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14/09/2025

Submission to the Productivity Commission

Re: Delivering Quality Care More Efficiently – Interim Report
Submitted by: HMS Community Ltd

Executive Summary

HMS Community Ltd welcomes the Productivity Commission's interim report and strongly supports its intent to unify safety and quality regulation across aged care, disability, and veterans' care. We commend the Commission's recognition of fragmentation across these sectors and its commitment to improving workforce capability, service integration, and preventative care. However, one critical omission must be addressed: the formal recognition and mobilisation of paramedics within aged care, disability, and NDIS service frameworks.

Paramedics are nationally registered health professionals with extensive clinical training, yet they remain excluded from key funding models, workforce strategies, and service design frameworks. This exclusion is not only inefficient—it is inequitable. It denies vulnerable Australians access to a workforce that is ready, willing, and clinically capable of delivering high-quality care in the community.

HMS Community has demonstrated—through lived practice, policy engagement, and community-led innovation—that paramedics can deliver preventative, trauma-informed, and integrated care across aged care, NDIS, and disability settings (HMS Community Ltd, 2025). Our model has operated across Sunbury and Macedon Ranges Victoria since 2020, filling critical service gaps and reducing avoidable hospitalisations.

With the NDIS and Support at Home Program declining to fund paramedics, such programs are unviable and will leave significant care gaps. We call for urgent reform to unlock this underutilised workforce and align national policy with the realities of frontline care.

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About HMS Community

HMS Community Ltd is a not-for-profit charity organisation founded to address unmet needs in aged care and disability support. Our origins lie in the recognition that many Australians—particularly those in rural and underserved areas, lack access to timely, appropriate, and compassionate care. In response, we developed a community paramedic model that places registered paramedics at the heart of preventative, primary, and palliative care delivery.

Since 2020, HMS Community has operated in Victoria, particularly in Sunbury and Macedon Ranges delivering:

- In-home clinical care for older adults, people with disabilities, and those with complex health needs
- Mental health and trauma-informed support for individuals and families navigating crisis
- Preventative care that reduces reliance on emergency departments and acute hospital services
- Palliative care in partnership with general practitioners and allied health professionals

Our model is documented in multiple submissions and briefings, including the *HMS Community Briefing V1.5* (HMS Community Ltd, 2025), *Community Paramedics Briefing V1.2* (HMS Community Ltd, 2024), and our *Submission to the Primary Health Reform Taskforce* (HMS Community Ltd, 2023).

The Case for Paramedic Recognition

Despite their registration under the National Registration and Accreditation Scheme, paramedics remain excluded from formal recognition within aged care, disability, and NDIS workforce frameworks. This exclusion has profound consequences:

- It prevents paramedics from delivering care under key funding models, including the Workforce Incentive Program and Chronic Disease Management Programs

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- It undermines collaborative commissioning efforts by excluding a clinically capable workforce from joint planning and service design
- It perpetuates workforce shortages and service gaps, particularly in rural and remote communities
- It denies consumers access to timely, preventative, and trauma-informed care
- This exclusion persists despite a national shortage of nurses and an excess of qualified paramedics. Australia is importing nurses to fill workforce gaps while exporting paramedics overseas to meet international demand. Many paramedics trained in Australia are unable to find meaningful employment here and are leaving the country to work in systems that recognise their full scope (Bange, 2023a and HMS Community).

The assumption that paramedics are only suited to ambulance work is outdated and harmful. Paramedics are the only Ahpra-registered profession whose entire university education is dedicated to community-based care. Their generalist training spans acute, chronic, mental health, disability, and aged care contexts. Paramedics are capable of working independently or within multidisciplinary teams and already deliver safe, skilled care in homes and communities across the country (Bange, 2020).

This position is supported by Associate Professor Ray Bange's extensive policy work, including Paramedicine: The Forgotten Health Profession (Bange, 2020), Ready, Willing and Unable (Bange, 2023a), and multiple submissions to state and federal inquiries. His analysis of ANZSCO classification anomalies (Bange, 2022) and contributions to the Unleashing the Potential of our Health Workforce review (Bange, 2023b) reinforce the need for legislative and funding reform.

The Paramedicine Board of Australia has also proposed an expanded scope of practice for paramedics, including advanced primary care and independent prescribing, to address workforce shortages and improve access to care in community settings (Ahpra, 2025). Allied Health Professions Australia (AHPA) recognises paramedics as "healthcare generalists" capable of working across aged care, disability, and primary care environments (AHPA, 2025). The Australasian College of Paramedicine has called for urgent policy reform to integrate paramedics into primary and urgent care systems (ACP, 2024).

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Alignment with Draft Recommendations

Draft Recommendation 1.1 – Unified Regulation

The Commission proposes a unified approach to worker registration and screening across aged care, disability, and veterans' care. Paramedics are already registered under Ahpra and meet rigorous national standards. Their exclusion from aged care and NDIS workforce recognition is illogical and inequitable.

Recommendations:

- Formal inclusion of paramedics in unified worker screening and registration systems
- Recognition of paramedics as eligible providers under NDIS and aged care funding models
- Alignment of workforce policy with ANZSCO reforms and Associate Professor Ray Bange's classification submissions, including The ANZSCO Anomalies (Bange, 2022) and Industrial Paramedic (Bange, 2023c)

Draft Recommendation 2.1 – Collaborative Commissioning

The Commission calls for joint planning and commissioning between Primary Health Networks, Local Health Networks, and Aboriginal Community Controlled Health Organisations. HMS Community's model exemplifies this approach. We work across sectors to deliver care where traditional services fall short, often in partnership with general practitioners, allied health professionals, and community organisations (HMS Community Ltd, 2023).

