

RESEARCH REPORTS

EXPLORING THE EXPERIENCES OF AUSTRALIAN GRADUATE PARAMEDICS: TRANSITIONING BEYOND GOVERNMENT AMBULANCE SERVICES

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ABSTRACT

Introduction: Large student paramedic enrolment numbers in Australasian university paramedicine programs have fuelled perceptions about a supply/demand mismatch in relation to graduate employment. Jurisdictional or state-based ambulance services continue to be the preferred employer for paramedic graduates. Since professional registration commenced with AHPRA in 2018, graduates are seeking alternative options in the burgeoning private sector to maintain recency of practice while also pursuing jurisdictional employment. This study investigates the experiences of graduates who secured employment in the private sector.

Methods: The study gained low-risk ethics approval through the Queensland University of Technology human research ethics committee, and research approval was sought through the Australasian College of Paramedicine. Participants (N=5) undertook semi-structured interviews, which were recorded and transcribed for data analysis purposes. Data was analysed using Braun and Clarke's six phases of thematic analysis.

Results: The analysed findings indicate participants working as new graduates in the private sector perceived a lack of exposure to meaningful clinical cases, a lack of mentoring, and felt unprepared by universities for private sector work. However, there were perceived benefits to working in the private sector such as building situational awareness and gaining experience at mass gathering events.

Conclusion: This study adds to the growing body of knowledge about transition to practice. Existing Australian studies have mainly focused on the transition to working for jurisdictional ambulance services, and not the private sector. Therefore, the results of this research are of significance to university paramedic programs, the private sector and ambulance services employing graduates who have non-jurisdictional clinical experience.

INTRODUCTION

Of the 24,637 Australian practicing registered paramedics in Australia in 2024, just over 70% work for jurisdictional state or territory government and contracted ambulance services. Other work settings included private paramedic roles providing care at sporting events, mining/industrial/offshore roles, hospital,

Author Interview:

<https://youtu.be/1AwoGRqNol8>



the defence force or as academics in the tertiary sector. While some paramedics worked for both state and territory ambulance services, as well as private paramedic companies, over 76% received their entire salary from their primary employer. Paramedics in both government and private roles earned on average AU\$90,000 well above the national average of AU\$65,000 for Australia (Thyer et al., 2024).

Private or non-jurisdictional ambulance service employment options for paramedic graduates in Australia have continued to grow over the past decade (Johnston & Acker, 2022). Traditionally, graduates secured employment with government-funded jurisdictional ambulance services, serving as the primary emergency healthcare responders within the community. However, professional registration through the Australian Health Practitioner Registration Agency (AHPRA), has facilitated the expansion of private paramedic employment opportunities. Graduates now have choices including jurisdictional ambulance services, private sector employment, and international opportunities in the UK, Canada and the U.S. (Ivec et al., 2021). While university graduates transitioning to jurisdictional ambulance services have been researched (Betson et al., 2022; Bigham et al., 2013; Devenish et al., 2015; O'Brien et al., 2014; Reid et al., 2019), as well as the intent of graduates to work for overseas ambulance services (Devenish et al., 2020) there is a dearth of literature on the experiences of graduates working in the Australian private paramedic sector. Therefore, the aim of this study is to explore the experiences of graduates who transitioned to private sector employment in Australia as paramedics after finishing their university course. It seeks to provide universities with a better understanding of how to prepare university paramedic students for practice in the private sector, as well as highlighting areas for professional development for paramedics working for private companies. This qualitative study also provides insight to jurisdictional ambulance services that may employ paramedics who start in the private sector after graduating and then obtain work with an Australian state-based jurisdictional ambulance services.

