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Paramedic specialisation survey – please respond

The Service is currently tinkering with how it selects, deploys, and remunerates paramedic specialists such as ICP/ECPs.

For example, we had that [skirmish around the Bay Basin and Berry Stations job advertisements](#) where NSW initially asked ICP/ECP members to formally agree to be clinically demoted before being allowed to attend an interview. While NSW agreed to back off in that instance, they said that they intend on pressing forward with blocking the transfer of specialist to communities NSW doesn't believe need the services of ICP/ECPs.

When reminded that there are many specialists in rural/regional, as well as metro stations not earmarked as ICP/ECP stations, they told us that was a 'legacy issue'.

This doesn't only affect pre-existing specialists either. The ongoing restriction of ICP/ECP deployment and numbers also removes many fair opportunities for those members who want to increase their clinical skills and recognition.

And what do we do about skills mix? Should specialists only work together where they can back each other up, learn from each other, with other benefits such as mental fatigue reduction, or should specialists work with primary care paramedics in order to spread the benefits of their knowledge and experience with paramedics who want to learn? Or should both models operate in some way?

ADHSU delegates are currently debating these questions and seek your input into this [survey](#) about where you are at clinically in your career, where you want it to go, and what the union position should be moving forward.

[Link to the five-minute survey.](#)

In unity,

Gerard Hayes
Secretary, HSU NSW/ACT/QLD