

RESEARCH REPORT

AN INTERNATIONAL COMMUNITY PARAMEDIC CAREER STRUCTURE: A SYNTHESIS OF THE LITERATURE, REGULATORY FRAMEWORKS, AND COMMUNITY PARAMEDICINE EXPERT ADVICE

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ABSTRACT

Introduction: Internationally, prehospital workers practice in a variety of community paramedicine roles. It can be unclear where community paramedics fit within existing paramedicine career structures and their professional capabilities are sometimes ill-defined or misunderstood. This study aimed to clarify some of these questions through the development of a community paramedic career structure and descriptions of their professional capabilities at different levels of practice.

Methods: The career structure was developed on the premise that paramedicine is an evolving autonomous health discipline. It was designed through the synthesis of the paramedicine literature, key regulatory frameworks, and advice from two panels of international community paramedicine experts. These purposively recruited panelists comprised practicing community paramedics, students, educators, professional leaders, and subject matter experts. Thematic analysis was undertaken of their open-text on-line questionnaire responses. After feedback from the first panel, a paramedic system modernization continuum was used to fashion community paramedic career structures to meet the needs of paramedic systems at different stages of development. These structures were tested with members of the second panel.

Findings: A five-step career structure was designed and conceptually separated into two distinct but related pathways to facilitate international comparability across paramedic systems in terms of professional autonomy and levels of education. Structural and cultural characteristics are represented through professional capability statements and indicative education levels that are incorporated into a paramedic system continuum ranging from directive to professionally autonomous paramedic systems.

Discussion: Although this study was conducted through the lens of community paramedicine, it might further international discussion of how attractive career structures could improve paramedic retention more broadly. Successful implementation of this career structure requires the support of key stakeholders in the face of strong structural and cultural barriers that continue to challenge innovations designed to respond to changing opportunities and needs in paramedicine.

INTRODUCTION

Community paramedicine programs have emerged that provide services to diverse and often under-served communities and individuals with a diversity of social and chronic disease characteristics. The associated role changes require paramedics to evolve into more than emergency health responders, through the adoption of knowledge, skills and behaviors that are more consistent with primary health professionals than those of public safety responders (Misner, 2005; O'Meara, 2014).

One of the challenges associated with these changes in roles and capabilities has been determining a definition of a community paramedic. To meet this challenge, an international research team developed the following consensus definition.

A community paramedic provides person-centered care in a diverse range of settings that address the needs of the community. Their practice may include provision of primary health care, health promotion, disease management, clinical assessment and needs based interventions. They should be integrated with interdisciplinary health care teams which aim to improve patient outcomes through education, advocacy, and health system navigation (Shannon, Baldry et al., 2023).

Prehospital workers increasingly participate in a wide range of community paramedicine or paramedic primary care roles irrespective of their paramedicine model of care, variations in governance and leadership structures, nor the model of paramedic education and training that is available. While jurisdictions and agencies generally have their own paramedic career structures of varying complexity and clarity, it is often unclear where community paramedics fit, nor how these roles and associated capabilities can be compared across countries and regions (Long, Devenish et al., 2018; Eaton, Tierney et al., 2022).

At one end of the spectrum, emergency medical technicians with certificate-level education work as adjuncts to health professionals (American College of Emergency Physicians, 2015), while elsewhere advanced paramedic practitioners and consultant paramedics in primary care hold advanced postgraduate qualifications and work autonomously alongside other health professionals (Health Education England, 2019; Pre-hospital Emergency Care Council, 2022; Monash University, 2023). The emerging higher education expectations of community paramedics or primary care paramedics in the United Kingdom (U.K.), Australia, and Ireland are built on the back of bachelor's degree education for entry-to-practice paramedics. North American systems have been slower to adopt this approach (Caffrey, Barnes et al., 2018; Jensen, 2020; Sirr 2024) and have fallen back on short courses to fill educational gaps that have emerged as a result of changing demographics and epidemiological pressures, such as the COVID-19 pandemic (Wood, Ashton et al., 2017; Boehringer, O'Meara et al., 2021).

With prehospital workers across the world demonstrating a willingness to undertake additional education and training in the principles of community paramedicine (Steeps, Wilfong et al., 2017), it is important to recognise the variations in the availability of community paramedic or primary care education and the professional levels at which it is pitched (Ulintz, Gage et al., 2023). Arguably, one reason for these variations is that community paramedics' professional capabilities have not always been well described beyond the relatively recent generic definition of a community paramedic cited above.

This study sought to better describe the roles and professional capabilities of commu-

nity paramedics from an international perspective as part of a broader research project seeking to harmonize a community paramedic curriculum framework across selected countries and regions that are moving toward the implementation of community paramedicine models of care. During the scoping stage of this curriculum harmonization project, it became evident that community paramedicine curricula need to be matched to a wide range of different community paramedicine roles and their associated professional capabilities.

