

Submission by the Australian Nursing and Midwifery Federation

ANMF Submission to Ahpra public consultation on Proposal to regulate advanced practice paramedics

20 June 2025



**Australian
Nursing &
Midwifery
Federation**



Annie Butler
Federal Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au



Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 345,000 nurses, midwives, and carers across the country.
2. Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF welcomes the opportunity to provide feedback on the public consultation – Proposal to regulate advanced practice paramedics. The ANMF would like to acknowledge its support for the excellent emergency and prehospital care that paramedics deliver to Australians in many contexts. As per our submission in January we agree that the availability of paramedic practitioners as an adjunct to primary health, medical, nursing and/or midwifery care may eliminate the need for a trip to hospital for many patients and reduce the burden on emergency departments, particularly in rural and remote and other underserviced areas.
6. However, the ANMF remains concerned with aspects of the planned proposal and the introduction of the Advanced Practice Paramedic role, particularly where this has the potential to displace nurse practitioner and other health professional roles, and the associated funding for these positions. The ANMF outlines these concerns below.



Collated Draft Proposal to regulate advanced practice paramedics

Do you support the Boards proposal to regulate advanced practice paramedics with the proposed regulatory model and why?

7. The ANMF supports the strengthening of timely healthcare in Australia and recognises the value that advanced practice paramedics can bring when integrated into appropriate models of care. We recognise the valuable work performed by paramedics currently and support the development of improved career progression pathways for paramedics. We also support a nationally consistent approach to endorsement of advanced practice for paramedics to facilitate workforce mobility and increased opportunity for paramedics.
8. However, as per our submission in January 2025 the ANMF has concerns with paramedics working outside their scope of practice, particularly where such new roles have the potential to displace nurse practitioners (NPs) and endorsed midwives (EMs). The ANMF's main concerns remain around:
 - Expansion of the registered paramedic scope of practice (SOP) outside of the definition of paramedicine
 - Erosion or substitution of nursing, NP and EM roles and devaluing of models of nursing and midwifery care.
 - Inconsistencies and inadequacies in education and regulatory requirements, especially compared to other professions.

Expansion of the registered paramedic scope of practice

- Definitions are confusing, especially the statement *“proposed area of practice endorsement recognises practitioners with additional qualifications and expertise in the approved area of practice which is advanced practice paramedicine”*. ANMF members struggle to understand how a broad definition such as advanced practice paramedicine can be defined as an area of practice.



- The ANMF does not support the expansion of Advanced Practitioner Paramedics (APP) roles into those held by nurses, especially in primary care and community settings. The ANMF acknowledges the expertise paramedics have in emergency and pre-hospital settings. Expansion outside of these areas risks duplication and displacement of nursing roles which are already regulated and trained to practice within established, holistic, person-centred care models. The extremely broad scope of the proposal, especially into primary health is in direct conflict with the Board's own acknowledgement of *"the profession's foundational practice in first contact care"* and *"core elements of paramedic practice such as emergency, urgent and first contact care"*.
- The ANMF also has particular concern that the proposal does not suggest APPs work in a specialised area of practice. The proposal states *"the engagement sessions made a strong case that two separate area of practice endorsements, one in critical care and one in primary care, are not required"*. The ANMF finds this lack of distinction troubling – currently the proposal would theoretically allow an advanced paramedic who has worked in traditional ambulance roles to then lead a diabetic wound clinic, prescribing and ordering diagnostics. This is out of scope for a paramedic; nurses are trained for a whole-system, integrated view of care such as this and are not limited to a systems approach.
- The proposed blending of primary care and critical care roles into a single endorsement risk oversimplifying the distinct competencies and knowledge bases required for these domains. It is not clear how a practitioner becomes endorsed or how a single practitioner could safely, effectively, and sustainably practice across both domains without significant governance and education frameworks to support them, as this detail is not provided. 'Critical care' is not defined and at this stage could include many settings not appropriate for a paramedic such as intensive care units or theatre settings.