BACKGROUND

Compared to similar health disciplines such as nursing, research about paramedic transition to practice is limited. A small amount of research exists examining the transition of university students to becoming practicing paramedics working for government funded jurisdictional ambulance services in Australia and the United Kingdom NHS Ambulance Trusts (Devenish et al., 2016; Devenish et al., 2015). The work role transition of emergency paramedics to other roles such as community paramedicine (Long, 2017), clinical management (Stewart et al., 2021) and academia has also been examined (Munro et al., 2016; Munro et al., 2019; Stewart, 2022). What is missing from the literature is the experiences of paramedic graduates transitioning to working outside the traditional jurisdictional service and in the private sector. Unlike other countries such as the USA, where privately owned emergency medical service (EMS) providers is common, in Australia, state jurisdictional ambulance services have monopolistically overseen the provision of emergency out-of-hospital care. Whereas graduates working in the paramedicine private sector primarily focus on delivering medium to low-acuity primary care at sporting events, festivals, and other community gatherings, ensuring timely medical support with a limited scope of practice. Furthermore, in Australia, many private sector employers preferring to recruit paramedics with frontline experience with jurisdictional ambulance services for roles involving great clinical acuity and decision making, especially in austere environments. Therefore, new graduates often employed directly into the private

sector with little experience after finishing their university qualification are designated roles involving lower clinical risk, such as paramedicine at sporting events, in clinics and patient transport roles (Smith, 2024).

METHODS

This study explored the experiences of paramedic graduates (N=5) who had transitioned directly to working in the private sector gender and concise age data were not collected, however, all participants were between 21 and 35 years.

The study used semi-structured interviews and Braun and Clarke’s six phases of reflexive thematic analysis to collect and analyse the data (Braun & Clarke, 2022). Ethics approval was applied for and sought through the Queensland University of Technology human research ethics committee (approval number 1800001034). Research approval was gained from the Australasian College of Paramedicine. Semi-structured interviews were conducted face-to-face in a mutual location during the participants’ own time. A signed consent form was required before participating in the research study. Data were analysed using six stages outlined in Figure 1. File notes and memos were developed from participant interviews, which also informed the constant comparison data analysis process.

RESULTS

Three main themes were found in the analysed data (see Figure 2). These were perceived deficit of clinical exposure, reality/perception discordance, and benefits to practicing in the Australian private paramedic sector.