A community paramedic career structure has previously been developed in the U.S., however, the associated descriptors are limited and have minimal relevance beyond their local stakeholder groups (Paramedic Health Solutions, 2016). They were developed in an environment where there is limited agreement about emergency medical service (EMS) career pathways across the sector (Kirkwood, 2021). This situation contrasts with that found in some other countries; most prominently in the U.K., where the College of Paramedics has developed a long-standing and evolving postgraduate career pathway that is consistent with other allied health professions and articulated with the higher education system (College of Paramedics, 2023). Similar developments are underway in Australia and New Zealand through their combined paramedicine college (Australasian College of Paramedicine, 2022). These career pathways are also consistent with the rationale of the existing and evolving paramedic registration requirements in these and some other countries (Moritz, 2018). In 2024, the Paramedic Association of Canada promulgated a paramedic career structure that is consistent with the U.K. career pathway (Cameron & Batt, 2024). As a result of this ambiguity, the authors of this U.S. community paramedicine curriculum (Paramedic Health Solutions, 2021) battled to make a clear connection between their curriculum and career pathways based on the capability expectations of graduates moving into community paramedic roles.

Education providers need a clear set of educational outcome expectations to work toward when developing paramedic programs (including community paramedicine) at all levels of practice (Weber, Devenish et al., 2024). More broadly, a transparent career structure has been shown to help paramedics navigate their career progression and provide more opportunities for increased remuneration, as well as being associated with improved retention rates amongst paramedics in several countries (Rivard, Cash et al., 2020; Edwards, Csontos et al., 2022).

This study aimed to develop a community paramedic career structure and describe their professional capabilities at each level of practice in a manner that guides the development of international community paramedic curriculum frameworks.

METHODS

The harmonization of this community paramedicine curriculum project was built on a patient-centered ethnographic approach to professional practice associated with the provision of services that are socially and culturally sensitive to the needs of communities. In addition, the project incorporated the principles of evidence-based practice, the provision of appropriate and accessible education programs, and the development of sustainable career paths for community paramedics. The career structure was developed on the underlying philosophy that paramedicine is an evolving autonomous health discipline, rather than a public safety or paramilitary occupation (Williams, Beovich et al., 2021).

It was designed through the synthesis of the relevant paramedicine literature, key regulatory frameworks, and open-text questionnaire responses from two expert panels of paramedicine professionals drawn from six countries where community paramedicine is established or emerging. These purposively recruited panelists comprised practicing community paramedics, students and educators, professional leaders, and subject matter experts who were purposively recruited for the curriculum harmonization project through an approved process of informed consent. [Monash University Human Research Ethics Committee, Project ID: 36288]

Study data were collected and managed using REDCap electronic data capture tools hosted at Monash University (Harris, Taylor et al., 2009; Harris, Taylor et al., 2019). REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources.

In the first round of consultation, Panel 1 members were invited to complete an on-line questionnaire that asked them to assess and make comments on the relevance of each topic in the existing Paramedic Health Solutions community paramedicine curriculum (Paramedic Health Solutions, 2021). It became evident from this initial feedback that a curriculum framework could not be effectively harmonized without a clearer community paramedic career structure and accompanying professional capability statements for each level of community paramedic practice.

In a second round of consultation, modified curriculum content and educational frameworks were presented to the Panel 1 members for assessment and further comment along with a specific question pertaining to a modified version of the Paramedic Health Solutions community paramedicine career structure that had been used to structure the curriculum. (Table 1) This five-level draft career structure was modified from the original six-level structure before distribution to incorporate international trends in paramedic career pathways. Panel 1 members were asked to complete a multiple-choice questionnaire (5-point Likert scale) to ascertain their overall support for the suggested structure and given an opportunity to provide open-text commentary on the career structure and the associated capability statements.

Thematic analysis of the responses was undertaken to identify and categorize common or disparate views and suggestions. To reconcile competing perspectives across different paramedic systems, Makrides' conceptual framework (Figure 1) that describes two pre-hospital sub-models or systems within the Anglo-American model, was used to fashion two community paramedic career structures tailored to meet the needs of paramedic systems at different stages of modernization (Makrides, Ross et al., 2022). In most cases, those countries that have implemented community paramedicine programs operate versions of the Anglo-American model.

Following this analysis, a two-stage community paramedic career structure was designed for directive and professionally autonomous paramedic systems. This approach sought to resolve fundamental differences of opinion between Panel 1 members who

Generic Titles	Capability Statements (not scope of practice)
Primary Care Technician	A Primary Care Technician (Community Paramedic) expands the role of the primary care paramedic (emergency medical technician) to provide health services where access to physicians, clinics, and/or hospitals is difficult or may not exist. This involves the application of knowledge and skills to connect underutilized resources to underserved populations through collaboration with local stakeholders. They have the capacity to follow a pre-existing care plan under the guidance of an appropriately qualified health care professional.
Community Paramedic Clinician	Community Paramedic Clinicians operate as the entry level community paramedics in some countries. They have the competencies and capabilities to practice as clinicians in a wide range of primary and urgent care settings. Community paramedic clinicians bring their core paramedic knowledge, skills, and behaviours together with additional community paramedicine related education and training to the health and social needs of their patients and communities.
Community Paramedic Practitioner	Community Paramedic Practitioners practice as paramedicine specialists across a wide range of primary and urgent care settings. They have acquired, and continue to demonstrate, an enhanced knowledge base, complex decision-making skills, competence, and judgement in community paramedic practice.
Community Paramedic Advanced Practitioner	Community Paramedic Advanced Practitioners bring high-level decision-making skills to patient care. Their skills and competencies are grounded in a thorough understanding of the pathophysiology of and therapeutic approaches to common illness and injury, in addition to models of primary, acute, and integrated care across the entirety of the healthcare system. The application of non-technical skills, complex reasoning, relationship building, communication and flexibility is of critical importance.
Community Paramedic Consultant	Community Paramedic Consultants carry out innovation and leadership roles in one or more of the academic, professional, or organisational leadership domains of community paramedic practice.

