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## From stretcher-bearer to paramedic: the Australian paramedics' move towards professionalisation

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## PROFESSIONALISM

### From stretcher-bearer to paramedic: the Australian paramedics' move towards professionalisation

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#### Abstract

Over the last one hundred and twenty years, the Australian paramedic sector has changed dramatically; influenced and informed by a range of social, health, economic, professional, and political forces. However, there has been little reflection of those changes in either the perception of the discipline as a profession or the manner in which its membership is trained, socialised, and educated.

This paper explores the links between professionalisation and education in the paramedic field. Paramedics are currently at best seen as a 'semi-profession' and a great deal of discussion about whether the discipline actually wants to achieve full professional status exists. Comparisons will be made with the professions of nursing and physiotherapy, outlining *how* and *why* they progressed from a semi-professional status to a fully recognised profession, culminating in a discussion about which characteristics the paramedics discipline as yet lacks. A review of common professional traits suggests three areas where the discipline falls short: 1) the delineation of its professional compass, especially in relation to extant recognised cognate (and competitive) professions, 2) National registration and regulation resulting in professional self-control and accreditation, and 3) Higher Education and the development of a unique body of professional knowledge.

Finally it will be argued that the recognition and addressing of the gaps by the relevant policymakers, regulators, employers and academics will lead to the formulation of strategies that are most likely to result in professional status for paramedics in Australia.

#### What is a profession?

Obtaining a precise definition of the term *profession* and how a profession should be expressed has been debated amongst scholars dating back to Flexner's seminal paper published in 1915.<sup>1-3</sup> Historically the term *profession* was solely applied to 'the traditional learned professions' – law, ministry, medicine, engineering, business and university teaching.<sup>4-6</sup> In the contemporary context however, the term has become looser in its application to the point where sports-people who receive money for playing are deemed professionals. In effect, the blurring of the definitional edges has generally caused commentators to formulate definitions that are context based and referring to specific criteria. Nonetheless there remains a number of defining characteristics that are generically discernible.

As far back as in the early 1970s, Freidson reported that the term ‘profession’ was based on independent practice, self-auditing processes, expert knowledge and special value in its work, monopoly, and service to the public.<sup>1,7</sup> At roughly the same time, Hall suggested that professions begin with a professional model, accompanying attributes and profession-specific content.<sup>8</sup> This notion of a professional model was also used by Carr-Saunders and Wilson in their definition of profession.<sup>9</sup> Their professional model included intellectual ‘capital’ that is acquired by specialised education and organised bodies of knowledge. This exclusive education and training is offered to members as a means of providing benefit and service to individuals and the broader society. For example, nurses receive specialised training to care for patients who are sick or who have specific health care needs.

In 1998 Schwirian distinguished a full profession from a semi-profession and occupation in the following terms:

... profession can be defined as a prestigious occupation with a high degree of identification among the members that requires a lengthy and rigorous education in an intellectually demanding and theoretically based course of study; that engages in rigorous self-regulation and control; that holds authority over clients; and the puts service to society above simple self-interest.<sup>10, p. 6</sup>

More recently, Professions Australia defined a profession as:

... a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others.<sup>11, p. 8</sup>

Despite the term profession having a range of definitions, it is important to note that some commentators believe that developing a set of defining characteristics for a profession is redundant and meaningless since it will be exclusively owned by that profession.<sup>6</sup> Such subjectivity was also noted by Kell and Owen who stated that “the definition of ‘profession’ itself is always deeply contested, and varies across geographical, cultural and historical contexts”.<sup>12, p.159</sup>

It is remarkable that more than forty years earlier Vollmer and Mills<sup>13</sup> sought to shift the argument away from what a profession is to what it does, trumpeting that:

“we avoid the use of the term “profession,” except as an “ideal type” of occupational organization which does not exist in reality, but which provides the model of the form of occupational organization that would result if any occupational group became completely professionalized. ... we feel that it is much more fruitful to ask “how professionalized,” or more specifically “how professionalized in certain identifiable respects” a given occupation may be at some point in time.”<sup>13, p. vii-viii</sup>