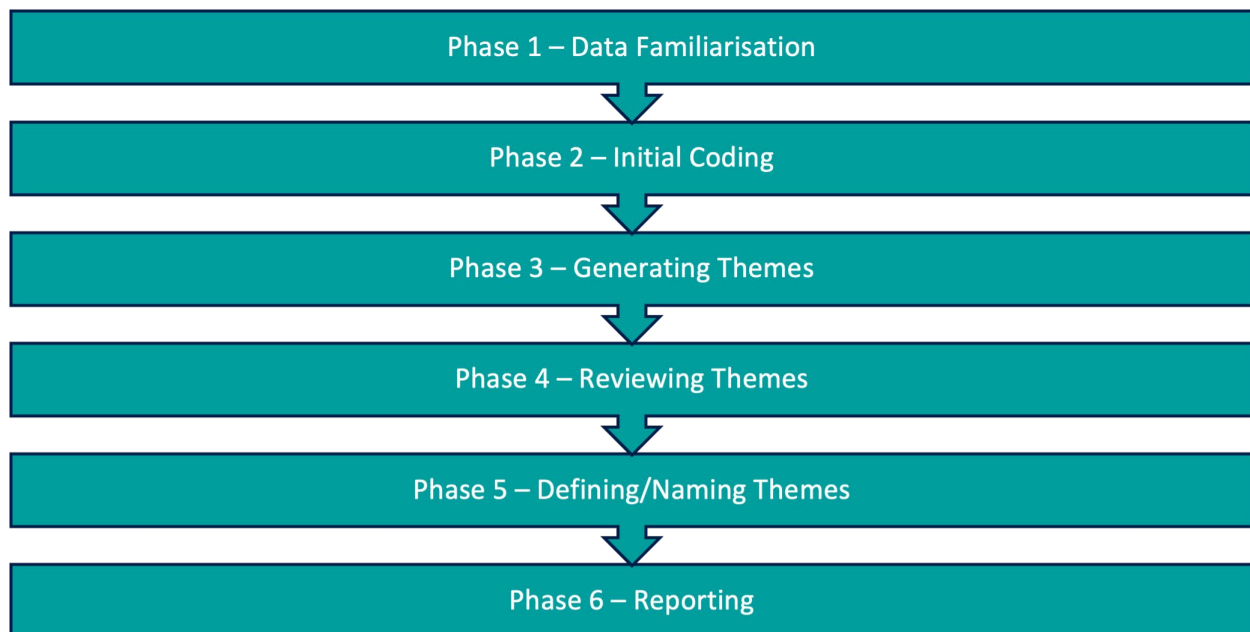


Figure 1. Braun and Clarke’s Six Phases on Thematic Analysis (Braun & Clarke, 2022).

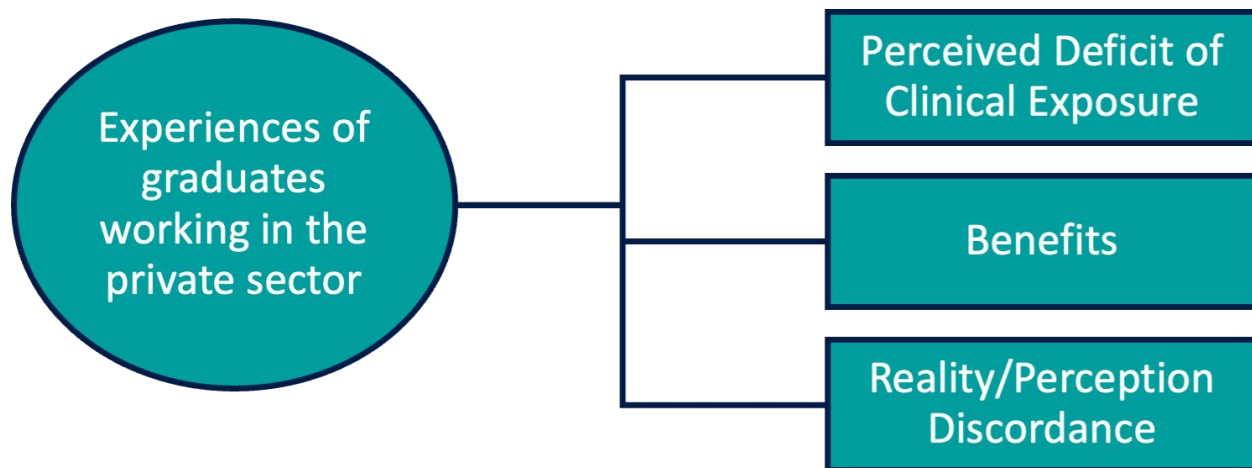


Figure 2. Main themes from the data analysis.

PERCEIVED DEFICIT OF CLINICAL EXPOSURE

The first category explored the graduates' perception of inadequate clinical exposure whilst employed in the private sector. The caseload was perceived to be of a lower volume and severity when compared to an Australian jurisdictional ambulance service, and often viewed as merely first aid procedures:

"There's not a lot of actual cases or anything. Like, you'll go to an event, say like a concert, and you'll get five people coming up asking for a band-aid because they've got a blister."

Participants described a lack of exposure to a diverse range of specific patient groups negatively impacted their ability to consolidate knowledge into practice. It was not only the acuity of the caseload but also the frequency of patient encounters that contributed to perceptions of insufficient clinical experience.

"[We're] not getting the exposure to specific patient groups or specific case types over time and as a consequence, the development of understanding and skills is challenged by a lack of exposure and the environment [in which we work]"

Another factor impacting on the frequency of case load was the COVID-19 pandemic. Participants working for companies supporting mass gathering events, spoke of shifts being cancelled due to health restrictions, such as at sporting and concert events.

Preceptorship was highlighted as an area of concern. During university clinical placements, students assessed patients and implement clinical management under direct clinical supervision of an experienced paramedic. However, after graduating, they reported a lack of clinical confidence exacerbated by having to work without direct supervision in the private sector, and little clinical experience to fall back on.