Table 1. Draft Community Paramedic Career Structure and Capability Statements

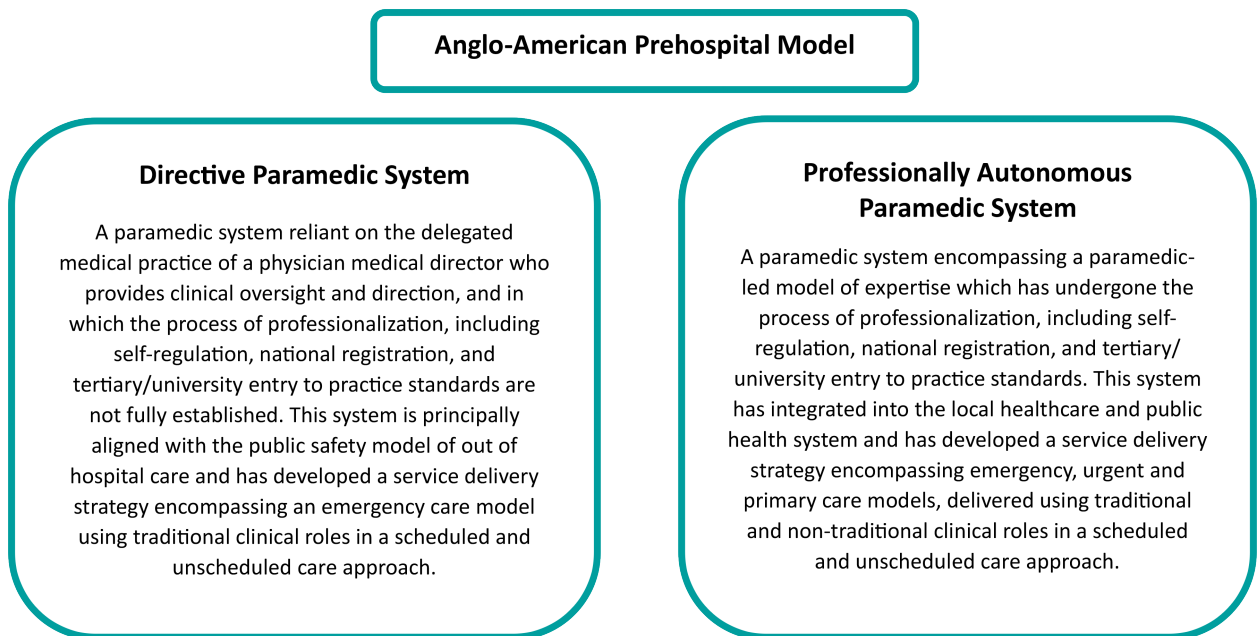


Figure 1. Definitions of Directive and Professionally Autonomous Paramedic Systems (Makrides, Ross et al., 2022)

were drawn from paramedic systems along this modernization continuum (Makrides, Ross et al., 2022). The next iteration of the career structure and capability statements were then sent to Panel 2, a second group of purposively recruited expert informants from the U.S., U.K. and Canada, to validate the final community paramedic career structure and accompanying professional capability statements. Where possible, the these panelists' suggestions were incorporated into the final community paramedic career structure that forms one section of the International Community Paramedic Curriculum: A Guide for Educators (O'Meara, Ahlers et al., 2024).

FINDINGS

The SQUIRE-EDU extension of the SQUIRE guidelines was used to report the findings of the community paramedicine curriculum harmonization project including those that address the development of a community paramedic career structure. This approach increased the completeness, transparency, and replicability of this effort to improve education of community paramedics (Ogrinc, Armstrong et al., 2019).

Of the 34 questionnaires distributed in the second round of the research to members of Panel 1, 17 were returned, with 14 (U.S. – 4; Australia – 8; Canada – 2) providing expert advice on the draft career structure and associated capability statements (Table 1). While overall support for a career structure was positive, six panelists held neutral or negative opinions about aspects of the career structure as presented.

The commentaries varied from one or two sentences to extensive expressions of expert opinion in relation to the draft community paramedic career structures and capability statements. These views varied according to their professional expertise and roles, as well as their perception of paramedic roles in their respective systems. Some saw paramedics as sub-professional health workers who follow protocols and work under the direction of health professionals, while others were more accustomed to paramedics working relatively independently and autonomously as health professionals alongside other health professionals in clinical and leadership roles. These findings were broadly consistent with Makrides’ research that distinguishes between directive and professionally autonomous paramedic systems (Makrides, Ross et al., 2022).