- The ANMF is concerned that the APP role development and expansion into chronic and acute health care has the potential to erode the role of nurses in the workplace, including in the intensive care unit (ICU), emergency department and the community settings. The ANMF supports paramedics expanding their knowledge and skill through postgraduate study that enhances their ability to provide excellent prehospital care but are concerned that the proposed expansion to the paramedic SOP takes them beyond their traditional, out of hospital, acute and emergency focus and risks the displacement of NP and EM positions and the funding that supports those positions.
- If successful, the proposed APP model must be bound by the individual context of emergency and/or an acute episode of care, in the pre-hospital setting because the scope of paramedic does not extend to the delivery of comprehensive primary care and long-term healthcare management.

Erosion of regulated nursing roles and substitution of workforce

- The expansion of APP roles into settings beyond acute pre-hospital care threatens to undermine existing nursing and midwifery care models. The ANMF supports the regulation of APPs when confined to their traditional context of practice: emergency and acute care in pre-hospital settings. Regulation should not extend to models of care or practice areas already covered by regulated nurses; many of whom are finding health service professional integration has many barriers.
- Paramedics are not educated in the same model of care as nurses and the ANMF is concerned that the proposal overreaches paramedic competencies in managing long-term, complex, and preventive care typical in primary health settings. The ANMF strongly believes that paramedic education does not equip graduates for independent, comprehensive primary care and practice



Inconsistencies and inadequacies in education and regulatory requirements

- The proposed pathway for APP endorsement lacks parity with the regulatory requirements for NPs.
 - The ANMF finds the proposal lacks clear distinction between pre- and post-registration supervision requirements. The role of a candidate program, such as that used by many nurses working towards an NP qualification, is not identified.
 - When comparing the requirements for becoming an NP with those outlined in the briefing paper for APPs, there are notable differences, particularly in terms of the level of rigour involved. APPs are only required to have completed 5000 hours in a direct patient care role over the past 10 years prior to entry to the approved program of study. This contrasts with the more stringent criteria for NPs which include additional requirements and time constraints that make it more robust for nurses to gain the necessary endorsement.
9. These differences create a situation where the pathway for NPs is more restrictive and demanding. Additionally, the draft briefing paper does not discuss whether paramedics are likely to face similar restrictions regarding registration, such as the requirement for paramedics to have registration free from conditions before they can apply for endorsement, a requirement placed on nurses. This omission raises questions about whether the standards for paramedics will be as rigorous as those for nurses, or whether the requirements will be more flexible. The lack of consistency for gaining endorsement across the professions is problematic.
- The ANMF believes the criteria for endorsement as an APP should align with the criteria for NPs and the APP scope of practice should remain consistent with the definition of the paramedic which is supported by their foundational and post graduate education, skills, experience and models of care.



10. For the ANMF to support the Board's proposal to regulate advanced practice paramedics with the proposed regulatory model, there is a clear need for a nationally consistent approach to ensure safe and effective practice. The ANMF supports the strengthening of timely healthcare in Australia and recognizes the value that advanced practice paramedics can bring when integrated into appropriate models of care. However, practice should be limited to distinct areas of employment, with a focus on supporting rural and remote communities where access to healthcare is most constrained.

Would the proposal result in any potential negative or unintended effects for people requiring healthcare, including members of the community at risk of experiencing poorer health outcomes? If yes, please explain why.

11. There are several potential unintended effects that must be carefully managed to avoid negative outcomes for the community, especially those already experiencing poorer health access.

12. A key concern is the need for clear delineation of roles within interdisciplinary teams. To maintain community trust and ensure patient safety, it must be clear that individuals are receiving care from the most appropriate professional for their needs, in the right setting, and within each practitioner's defined scope. Without this clarity, there is a risk of role confusion or duplication, particularly where patients may already have access to nurse practitioners or endorsed midwives.

13. In regions where existing alternative care models—such as nurse practitioner- or midwife-led services—are already established, these should be prioritised and expanded before introducing a new clinical discipline into the same service area. New services must complement, not duplicate, existing services. This ensures the sustainability of established models and respects the workforce planning already undertaken in many parts of the health system.



14. Another unintended effect of the proposal is that current escalation and referral policies across many health services do not account for advanced practice paramedics. Without formal recognition within these clinical governance frameworks, there may be ambiguity in decision-making responsibilities, scope boundaries, and patient handover processes, which could compromise patient safety.
15. Additionally, services provided by advanced practice paramedics must be appropriately funded to avoid patients paying out-of-pocket costs. If not, this creates a risk that those already facing barriers to care—particularly people experiencing socioeconomic disadvantage—may be further burdened, undermining the proposal’s intent to enhance equitable access to timely healthcare.
16. The ANMF urges the Paramedicine Board of Australia to address these unintended risks by ensuring:
 - Clear and consistent delineation of scope and role between APPs and other regulated health professionals such as nurse practitioners
 - Prioritise supporting models of care in underserved communities rather than duplicating roles
 - Ensure appropriate, equitable funding to APP services to avoid cost-shifting to vulnerable populations.