"I don't feel confident you know, practicing on my own, with no one else there to help."

Furthermore, participants did not feel prepared for private paramedic practice as their university programs focused more on jurisdictional ambulance service clinical practice guidelines rather than health screening or working in clinics.

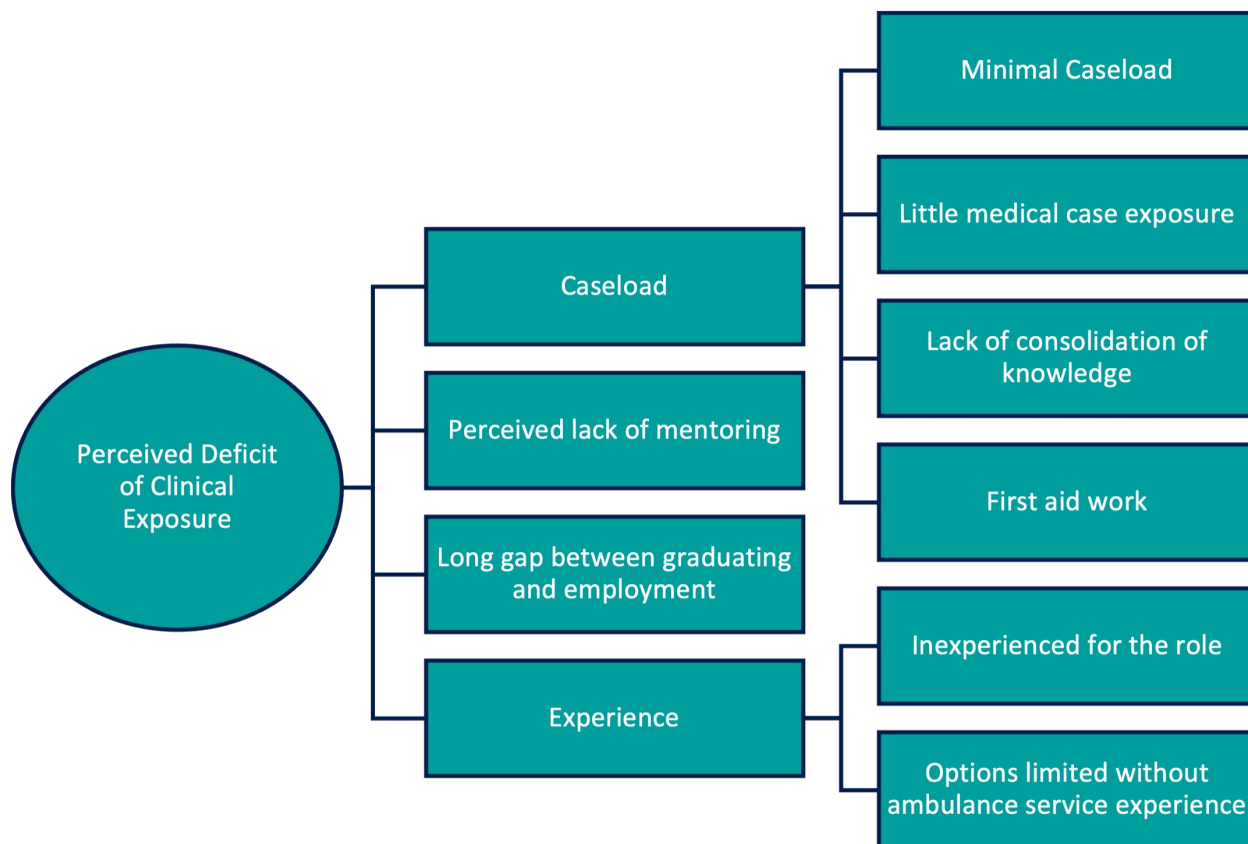


Figure 3. Summarised findings - perceived lack of exposure to diverse clinical work category.