Following thematic analysis, the responses were categorised into four themes: (1) policy and system issues; (2) career structure inclusions; (3) advanced practitioner/speciality and consultant roles; and (4) capability statements. Figure 2 illustrates the factors that

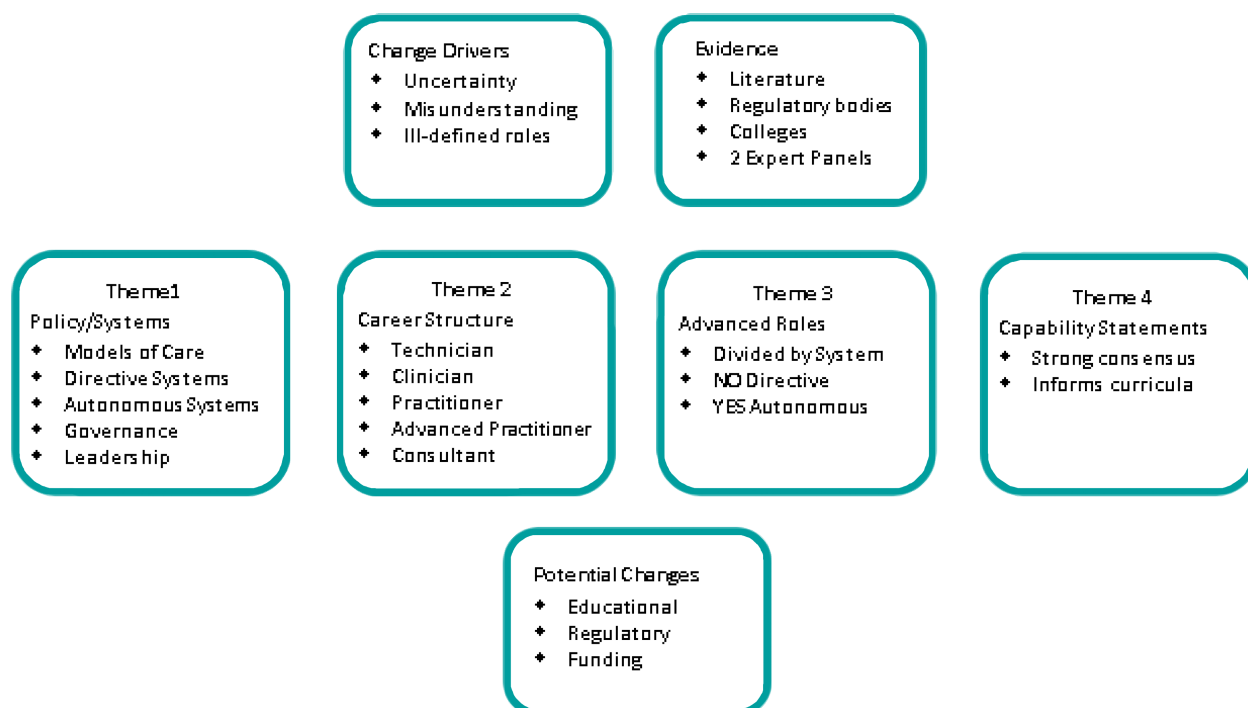


Figure 2. Community Paramedic Career Structure Themes

drove the research, the four themes identified, and changes that might flow from the findings.

With the identification of international and local variations in policy context and specific system issues, the career structure needed to acknowledge the diversity of cultural values and system needs. Most Panel 1 members suggested the adoption of two or three community paramedic levels, either through the elimination of the technician/clinician levels or the advanced paramedic practitioner/consultant levels. This dichotomy of views was difficult to reconcile within a single career structure and demanded a more nuanced approach. At the same time, there was strong support for all the suggested professional capability statements from panelist's individual perspectives.

THEME 1 - POLICY AND SYSTEM ISSUES

Several members of Panel 1 argued that a community paramedic career structure could not operate in a vacuum, with associated policy and system changes required to strengthen the career structure for paramedics in general.

1996 EMS Agenda for the Future called for EMS in the United States to change and expand to better serve the patient. We have been slow to do that. This career structure will benefit both the profession and also the patient. This structure will improve the Paramedic education and profession by making Paramedicine more accepted in healthcare. It will create a better structure for education and a better structure for providing care. I support this concept and structure design. I believe that we need a better career structure for Paramedicine in general, not just Community Paramedicine. I am not sure we can or should have one without the other. (U.S. panelist)

As a clinician from a country that utilises a Bachelor's degree as a base qualification, I feel that the EMT level position does not fit with community paramedicine as a separate specialty. Equally however I acknowledge that not all community paramedic programs will require a higher clinical level. (Australian panelist)

Others appreciated efforts to scaffold the career structure and make linkages between role complexity and higher education requirements that were feasible irrespective of the country in which community paramedics practice.

I really like the scaffolding of the career structure. I'm not sure that every type of health system across the world would make use of each of them simply because of the ability to integrate into the health systems. Whether they do or they do not, having an opportunity to obtain each level would be optimal, regardless of the country. (U.S. panelist)

The career structure is sound and the CP role advances as additional higher education is undertaken. (Australian panelist)

One panel member argued that community paramedicine was already, or should be, integrated into general paramedic practice with paramedics moving between roles incorporating community paramedicine. Therefore, arguing that additional nomenclature is not required.