Would the proposal result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.

17. The ANMF recommends the following initiatives to minimize potential negative or unintended effects on Aboriginal and/or Torres Strait Islander people:
 - A co-design approach for the APP program involving Aboriginal and Torres Strait Islander health organizations and leaders.
 - This approach will ensure ongoing community consultation and feedback loops.
18. We expect that such consultation and coordination have already occurred as part of the APP development process, as deploying or integrating APP into certain communities without this could have significant negative impacts.



Would the proposal result in any potential negative or unintended effects for paramedics? If yes, please explain why.

19. Yes – the potential for role ambiguity is high. Without clearly defined scopes of practice and workforce planning for how APPs will integrate with, and not replace, existing professions could lead to confusion or professional tension for APPs.
20. Although there is an acknowledged oversupply of paramedics, there is also a risk that diverting experienced paramedics from frontline roles may exacerbate workforce shortages. The ANMF notes that this risk is particularly acute in jurisdictions such as Victoria, where services are already under significant operational strain.
21. While the ANMF and its membership recognise the potential value of APP roles—particularly in addressing healthcare access in rural and remote communities—there are several potential unintended effects for paramedics that warrant careful consideration. Any rollout of the proposed model must be accompanied by robust clinical and operational governance frameworks from the outset. Employers must ensure clear policy development and accountability mechanisms are embedded to safeguard both patient outcomes and workforce integration.
22. One key risk is role confusion—both within the healthcare profession and among the public. Without clear boundaries and defined scopes of practice, there is potential for overlap with other registered health professionals, such as nurse practitioners and endorsed midwives, leading to professional tension and fragmented care. Public confidence may also be undermined if patients are unclear on the qualifications, capabilities, or responsibilities of advanced practice paramedics compared to other practitioners in similar clinical environments.
23. Further, while some stakeholders cite a surplus of graduate paramedics, the transition into APP roles could result in the redirection of experienced paramedics into advanced roles, creating a void in the skilled general paramedic workforce. This may unintentionally intensify the mismatch between graduate supply and experienced workforce demand, potentially diluting frontline response capability.



24. There is also uncertainty around the future of existing advanced roles for example in Victoria the Mobile Intensive Care Ambulance (MICA) paramedics and of the Intensive Care Paramedic (ICP) in New South Wales. The introduction of the APP model may overlap or compete with current MICA or equivalent responsibilities, potentially causing professional uncertainty, duplication of advanced roles, and disruption of established pathways. Clear guidance will be needed to clarify how MICA or equivalent paramedics will be positioned in the new framework—whether their roles will be absorbed, restructured, or continue to operate in parallel. Without this clarity, workforce morale and career pathway progression may be negatively affected.

Are there any other potential regulatory impacts the Board should consider? If yes, please provide details.

25. Yes, there are several additional regulatory impacts the Board should consider to ensure the proposed model is implemented safely, equitably, and sustainably.

Funding models

26. The funding model will be critical. Without access to publicly funded mechanisms there is a risk that services provided by advanced practice paramedics will require out-of-pocket payments from patients. This could create inequitable access to care, particularly in low-income, rural, or remote communities—precisely the populations the model seeks to support. Regulatory design must therefore account for the need to align the role with funding pathways that support affordable, universal access.

Industrial and workforce implications

27. The regulation must consider the industrial implications for the paramedic workforce. Currently, enterprise agreements and classification structures across jurisdictions may not recognise advanced practice paramedics as a distinct role. Without industrial recognition, there may be uncertainty around remuneration, entitlements, and career progression, which could undermine workforce attraction and retention. Coordination with unions, employers, and industrial bodies will be essential to embed the role into workforce planning and employment arrangements.