A key reason cited by respondents for pursuing jobs in the private sector was a fear of skill degradation due to a potentially long duration between graduating and securing employment with a jurisdictional state ambulance service. The university-employment gap may have been exacerbated by a supply and demand mismatch between graduate numbers and available jobs. Some private sector employers which do offer more diverse or acute clinical work required several years of paramedic experience as an essential criterion, limiting development options for new graduate paramedics. The findings from the perceived deficit of clinical exposure theme are summarised in Figure 3.

REALITY/PERCEPTION DISCORDANCE

The second category highlighted a gap between graduate perceptions versus reality regarding working in the private sector. Despite being employed as a registered paramedic, participants didn't necessarily feel it counted as paramedic work. For example, the following participant was using private employment as a stopgap between graduating and obtaining a job with a jurisdictional state ambulance service:

"[You're] not putting into practice anything you've learned ... I'm trying to get myself ready and ... do something between graduating and becoming a paramedic and I feel like it's not quite enough sometimes."

Of interest is the view that a 'real' paramedic works for an ambulance service, and not in the private sector. Furthermore, a focus on jurisdictional state ambulance service practice

and neglecting the private sector was identified as a gap in the university curriculum and associated clinical placements.

“Paramedic graduates working in private industries, like the mining sector, or other areas need different tweaks to their education that universities don’t currently provide. The university system prepares paramedic graduates for ambulance services. Universities need to produce people who have the ability to think and act within a range of environments rather than building robots for ambulance services.”

Participants spoke of the value of including more non-traditional paramedic practice case scenarios and information about transitioning to practice in the private sector. More clinical placements options in the private sector could also be beneficial. The observation that universities produce ‘robots’ rather than critical thinkers is also concerning.

Although paramedics in the private sector practice across many different practice environments this work was reported by participants to be sporadic and patchy, lacking diversity of experience due to minimal caseload. A lack of exposure to patient groups and high acuity work was possibly because that did not have the experience of working for a state ambulance service prior to working in the private sector (Smith, 2024). Participants perceived further work is required by ambulance services when employing paramedics who have worked in the private sector to address possible gaps. The findings from the reality/perception discordance theme are summarised in Figure 4.

BENEFITS TO PRIVATE SECTOR WORK

While participants spoke about feeling unprepared for working in the private sector, several benefits were highlighted. An improvement of ‘adulting’ work skills and respon-