Vollmer and Mills pre-empted contemporary thinking when they described a profession as a constant dynamic rather than an achievable goal: “every occupation that is called a profession is, in reality, a semi-profession manifesting a number of professionalizing aspects”.<sup>13, p.4</sup>

The notion of a profession as a vocational structure emerged as the world developed greater human mobility between social classes through urbanisation, industrialisation, increased accessibility to post secondary education, and other economic forces.<sup>1,7,8,13,14</sup> Within these social developments there emerged a concomitant notion of caring and concern for others and that “professionals” had an inherent fiduciary duty towards less advantaged citizens.<sup>15</sup> It is noticeable that during this period of occupational-professional formation that the *functionalism model* first emerged. Higgs, Hunt, Higgs, and Neubauer described functionalism model:

In the functionalist model, a *profession* is a body whose membership is accorded after a long effective training under the control of experts in a university context, which guarantees the quality and effectiveness of members’ work. Because of this guarantee, professionals are accorded work autonomy and a privileged place in society.<sup>16, p.17</sup>

On the other hand, the idea that professionalisation could produce complex divisions of labour meant that there was the potential for increased individualism which would threaten the social order and stability.<sup>15</sup> That perception persists and it still works against a number of allied health care disciplines including paramedics from attaining professional status. Whilst the division of labour has always occurred in the health care system, it was one of the reasons why professions such as nursing and physiotherapy strategically aligned themselves with medicine so they could avoid vocational isolation as has happened to chiropractors, osteopaths, and complementary medicine practitioners. Vollmer and Mills stated that an “increasing complex division of labour and specialisation of occupational function is not only *induced* by industrialisation, it also appears to be *required* by it”.<sup>13, p.46</sup> In retrospect, it was inevitable that as the divisions of labour became more complex, distinct characteristics for the professions were encoded and enforced to protect those at the top of the social and economic tree.

Certain professions such as law, medicine, ministry, and university teaching had been formed since the Middle Ages<sup>4</sup> and these were used as referents for the traits and occupational characteristics of professional status. In fact many of those characteristics remain entrenched today.<sup>1,8,13</sup> For example, Goode contended that a profession must include two core characteristics, those being a prolonged specialised education and training and a collective approach to social welfare.<sup>1</sup> From these core characteristics arise the contemporary professional attributes, high income, esoteric or academically complex bodies of knowledge, recognised high status within a community (power), and autonomous practice.<sup>1,4,7,10,13</sup> More specific characteristics and criteria for profession acceptance are summarised in Table 1 below.

**Table 1:** Attributes of a profession<sup>1,4,8,17</sup>

Altruism
Authority
Autonomy
Code of ethics
Commitment
Knowledge
Prestige
Professional association
Service
Theoretical base
Trustworthiness

## What is professionalisation?

Without some delineation of what a profession is, the notion of professionalisation is meaningless.<sup>7</sup> Therefore, it is important to make distinctions between the terms of *profession* and *professionalisation*. Professionalisation is the process of an occupation attempting to obtain the status and recognition of a profession.<sup>1,13</sup> Some commentators, such as Freidson (cited in Forsyth, 1995) see the process as spin meeting timing: ... “professionalization ... has to do with the ability of an occupation to convince legislators and the public of the importance of its work, rather than the intrinsic knowledge and value of that work”.<sup>18, p.165</sup>

Freidson argues that professionalisation is perception; the public recognition of an identity conferred from without. Essentially a vocational pursuit becomes a profession when enough people agree that it is. It is unlikely therefore that as process, professionalisation will be inevitably and incrementally smooth. Even though the professionalisation process can be viewed as continual<sup>6,15</sup>, the actual development will be context dependent and therefore idiosyncratic and temporally staggered. As Vollmer and Mills state: “Professionalization does not occur in a vacuum”.<sup>13, p.46</sup>

The idea of professionalisation developing along a continuum has been around for a long time. Carr-Saunders<sup>9</sup> defined professionalisation as a process along a line of inevitable progress, working towards the acquisition of a number of defining characteristics, namely codes of ethics, professional associations, specialised skills and governance.<sup>13</sup> Wilensky<sup>19</sup> emphasise the developmental aspect of professionalisation, suggesting that occupations pass through four sequential stages/functions during the professionalisation process:

