Round 3, ABS, Australian Government, May 2024.

Bange R, *“The National Allied Health Workforce Strategy and Paramedicine”*, Submission to the Consultation on the Draft National Allied Health Workforce Strategy, Department of Health and Aged Care, Australian Government, July 2024.