I understand the requirement to look to harmonize but I worry with the career structure we are adding further terminology that just isn't required. Ideally, we should be paramedics, its the model of service delivery that they work in that defines the role which will chop and change over time. (Australian panelist)

THEME 2 - CAREER STRUCTURE INCLUSIONS

Some panelists had general reservations or caveats related to the context in which community paramedics practice. Two panelists expressed concern about Primary Care or Emergency Medical Technicians (EMTs) being included in a community paramedic career structure because of their limited professional autonomy and limited educational preparation as recognized through their exclusion from national registration schemes in professionally autonomous paramedic systems.

Whilst I could make these fit and work, there are aspects that I don't fully endorse. The Primary Care Technician (or a technician level by any name) is not required in a structure - this level of provider is following protocols, working with and for other clinicians, and has no independence of thought or action. (Australian panelist)

Structure appears to make sense - will be interesting where different jurisdictions will think these levels can be applied (in relation to education). I also appreciate that some jurisdictions will not adopt the generic titles even at the equivalency level of practice, especially those where paramedic is a protected title that has been appropriately fought for (ie: technician is no longer a term used in many paramedic services where paramedics are self-regulated, the title of paramedic is protected and thus should be used for members of the profession). (Canadian panelist)

Looks good. The increasing levels make it clear that greater complexity and autonomy are required by the clinicians. (Australian panelist)

The number of levels in the draft career structure was a challenging issue, with many panel members arguing that less would be preferred. Suggestions were made to reduce the number of levels and clarify their respective capabilities.

While I like the approach of building on skills, I would say there are too many levels. Is it necessary to keep applying different levels to a CP? I think for most jurisdictions and regions it would be more fiscally responsible to streamline learning and perhaps just create two levels. (Canadian panelist)

While I agree with the concept, the introduction of five unique levels may be more than many agencies would want to introduce when other paramedic pathways may only have two or three promotion levels. (U.S. panelist)

There appears to be many levels within this career structure, some of which appear to replicate others. (Australian panelist)

It may be a little confusing to external stakeholders differentiating between a Community Paramedic Practitioner, and a Community Paramedic Advanced Practitioner. Why not use the term Community Paramedic Specialist as outlined in the capability statement, so that these two roles are clearly distinguishable. (Australian panelist)

THEME 3 - ADVANCED PRACTITIONER/SPECIALITY AND CONSULTANT ROLES

The question of advanced practitioners, speciality and consultant community paramedic designations was contested with a strong divide between panel members from 'directive paramedic systems' and those from 'professionally autonomous paramedic systems' where advanced practitioner, specialist and consultant roles already exist or are under development. Others suggested more clarity between the higher-level roles.

My other concern is the use of the word "consultant" which has a very "physician" connotation to it. First, I'm not sure it is the right sentiment to attach to that level of CP and secondly, I think push back (or at least mockery) will come from the physician community. (US panelist)

The easiest way to integrate community paramedicine is to mimic the emergency stream that is already implemented in most countries. The advanced practitioner and consultant roles are going to be difficult to attain in the US system, due to the education requirements, standardization and work completed in UK. (Australian panelist)

The inclusion of two levels of practitioner is also confusing. I feel that a practitioner is considered as an independent clinician and that any level above that is a specialist in that field and not an advanced practitioner. (Australian panelist)

The Community Paramedic Advanced Practitioner aligns more to my understanding of a big 'P' practitioner, and I suggest that its title could be simplified to just Community Paramedic practitioner. The Community Paramedic Consultant is a level of defined expertise that I appreciate being included as part of the career structure. (Australian panelist)

THEME 4 - CAPABILITY STATEMENTS

There was strong support for the capability statements, with one panelist finding them to be a "Good clear delineation of each role and the competencies and practice." (Australian panelist), although some felt that some of the wording could be out of step with recent international community paramedicine definitions that could potentially lead to confusion across borders.

I have some concerns about the wording of titles being inconsistent with international frameworks. The term consultant is related to Masters in this framework where internationally this term is utilised alongside a PhD completion. The term practitioner is also wordy at the end of community paramedic and also goes against recent consensus study of what a community paramedic is and reducing nomenclature confusion internationally. (Australian panelist)

The Community Paramedic clinician and Community Paramedic practitioners could be integrated (my preferred title would be Community Paramedic) ... They are not a big 'P' practitioner as I understand the term with some autonomy but largely still working under guidelines from an employer as opposed to a true practitioner who has wider scope to establish their own plans and implement these (including with prescribing in many cases). (Australian panelist)

The only thing I might add here for clarity is what level of experience and/or education is associated with each level, either as a prerequisite or as the result of earning a degree. Maybe even include EMT as the first rung of the ladder, although that might not be true in all countries. What I'm getting at is connecting Certificates, Diplomas, Associates, Bachelors, Masters, etc. to the titles/capabilities, if that is useful at a global level (in addition to preparation for the certification exam. (U.S. panelist)

Panel 2 members were independently presented with a modified career structure based on the feedback of Panel 1. Even though the number of panelists was low (n=3), support for the career structure was strong across three countries, with the descriptive figures used to describe the career structure appreciated. One concern was that the terminology used at the advanced or specialist level might be confusing in more mature systems.