1. creation of a full-time occupation,
2. the formation of training schools,
3. creation of professional associations, and
4. the development and creation of code of ethics.<sup>8</sup>

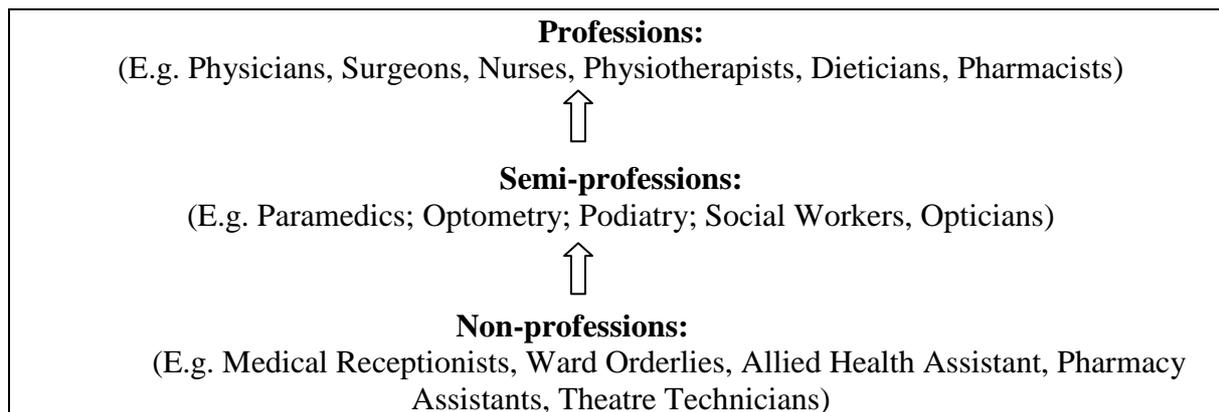
The process of professionalisation can be further summed up in Table 2, taken from Wilensky.<sup>19</sup>

**Table 2:** Process of professionalisation<sup>19</sup>

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1. Development of full-time occupation and formation of occupational territory
  2. Establishment of training schools or colleges; linkage to university education should occur within several decades
  3. Occupational promotion to national and international parties
  4. Professional licensing and accreditation
  5. Code of ethics is implemented
- 

Etzioni classified professional groups into a continuum of non-professional, semi-professional, and professional.<sup>20</sup> It is illustrated by placing the hierarchy of medical and health science disciplines on it:

**Table 3:** Hierarchy of perceived professional status



Within each level, a hierarchy of status can be noted. Amongst the professions, surgeons enjoy a higher status, and therefore a higher level of influence, than dieticians. However, such hierarchies are usually neither rigidly defined nor constant: surgeons were once more akin to barbers. There are also hierarchies within professions themselves. For example, surgeons are viewed with higher regard than psychiatrists or rehabilitation medicine specialists. It is also important to note that despite many occupations seeking professional status, in fact, only a few ever achieve this<sup>4</sup> and are consequently able to self-regulate their education, provide accreditation processes and offer protection of their occupational boundaries.<sup>21</sup> This notion is referred in the literature as a way for the semi-professions to simply survive in the division of labour<sup>22</sup> or about obtaining a similar status among their health care contemporaries.

### **Does the Australian paramedic discipline want to be a profession?**

The first question that needs to be posed is whether the Australian paramedic sector is considered to be a profession? The current answer is *no* according to most paramedic commentators.<sup>23-26</sup> The Australian Institute of Health and Welfare (AIHW) classifies paramedics within the '*Miscellaneous Health Workers*' group of occupations, along with other disciplines such as medical scientists and admissions clerks.<sup>27</sup> In addition, the discipline sector does not have membership to the Australian Health Professions Association (AHPA), which is a national peak body for the allied health professions.<sup>11</sup> Evidently, the paramedic discipline is not viewed as a profession.