Regulatory framework

28. As stated above the regulatory framework should be sensitive to its impact on inter-disciplinary relationships. Introducing a new regulated role into primary care and community settings has the potential to create confusion or tension between health professionals—particularly where roles may overlap with those of nurse practitioners, endorsed midwives, or general practitioners. Clear role delineation, consultation with other regulated professions, and interprofessional education and collaboration frameworks will be essential to ensure the integration of advanced practice paramedics supports rather than disrupts existing models of care.
29. Additionally, the Board should consider the long-term sustainability of current trial models, many of which are operating under fully funded pilot or demonstration programs. These trials have enabled advanced practice paramedics to deliver care without cost to the patient, which has supported community acceptance and uptake. However, it remains unclear whether such funding arrangements will continue once the role is formalised through regulation. The absence of ongoing public funding would likely shift costs onto patients, undermining equity of access and the viability of the model in the very communities it aims to support. The Board should therefore consider how regulation will interact with existing and future funding commitments, and advocate for sustainable, system-integrated funding arrangements to support the model's long-term success.

Do you have any other feedback on the proposal?

30. In summary, the ANMF urges the Board to ensure that any regulatory framework for APPs is closely aligned with funding systems, industrial agreements, and the broader health workforce strategy. Careful planning is required to avoid unintended impacts on patients, professionals, and health system equity. The ANMF remains committed to engaging collaboratively to ensure safe, appropriate, and evidence-informed workforce development.



Do you support the proposed requirements for initial and ongoing registration and why?

31. We acknowledge that the proposed requirements are thorough in terms of clinical experience and education; however, we remain concerned about the real-world feasibility of implementing these requirements. For instance, the requirement for up to two years of supervised practice may not be achievable without a national strategy for supervision, placement, and funding. Nurse practitioners already face significant barriers securing supervision, especially in rural and remote areas.
32. Additionally, there is no clear indication of how mentorship will be structured for advanced practice paramedics. If this is not clearly defined and supported with funding and infrastructure, the requirements could remain theoretical and inaccessible to many aspiring practitioners. In the meantime, this framework draws attention and resources away from addressing the well-documented barriers in nurse practitioner development.
33. Whilst we acknowledge that the prescribed education and supervised practice requirements are extensive, there is no clarity about where APPs will complete their supervision (e.g., in what clinical settings). – There is a gap of a defined integration strategy with existing nursing, medical, or allied health teams. It remains unclear whether APPs will undergo the same level of scrutiny, training hours, and academic rigour as NPs who complete a Master's degree.
34. The proposal outlines a minimum of three years or 5,000 hours of clinical experience, successful completion of a Board-approved (typically Master's level) qualification, a period of supervised practice (up to 3,400 hours), and an additional 10 hours of continuing professional development (CPD) related to prescribing. While these elements reflect a structured approach to advanced practice, they fall short in comparison to the standards required for nurse practitioner endorsement. Any endorsement process for advanced practice paramedics should be no less rigorous than that applied to nurse practitioners, to maintain consistency and public safety across professions.



35. The proposal also allows for recency of practice to be demonstrated over a ten-year period, which is currently inconsistent with requirements for other health professions, including nursing and midwifery. Shorter periods adopted by most other professions reflect the need to ensure that practitioners returning to advanced practice roles retain current competence and up to date clinical skills. The Board should consider whether the proposed period is suitable to ensure effective recency of practice and alignment with best practice in the broader health workforce.
36. There must be consistency in expectations across advanced practice roles. The ANMF advocates for national alignment in standards across professions and consistent investment in role development.
37. We do not believe the proposed requirements for initial and ongoing registration of advanced practice paramedics are adequately aligned with the standards applied to other comparable health professions, particularly nurse practitioners and endorsed midwives.
38. There are also inconsistencies within the consultation paper regarding when endorsement is conferred. It is unclear whether endorsement for advanced practice paramedicine and scheduled medicines occurs at the start of supervised practice or upon its completion. This lack of clarity raises concerns about accountability, public protection, and scope of practice during the period of supervised practice. Moreover, while the paper suggests that a nurse practitioner may supervise an advanced practice paramedic in “exceptional circumstances,” the ANMF does not support this arrangement. This supervision should occur within the same professional discipline to ensure appropriate oversight and contextual understanding.
39. Finally, the paper makes no mention of whether the regulatory model will follow a formal “candidacy” approach. This is a critical omission, as the candidacy model—used for nurse practitioners in several jurisdictions—provides structure, mentoring, and evaluation pathways for those progressing toward advanced practice endorsement. The absence of any discussion about candidacy on page 20 or elsewhere in the paper leaves significant ambiguity about how advanced practice paramedics will be supported and assessed during their transition.