This maps well to existing Advanced Clinical Practice MSc's in the UK. My only comment in this section for clarity would be to remove the term Specialist Paramedic and use the terms, Advanced Paramedic, Paramedic working at an Advanced Level of Practice or Advanced Specialist Paramed-

ic. Including Specialist paramedic on its own could create confusion as if they have completed a Masters program, they have demonstrated mastery of their subject so are formatively working at an Advanced and not a Specialist level of practice. (U.K. panelist)

COMMUNITY PARAMEDIC CAREER STRUCTURE DEVELOPMENT

While community paramedic models exist within the context of local patient and community needs, there is a shared understanding that viable community paramedic career paths are required for the sustainability of these models of care. One observation is that cultural nuances and differences in system design, financing and regulatory architecture make attempts to design career structures and the supporting educational frameworks across different countries challenging. In the U.K. there has been considerable progress made toward the creation of a tiered career structure, along with the creation of clinical governance systems (Health Education England, 2019; Health Education and Improvement Wales, 2023). Ireland and Australia are moving toward similar innovations that will allow paramedics to practice at levels that better align with their professional capabilities (Pre-hospital Emergency Care Council, 2022; Monash University, 2023).

After applying Makrides’ conceptual framework to the findings, a revised career structure and professional capability statements were further developed to span countries, regions, and systems at different stages of modernization. The proposed five-step career structure was split into two distinct but related career structures that allow international comparability and consistency in terms of professional autonomy and levels of education. (Figure 3) The Advanced Paramedic Practitioner nomenclature was preferred to Specialist nomenclature in the interests of international consistency.

Using this systems approach, professional capability statements and indicative education levels are presented in Figure 4 for directive paramedic systems and in Figure 5 for professionally autonomous paramedic systems. The two career structures span paramedic systems at different stages of modernization while maintaining consistent capability statements and providing indicative education levels for community paramedics.