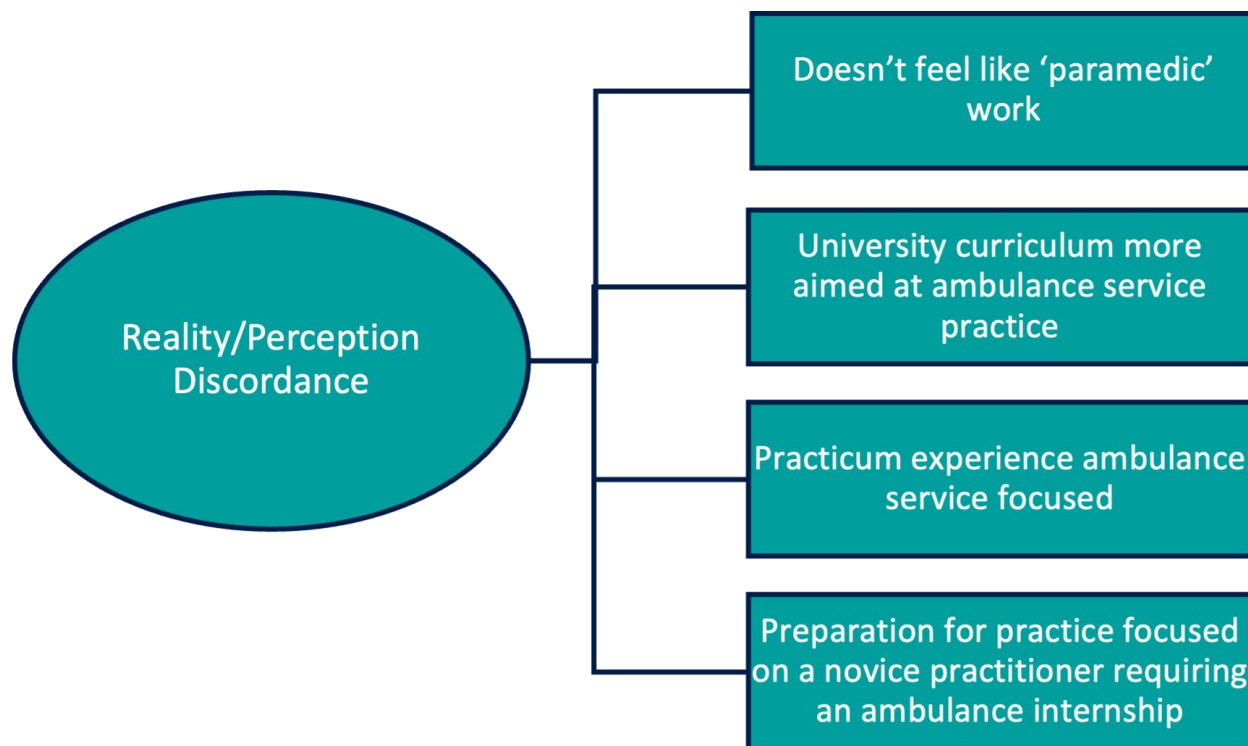


Figure 4. Summarised findings - reality/perception discordance category.

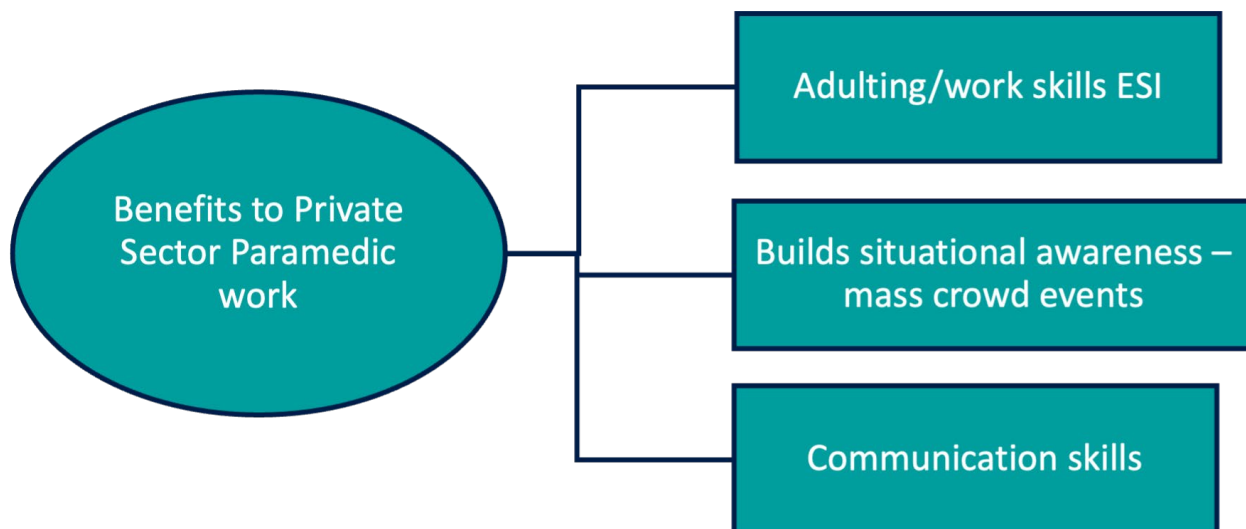


Figure 5. Summarised findings - benefits to working in the private sector category.

sibility associated with emotional and social intelligence were reported. Furthermore, participants viewed communication skills development was another benefit to working in the paramedic private sector. Of particular note, working in the private sector possibly provided new graduates with greater development of situational awareness at mass crowd events than a traditional jurisdictional state ambulance service:

“It’s all about situational awareness ... to always to be aware of ... what you’re doing ... cautious of what someone else is going to do. You never know what the behaviour is like ... being in a situation and understanding that you know it’s okay right now, but it can change. It’s like you need to be able to ... read people a little bit”.