The second question that needs to be asked is whether the Australian paramedic sector *wants* to achieve professional status?' It appears, anecdotally at least, that it does.<sup>28,29</sup> Given that professional status is seen as desirable for the paramedic discipline, what does the sector need to do in order to fulfil its ambitions?

Historically, events such as improvements in educational standards, qualifications, legislated regulation, and clinical practice as well as industrial disputes improving salaries, work conditions, and independence of clinical practice have all played pivotal roles in the movement of the paramedic discipline along its professionalisation continuum.<sup>30</sup> Commentators such as Bouvier have supported the notion of professionalising the paramedic discipline by stating that all "ambulance officers [paramedics] should strive to become and to be accepted as true health professionals. They have made remarkable progress in this direction in the past thirty years"<sup>31, p.1</sup> Earlier discussions of how to make the discipline more 'professional' occurred during the previous decade on behalf of the Institute of Ambulance Officers.

Achieving professional status brings significant advantages for those fields of practice already viewed as ‘true professionals’ including: monopoly over clinical domain and body of knowledge, autonomy, prestige, financial rewards, mastery of body of knowledge based on research and self-regulation.<sup>1,7,8,14,32</sup> How the paramedic discipline might achieve this appears to be based upon three salient factors:

1. Political alliance with medicine,
2. Registration and regulation
3. Higher Education and the development of a unique body of knowledge.

Many variables and factors are involved in and contribute to the professionalisation of a discipline. These factors and processes are not developed in a ‘lock-step’ formation and are often shaped independently of each other.<sup>4</sup> The first two factors described above (strategic alliance with medicine and registration and regulation) are critical features of becoming a fully fledged profession and are currently clear obstacles the paramedic discipline must overcome if they want to move from semi-profession to profession.

The literature has suggested that the sequence of the professionalisation process is not linear. However, practical and historical examples suggest each of the steps does need to be completed in sequence, regardless of their eccentricity. For example, in both nursing and physiotherapy, it was not until unique bodies of knowledge were accrued and monitored through university education did either of those two disciplines truly become a fully recognised profession.<sup>16,33</sup> This process, is therefore important for the paramedic discipline, particularly given the current climate and tensions surrounding national registration. It also raises further questions, such as, how can the acquisition of a unique body of knowledge exist, when standardised and consistent education do not exist nationally?

### **Strategic alliance with medicine**

As an example, one of the most purposeful steps taken was during the 1980s when paramedics (in Victoria) moved away from the emergency services sector (which included police and fire fighters) and into the health care system.<sup>34</sup> The importance of that step cannot be over-stated.

Nursing and physiotherapy aligned themselves strategically within the medical profession: embracing distinctly subordinate roles to physicians, but nonetheless drawing lines in the sands defining their own scope of practice and body of knowledge.<sup>27,35,36</sup> The alignment provided the necessary support for their claims by medicine which subsequently resulted in the recognition and acceptance by other professional groups.<sup>4</sup> Without acceptance of medicine’s dominance, both disciplines are not likely to have achieved their professional status. Whilst the paramedic discipline openly accepts medicine’s place in the hierarchy by recognising its clinical governance and development of clinical practice guidelines and protocols, it has yet to align itself with that profession in a subordinate position in the health care hierarchy.<sup>23</sup> Such alignment now seems both timely and pragmatic, particularly with the concept of physician assistants and extended paramedic practitioner/carer roles being discussed in Australia.<sup>37</sup> In broad terms, the move to extend their roles to paramedic practitioner and/or physician assistant may actually force paramedics to deal with the issue sooner than later. Fundamentally, should and can the paramedic discipline accept professional status when it comes with strings of medicine’s direction and influence on their scope of practice?

An example of this strategic process occurred in the Australian dentistry profession in 2005 when the previous allied health disciplines of dental assistants, dental hygienists, dental therapists and dental technicians were all included under the dentistry profession category.<sup>27</sup> The catalyst for this change in provision was largely due to dental workforce shortages and a perceived need for skilled migration from the allied dental disciplines.<sup>38</sup> The outcomes from this process provided a better and politically stronger 'dental team' and reducing some of the dental workforce shortages.<sup>38</sup> In other words, the dental profession was able to strengthen its professional base and ensure that its own occupational territory was further protected.