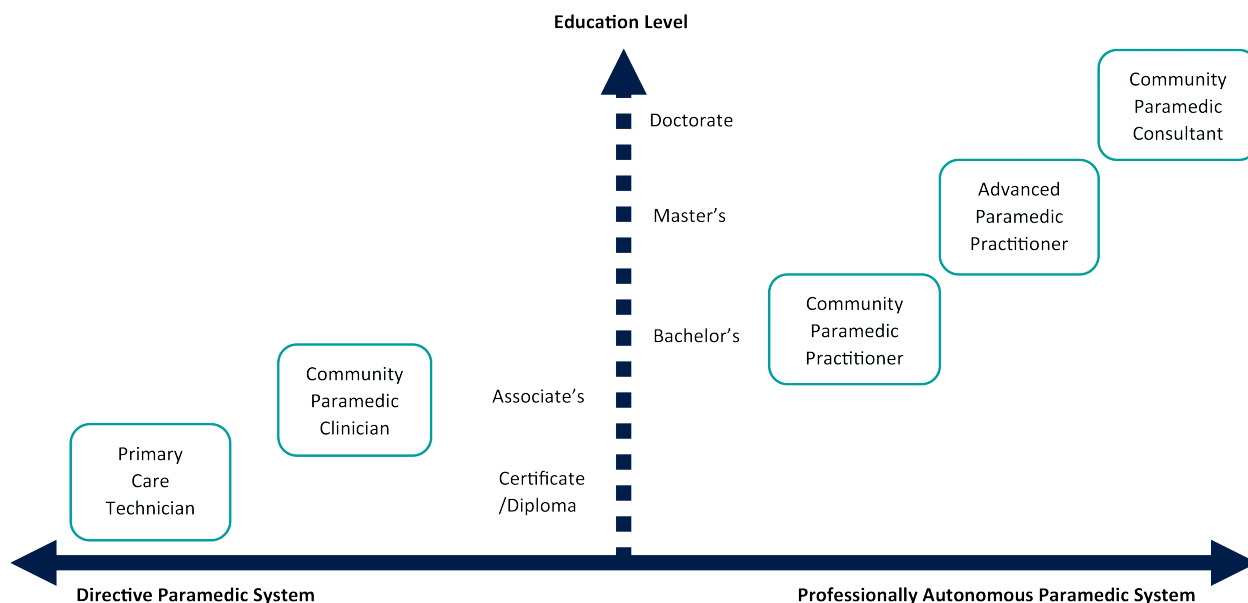


Figure 3. Community Paramedic Career Structure Across Systems

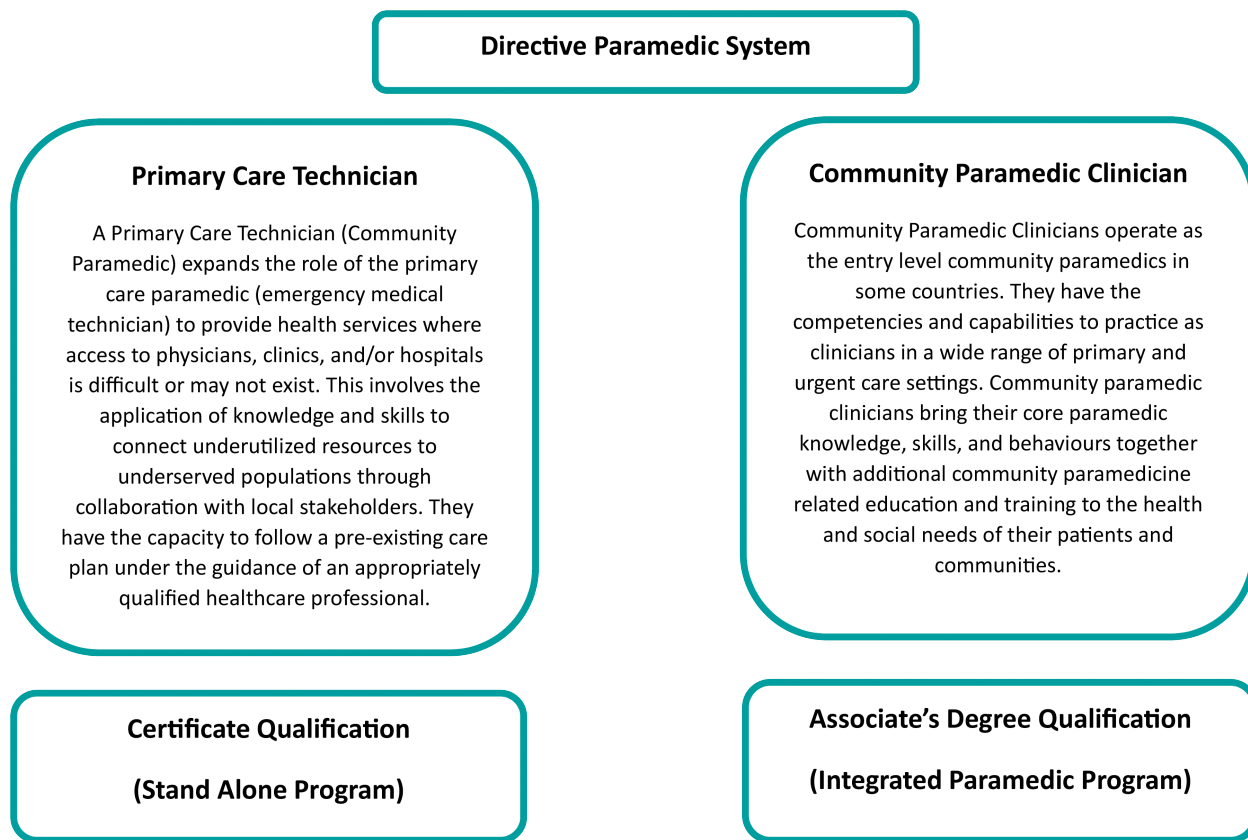


Figure 4. Directive Paramedic System Community Paramedic Career Structure and Capabilities

The suggested community paramedic career structure within autonomous professional paramedic systems (Figure 5) remains aspirational in settings where greater integration with health systems, improved access to higher education, and regulatory changes to facilitate paramedics fully utilizing their professional capabilities remain elusive (Makrides, Law et al., 2023). As some members of both expert panels commented, the acceptance of community paramedic practitioners, advanced paramedic practitioners and consultant paramedics will meet opposition from both internal and external stakeholders who might hold reservations about the professional capabilities of community paramedics at these levels of practice (O'Meara, 2024).

This combination of external skepticism and individual disconnection from the wider healthcare system is to be expected when innovations of practice are envisioned or implemented (Shannon, Shannon et al., 2022). On a positive note, advanced practice innovations in paramedicine are already being progressively implemented in several parts of the world with communities benefiting from community paramedics and other specialist paramedics making major contributions to improved health outcomes (Long, Devenish et al., 2018; Health Education England, 2019; Pre-hospital Emergency Care Council, 2022).

DISCUSSION

The underpinning premise of this research on community paramedic career structures was that paramedicine is a health profession transitioning toward professional recognition. Progress toward this vision can be observed through the presence or absence