Recommendations:

- Inclusion of paramedics in joint planning and commissioning frameworks
- Funding for community paramedic roles under the Workforce Incentive Program and Chronic Disease Management Programs
- Recognition of paramedics as primary care providers in rural and underserved areas

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Draft Recommendation 3.1 – Prevention Investment

The Commission highlights the need for investment in preventative care. HMS Community's data shows that paramedic-led interventions reduce hospitalisations, improve medication adherence, and enhance wellbeing. Our model demonstrates that paramedics can deliver preventative care that is clinically sound, cost-effective, and deeply responsive to individual and community needs (HMS Community Ltd, 2024).

This is supported by submissions to the National Preventive Health Strategy (Bange, 2020; Bange, 2021), the Effectiveness Review of General Practice Incentives (Bange, 2023d), and peer-reviewed research showing paramedics' role in supporting people with dementia in community settings (Courtney-Pratt et al., 2023).

Federal Policy Barriers and Correspondence

Over many years, HMS Community has consistently raised concerns about the exclusion of paramedics from aged care, disability, and NDIS service frameworks. We have written to successive Ministers for Health and Aged Care—including the current Minister, The Hon Mark Butler MP urging reform that reflects the clinical capability and community value of the paramedic workforce. Despite repeated engagement, the issue remains unresolved.

This exclusion persists in direct contradiction to the federal government's own reviews and programs. The Unleashing the Potential of our Health Workforce – Scope of Practice Review (Department of Health and Aged Care, 2023) identifies paramedics as part of the primary care workforce, capable of working to their full scope. The Innovative Models of Care Program has funded community paramedic pilots in Victoria, recognising their role in preventative and integrated care. Primary Health Networks already commission paramedics in community health roles (Department of Health, 2019). Internationally, paramedics are widely recognised for working outside ambulance services—in aged care, disability, mental health, and chronic disease management.

Yet federal policy continues to restrict paramedics to support worker roles under the NDIS and Support at Home programs. This not only limits their scope of practice but also undervalues their qualifications, offering remuneration far below that of nurses and other registered

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professionals. The result is a misalignment between workforce capability and system design—one that drives inefficiency, inequity, and avoidable harm.

To achieve reform, there must be meaningful engagement between federal decision-makers and organisations like ours, as well as with the paramedicine profession and its registration boards. Policy reform must be co-designed with those delivering care on the ground. We urge the Productivity Commission to advocate for this long-overdue reform. The evidence is clear, the workforce is ready, and the community need is urgent.

Reinforcing Workforce Readiness and Scope

The Paramedicine Board of Australia has endorsed a new model to expand paramedic scope of practice, including advanced primary care and independent prescribing. This reform is designed to address workforce shortages and improve access to care in community settings (Ahpra, 2025). The Board's proposal aligns with our call for paramedics to be recognised beyond ambulance services and supports their integration into aged care and disability programs.

Allied Health Professions Australia (AHPA) also recognises paramedics with advanced primary care capabilities as "healthcare generalists" who work across aged care facilities, GP clinics, and community health centres. Their framework includes Extended Care, Community, and Primary Care Paramedics, culminating in the Paramedic Practitioner role (AHPA, 2025).

The Australasian College of Paramedicine has issued a position statement urging governments to recognise paramedics as a sustainable and untapped workforce for primary and urgent care. Their analysis highlights the exclusion of paramedics from funding models and policy frameworks as a key barrier to health equity, especially in rural and remote communities (ACP, 2024).

Support at Home Program and Aged Care Reform

The Department of Health's Support at Home Program Manual (2025) outlines provider eligibility and service design but does not yet include paramedics as recognised providers. This omission is increasingly untenable given the program's stated goals of person-centred, preventative, and home-based care. Your submission directly addresses this gap and proposes a cost-neutral solution by leveraging existing paramedic capacity.

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The Aged Care Quality and Safety Commission's handbook for the Support at Home program reinforces the importance of care coordination, transitions, and multidisciplinary service delivery (Aged Care Commission, 2025). Including paramedics in this framework would enhance continuity of care and reduce unnecessary hospital transfers.

NDIS Provider Eligibility and Systemic Barriers

The NDIS Quality and Safeguards Commission outlines strict provider eligibility criteria, yet paramedics remain excluded from recognition as therapeutic or clinical support providers under current guidelines (NDIS, 2025). This exclusion persists despite paramedics meeting Ahpra registration standards and delivering equivalent care to other recognised professions.

The Value Care analysis of NDIS provider qualifications confirms that registration is based on adherence to NDIS Practice Standards, including governance, participant outcomes, and worker qualifications (Value Care, 2023). Paramedics meet these standards but are not yet acknowledged within the scheme's structure—an oversight your submission seeks to correct.

Conclusion

Australia stands at a critical juncture in reforming aged care, disability, and veterans' services. The Productivity Commission's interim report rightly identifies fragmentation, inefficiency, and workforce strain as systemic challenges. HMS Community Ltd urges the Commission to go further—by formally recognising paramedics as part of the solution.

Paramedics are clinically capable, nationally registered, and already delivering safe, preventative, and trauma-informed care in homes and communities across the country. Their exclusion from federal funding models and workforce frameworks is not only unjust—it is unsustainable. The evidence is clear, the workforce is ready, and the community need is urgent.

We call on the Productivity Commission to advocate for meaningful engagement between federal decision-makers, paramedicine registration bodies, and organisations like ours. Together, we can unlock a cost-neutral, scalable workforce that strengthens care quality, reduces hospital reliance, and restores dignity to those most at risk.

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Yours sincerely

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