40. In summary, while the ANMF supports the regulation of advanced practice paramedics in principle, the proposed requirements must be strengthened and brought into line with existing advanced practice regulatory frameworks in nursing and midwifery. Alignment across professions is essential to ensure equity, maintain professional standards, and uphold public safety. We advocate for national alignment in standards across professions and consistent investment in role development.

Is the content, language and structure of the proposed registration standard clear, relevant and workable? If no, please describe why.

41. While the document is clear in structure, it lacks clarity regarding the integration of advanced practice paramedics into existing healthcare teams, and how they will collaborate with or differ from nurse practitioners. The document also assumes a uniform availability of training programs, supervised practice, and clinical mentors across all settings, which is not currently the case in Australia.

42. The registration standard lacks specificity on integration with jurisdictional drug laws, fails to outline Medicare access or employer integration, and assumes supervisory models that may be unavailable in rural or private practice settings. It also avoids specifying the sectors in which APPs are expected to work, leaving gaps in planning.

43. We recommend the inclusion of culturally safe care and Aboriginal and Torres Strait Islander community partnerships. We would suggest a clear role comparison table with NPs, GPs, and APPs.

44. The proposed standard lacks specificity on clinical settings in which APPs will work. It makes broad claims about scope without legal clarity on how APPs will access scheduled medicines. It assumes health service readiness to employ APPs without employer education, funding reform, or scope delineation tools. This ambiguity creates confusion regarding the practitioner's scope of practice and regulatory status during the supervised period, undermining clarity for employers, practitioners, and the public.



Is there any content that needs to be changed, added or removed in the proposed registration standard? If yes, please provide details.

45. Yes, there are several elements of the proposed registration standard that require amendment to ensure clarity, safety, and alignment with existing regulatory expectations.
46. The provision for endorsement to occur *before* the completion of required qualifications and supervised practice is not acceptable and should be removed. Endorsement should only be granted once all education, supervised practice, and competency assessments have been successfully completed. Allowing endorsement prior risks confusion over scope of practice, legal liability, and public safety during the transition period.
47. The standard should be amended to limit the practice settings of advanced practice paramedics to critical care ambulance services and community-based care settings, particularly those operating in rural and remote areas. This restriction aligns with the intent to address service gaps while ensuring the role does not extend into established specialist or primary care services already delivered by nurse practitioners, midwives, or general practitioners.
48. In addition, the glossary requires refinement—particularly the definitions distinguishing ‘advanced’ from ‘extended’ practice. These terms are used inconsistently throughout the document, and their scope implications must be clearly outlined to avoid role ambiguity within the paramedic profession and in interdisciplinary teams.
49. The registration standard must more explicitly embed cultural safety requirements across both education and practice expectations. Cultural safety is a core professional obligation and must be clearly articulated, not only in the professional capabilities' framework but also as a requirement for initial qualification and ongoing practice across all settings.
50. There should also be an explicit acknowledgment of the overlap with existing nurse practitioner roles and a transparent strategy for how these roles will be differentiated and coordinated. Additionally, details about the supervision model, funding mechanisms, and workforce integration should be added. Without these components, the standard lacks the operational clarity required for safe and effective implementation.



51. There should also be a clearer outline of the APP's boundaries in relation to NPs and GPs.

This should mention collaborative care responsibilities and clear delineation between APP and NP scope, particularly in prescribing rights, chronic disease management, and advanced diagnostics. More clarification is needed on credentialing pathways in healthcare settings where multiple advanced practice roles (NPs, APPs) might be present.

Do you have any other feedback about the proposed registration standard?

52. No, we don't have further feedback about the proposed registration standard.

Do the proposed capabilities identify the minimum knowledge, skills and professional attributes for safe and competent practice as an advanced practice paramedic? If no, please provide details.