The findings from the benefits to working in the private sector theme are summarised in Figure 5.

DISCUSSION

The study explored the experiences of new graduate paramedics who transitioned to work in the private sector. All participants in this study described pursuing private sector work as a stop-gap measure while waiting to secure or start employment with a jurisdictional state-based ambulance service. This result confirms similar findings in the literature which highlight ambulance services are the preferred employer for Australian paramedic graduates (Devenish et al., 2020). The reasons for this preference require further research but the literature highlights financial remuneration, stability, status, and reduced scope of practice appear to be major drivers (Australian Federal Government, 2021; Devenish et al., 2020). The findings also highlight a disparity between high student numbers and available jurisdictional ambulance service vacancies was a driver for choosing private sector work as a mechanism to maintain recency of practice for registration until a state ambulance service job could be secured (Devenish et al., 2020). The oversupply of graduates for Australian ambulance service roles highlights challenges in policies and practices about controlling student enrolment numbers and a possible disconnect between paramedic tertiary programs and university decision makers. Of note, paramedic programs appear to be bucking the downward trend in sector-wide enrolment patterns,

evidence of the popularity of bachelor of paramedicine programs and the profession in general (Universities Australia, 2022).

While other options are becoming available to maintain recency of practice and gain experience and a wide variety of caseloads, such as international paramedic employment, not all graduates can move to a different continent to obtain employment, especially for those who have secured a job offer in Australia but need to fill in several months while waiting for their start date. Literature has examined the intention of Australian paramedic graduates to work in the United Kingdom (Devenish et al., 2020), whether these reasons extend to graduates pursuing paramedic employment in other countries such as the United States and Canada remains unclear and warrants further investigation.

Another important finding was university curricula possibly did not prepare graduates for working in the private sector. Instead, universities appeared to better prepare graduates to work for jurisdictional state-based ambulance services. External accreditation is moving programs to prepare graduates for non-traditional paramedic roles, accompanied by changes in government legislation around more autonomous practice for advanced practice paramedics and a national scope of practice review (Australian Government: Department of Health and Aged Care, 2024; Weber et al., 2024a, 2024b)

Many universities appear to favour placement with state-based ambulance services. Accreditation standards expect programs to provide clinical placements in a wide range of environments. Exploring alternative work integrated learning environments and working in multi-disciplinary teams may better prepare graduates for the transition to private sector work (Devenish et al., 2019; Johnston & Bilton, 2020). With many current ambulance placement providers reaching capacity due to large enrolment numbers, and ambulance clinical placement fees being introduced, non-traditional placement opportunities are being explored by programs, further rounding of graduate experiences.

Most government or contracted state or territory ambulance services have a structured internship process, where new graduates are expected to be novice practitioners and a supported into clinical practice (Reid et al., 2019). The Australian preemployment model of paramedic education provides exposure to real-world environments with opportunities to explore practice under direct supervision, this is not structured as an internship. There is little to no consistency in internship programs across the country. Furthermore, there is no consistent preceptorship programs offered by private paramedic employers, which is an area key advocacy bodies such as the Australasian College of Paramedicine could look to address. Additional research is needed to explore paramedic preceptorship models in the private sector.

The suggestion universities may not produce graduates with critical thinking ability is concerning. Critical thinking is one of the professional capabilities for registered paramedics (Paramedicine Board of Australia, 2021) and a commonly stated university graduate attribute although the ability to teach this is debated (Huber & Kuncel, 2016; Prikshat et al., 2019).