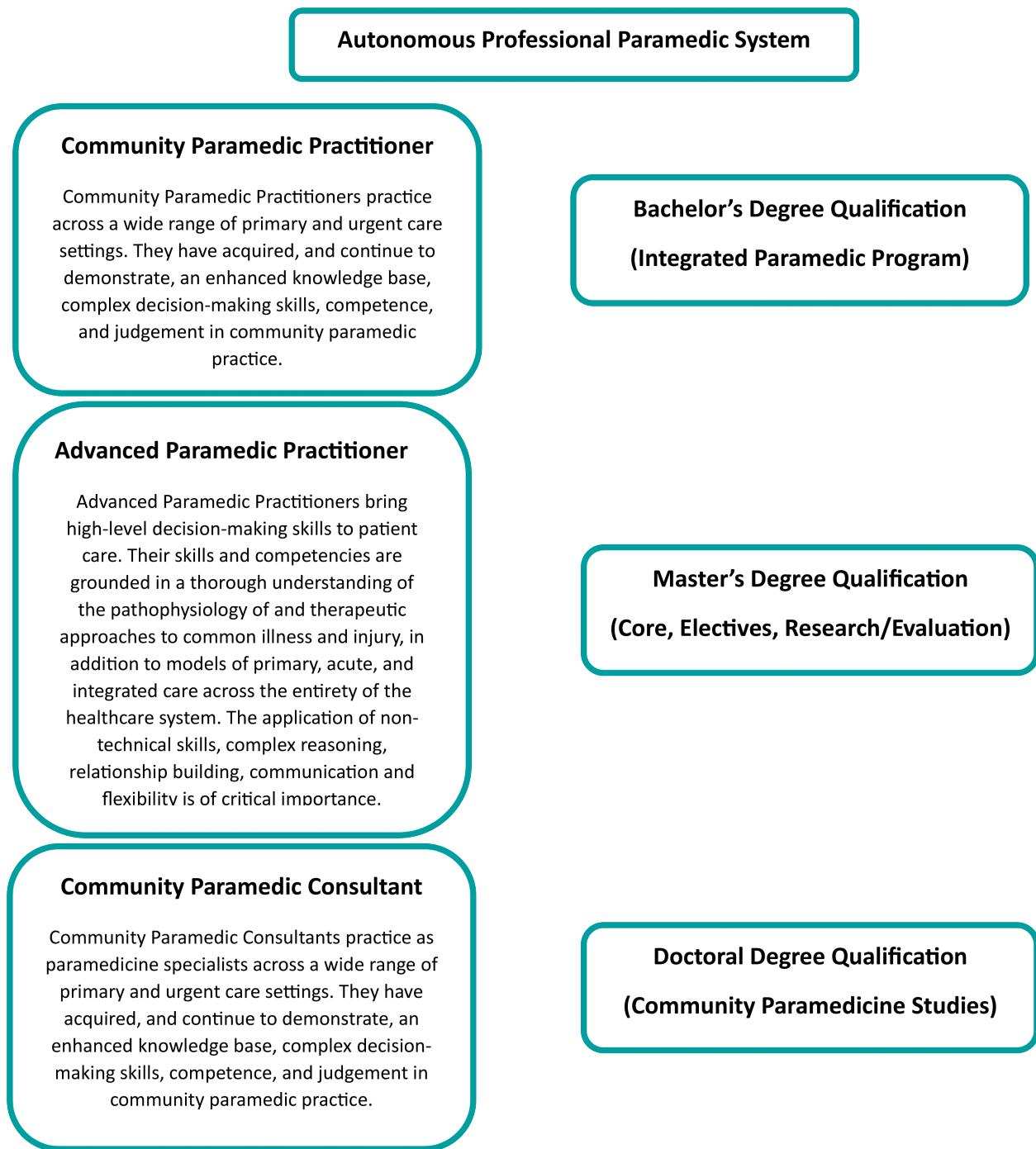


Figure 5. Autonomous Professional Paramedic System Community Paramedic Career Structure and Capabilities

of professionalization markers, such as higher education, creation of a unique body of knowledge, and self-regulation (Reed, Cowin et al., 2019). On this basis, paramedicine is already an emerging and well-respected health profession in most high-income countries employing the Anglo-American prehospital model (Makrides, Ross et al., 2020).

An outlier is the United States (U.S.), where paramedics and emergency medical technicians (EMTs) battle to achieve tangible professional esteem, are often poorly remunerated in uncertain employment, and have minimal control over their own occupation (Pozner,

Zane et al., 2004; Wang, Mann et al., 2013; Crowe, Levine et al., 2016; Newton-Riner, 2020; Rivard, Cash et al., 2020; O'Meara 2024). The fragmentation of the U.S. system presents challenges to the establishment of strong national professional associations and consistent regulatory structures that encourage the emergence of autonomous practice and self-regulation (O'Meara, Wingrove et al., 2017).

The U.K. post-registration career framework is the benchmark for paramedic career structures and is being broadly emulated in Australia and New Zealand through the work of their professional college, regulatory bodies and employers, as well as being used as an inspiration for Canadian efforts to transition their paramedicine system (Australasian College of Paramedicine 2022, Tavares W. et al. 2023, Cameron and Batt, 2024). Ireland is making progress along similar lines in regard to community paramedicine (Pre-hospital Emergency Care Council, 2022). The responses from the panelists highlighted a dichotomy between directive and professionally autonomous paramedic systems and this underpinned the rationale for presenting the community paramedic career structure across the paramedic system modernization continuum.

LIMITATIONS

This study did not explicitly explore barriers that stakeholders are likely to face as paramedics undertake novel roles, responsibilities, and accountabilities in response to community needs. Despite a considerable number of invitations and reminders to potential panelists, the number of panel members were limited to those who responded in a timely manner. A broader and more diverse group of stakeholders would need to be recruited to respond more directly to these questions about the future shape of paramedicine.

CONCLUSION

There is evidence that a career structure that provides opportunities for career progression, access to advanced and continuing education, and higher remuneration within the profession is an important factor driving greater professionalization and personnel retention (Edwards, Csontos et al., 2022). This career structure and associated capability statements are designed to further international discussion about the future sustainability of paramedicine through the lens of community paramedicine. This career structure will inform a more extensive discussion about the importance and value of attractive paramedic career structures amongst paramedics, regulators and employing agencies.

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