53. No, the proposed capabilities are comprehensive in listing clinical and professional expectations; however, they lack contextual nuance. The minimum knowledge, skills, and professional attributes outlined do not adequately reflect what is required for safe and competent practice as an advanced practice paramedic. Advanced practice in primary care and critical care requires long-term patient engagement, interdisciplinary collaboration, and cultural competency—all of which are foundational elements of nursing models of care. The capabilities listed may not fully reflect the day-to-day complexities of these settings. The detail under each domain lacks the necessary depth and alignment with equivalent advanced practice roles in other health professions, and further refinement is needed to ensure the capabilities meet a nationally consistent standard of advanced clinical practice

Is the content, language and structure of the proposed capabilities clear, relevant and workable? If no, please describe why.

54. The structure is logical, but the content lacks alignment with real-world implementation challenges. The language is overly aspirational in some areas and vague in others.



55. For example, it references independent prescribing but does not explain how legislation will interact with the endorsement. As stated above the standard is also vague in several critical areas:

- It lacks specificity on clinical settings in which APPs will work.
- It makes broad claims about scope without legal clarity on how APPs will access scheduled medicines.
- It assumes health service readiness to employ APPs without employer education, funding reform, or scope delineation tools.

Is there any content that needs to be changed, added or removed in the proposed capabilities?

If yes, please provide details.

56. Yes. there are several areas within the proposed capabilities that require changes or additions to ensure they comprehensively support safe, competent, and contemporary advanced practice in paramedicine.

57. There needs to be clear definitions of role boundaries, supervision expectations, and inter-professional communication should be added. Furthermore, capabilities should be differentiated more explicitly from those of nurse practitioners to avoid professional duplication and system inefficiencies.

58. The proposed capabilities should include explicit statements related to digital health, telehealth, and health technology integration. As these are increasingly central to the delivery of healthcare—particularly in rural and remote settings—advanced practice paramedics must be equipped with the knowledge and skills to use these technologies effectively and safely in clinical decision-making, communication, and patient care.

59. The capabilities must also be strengthened to include more detailed expectations around working with Aboriginal and Torres Strait Islander communities. While cultural safety is referenced, it should be elevated as a specific and cross-cutting capability, with an emphasis on building culturally responsive care, working in partnership with Aboriginal and Torres Strait Islander health practitioners, and contributing to improved health equity and outcomes for First Nations peoples.



60. Additionally, the importance of health equity and health literacy should be recognised explicitly within the capabilities. Advanced practice clinicians must be able to identify and address barriers to access, understand the broader social determinants of health, and support patients in navigating the healthcare system—especially in communities facing structural disadvantage.
61. The ANMF also notes with concern that midwives and endorsed midwives are entirely absent from the consultation document. Midwifery is a distinct profession with its own regulatory standards, Code of Ethics, and Decision-Making Framework, and midwives play a critical role in primary and community care. Pregnant people represent a significant cohort within these care settings, yet the document provides no clarity on whether or how advanced practice paramedics would be expected to interact with or care for this population. The absence of a defined scope of practice for APPs leaves this issue unresolved and poses risks related to professional overlap and patient safety.
62. Furthermore, while the ANMF is aware that a small number of paramedics may also hold midwifery qualifications, it is essential to clarify whether the regulatory model would allow those with dual qualifications to draw on midwifery expertise within their APP role. If this is the intent, it must be supported by a clear governance framework and relevant policy guidance to ensure safe, compliant, and accountable practice. This includes recognition by NMBA and integration with midwifery standards of practice where applicable

Do you have any other feedback about the proposed capabilities?

63. Yes. The capabilities document should address the need for continuous professional development, support for culturally safe care, and the role of advanced practice paramedics in health equity. More importantly, it must consider the impact on existing advanced practice professions and ensure these capabilities contribute to, rather than fragment, team-based care models.
64. The proposed capabilities are comprehensive and reflect those already expected of NPs. This overlap does raises serious questions which have been addressed within this document.



Conclusion

65. The ANMF appreciates the opportunity to comment and provide feedback on the *Proposal to regulate advanced practice paramedics* and remains committed to collaborating with the Board on this process. We strongly encourage the Board and AHPRA to collaborate with the ANMF, the Australian College of Nurse Practitioners, the Australian College of Midwifery the Royal Australian College of General Practitioners, and the NMBA to ensure equitable role development. As a key stakeholder representing the nursing and midwifery workforce, our involvement will help ensure alignment with existing advanced practice frameworks and support safe, collaborative interdisciplinary care across the health system.