The perception that private sector employment was not 'real' paramedic work may have been due to an emphasis on high acuity work at university through a hidden curriculum (Johnston & Bilton, 2020; Weber et al., 2021) and limited exposure to the reality of practice or a wide variety of clinical settings on work integrated learning placements (Devenish

et al., 2016; Wongtongkam & Brewster, 2017). It may also have resulted from an unrealistic view of the paramedic role developed through anticipatory socialisation from television shows, the media and observing ambulances at road traffic collisions (Devenish, 2014; Devenish et al., 2016; Weber et al., 2021). A reason for the perceived disadvantages to working in the private sector may be a result of participants' expectations that jurisdictional ambulance work was more desirable and working for a private company was less attractive financially. These findings concur with other research (Gosling et al., 2022; Ross et al., 2018) suggesting universities need to pursue greater collaboration with the private sector and pursue alternative work integrated learning activities to better prepare graduates for the transition to the wider Paramedicine profession and not focus solely on jurisdictional ambulance service practice.

The view that a lack of adequate caseload leads to knowledge and skill degradation is not new. The perception of knowledge and skill degradation reported in the private sector due to case-mix is not too different to the experiences of new graduates working for jurisdictional state-based ambulance services, where the type of work undertaken on a routine basis is not necessarily high acuity (Hill et al., 2024; Hobbs et al., 2015; Hobbs et al., 2021). While there were perceived disadvantages to working in the private sector compared with expectations around working for jurisdictional state-based ambulance services, there were reported benefits. Unique findings from this study associate the development of situation awareness skills at mass crowd events with private sector work. The finding that participants developed 'adulting' skills, social and emotional intelligence and communication skills are not unique to private sector and are important transferable skills for entering the workforce. These critical skills may not be adequately developed in all paramedic graduates so additional opportunities are beneficial (Mangan et al., 2022; Sellakumar, 2017).

SIGNIFICANCE AND LIMITATIONS

The findings of this research are of significance to universities, the private sector, professional associations providing ongoing development training, and jurisdictional ambulance services. It provides advice to universities about developing curricula to prepare graduates to work in the private sector. Professional associations represent and advocate on behalf of the Paramedicine profession. Professional associations have a role to play in advocating for structured internship and mentoring programs in the private sector in addition to providing a framework around recording and tracking mandatory professional development required for registration. The findings of this research indicate many graduates pursue work in the private sector as a stopgap measure while waiting to obtain employment with a jurisdictional state ambulance service. Thus, ambulance services may need to adjust internship programs for paramedics who have undertaken private sector work prior to pursuing a qualified paramedic entrance pathway to employment. Private sector employment may not provide the caseload and experience with patient groups to the same extent as state-based ambulance service work.

A limitation of this study is that it only represents the experiences of graduates entering the private sector directly after finishing their university course. Private paramedic employers may prefer paramedics with jurisdictional ambulance service experience, and as such have a greater capacity to work unsupervised, with higher acuity cases in an environment with greater clinical risk. The use of qualitative research methods may be

seen as a limitation. The study does not profess to represent the experiences of the profession or the private sector as a whole. It explores in depth the experiences of the participants only and is not generalisable to the wider private sector. Participant numbers (N = 5) may be viewed as a limitation. Participant numbers in this study are comparable to similar qualitative studies. Qualitative research may be viewed by some to be subjective. Study rigor was maintained by using well know qualitative methods to guide the data collection and analysis. Findings were also valid and transferable according to the extant literature.

SUMMARY

The experiences of Australian paramedic graduates who transitioned to working in the private sector after finishing university were explored in this study. The study's findings highlight graduates pursued work in the private sector while waiting to obtain employment with jurisdictional ambulance services. Graduates did not necessarily feel prepared by universities to work in the private sector. Furthermore, the limited acuity, frequency, and diversity of the caseload were viewed as challenges. There was also a perceived lack of preceptorship or a structured internship programs compared to jurisdictional state ambulance services. Reported benefits of private sector work included communication skills, the development of emotional and social intelligence and situational awareness at mass crowd events. The study highlighted views that private sector work was not perceived to be real paramedic work. Further work needs to be done by universities and professional bodies to represent the private sector as an alternative career pathway to state-based ambulance services, to address the perception versus reality mismatch reported in this study, which the literature show is not limited to private sector work.

CONTRIBUTION

LS designed the study, obtained ethical approval, and collected the data. LS, SS, and SD analysed the data, revising it critically for important intellectual content, analysis, and interpretation, and wrote the article.

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