Given the likely changes to health workforces and potential occupational turf war, it would seem that the Australian paramedic peak professional body or other representative agency has a small window of opportunity at the moment to achieve a professional alliance with medicine. Whether medicine is willing to accept the paramedic discipline as another practitioner in the health arena is another question.

### **Registration and regulation**

The uncertainty surrounding registration and regulation also supports the need to develop an alliance with the medicine profession, particularly with the Council of Australian Governments (COAG) recently recommending one national registration system for the nine registered professional bodies: medical practitioners, nurses and midwives, pharmacists, physiotherapists, psychologists, osteopaths, chiropractors, optometrists and dentists.<sup>39</sup> The Australian paramedic discipline does not currently have national registration or regulation of a professional scope of practice. Whilst proposals for national registration are in process, it is anticipated that progress will be slow, particularly with recent reports,<sup>40,41</sup> suggesting that registration (and regulation) are not presently supported by state governments.

National regulation however seems more likely in the short term: recently the Australian College of Ambulance Professionals (ACAP) commissioned a project team to develop a road map and action plan for achieving national regulation.<sup>42,43</sup> To illustrate how complex achieving a standardised national regulation process will be, it is noted that currently clinical practice and licensure is provided by each individual ambulance service at the local state/territory level. Each of these procedures will need to be reconciled in a national approach.

Another aspect of professionalisation that paramedics are obliged to take very seriously is its public role. Cruess, Johnston, and Cruess described being part of a profession involves a *contract with society*.<sup>44</sup> Part of this contract includes a societal guarantee of professional competence, safety and accountability and that this is only achieved by registration and regulation. In fact, we argue that without national (or state) registration or regulation, any notion of quality control and standardisation will be impossible to implement and monitor but without it, the notion of achieving recognised professional status for the paramedic discipline is not possible.

### **Higher Education and the development of a unique body of knowledge**

Whilst the two previous factors, (strategic alliance with medicine, and registration and regulation) are crucial in the professionalisation path, it could be argued that Higher Education and having a unique, profession-specific body of knowledge, ultimately underpins all of the professional characteristics and is therefore the key to obtaining full professional status. For example, physiotherapy was only recognised as a profession after undergraduate Higher Education programs were established that later contributed to a further expansion of each field's body of empirical scholarship. It is also important in the development of

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evidence-based practice and a profession specific theoretical base from which a designated scope of practice can be monopolised or ‘occupational closure’ can be maintained.<sup>45</sup>

In turn, this protects an occupational group from encroachment from other professional groups. For example, massage therapists, myotherapists, osteopaths, athletic-sports medicine therapists, and chiropractors perform several professional acts which also fall under the traditional scope of practice of physiotherapists. It is Higher Education that provides this body of knowledge, and it is this unique body of scholarship and science which leads to self-development, self-regulation, authority, and professional autonomy.<sup>4</sup>

Reynolds commented the importance of Higher Education for the Australian paramedic discipline,

*The Australian ambulance industry has undergone dramatic change over the last ten years. These changes have been singly reflected in the number of tertiary degree courses being offered throughout the [sic] Australia ... This single step could be viewed as a strategic move toward professionalism.*<sup>25, p. 1</sup>

The development of a formal and standardised curriculum at a university is generally seen as critical criteria in the development of a profession.<sup>1</sup> Based on this notion the paramedic discipline is currently well placed with ten undergraduate paramedic programs now offered around Australia. Whilst that offers the discipline greater capacity to develop its own body of knowledge and research evidence, it also highlights several shortcomings in its growth within the Higher Education sector and overall professional progression. Although a set of national competencies (diploma level) currently exist, these (unfortunately) do not meet the requirements or standards of the higher bachelor-level qualifications now offered by the ten universities.

In other words, no national bachelor-level degree competencies, national practice standards or national accreditation standards of education program and the curricula taught currently exists. This leads to an inconsistency between the curricula taught to paramedic students. This is further compounded by ambulance services (who are the major employers of paramedics) who work and practice independently of each other and in most parts independent of the universities as well. A concurrent issue related to this is not having nationally recognised professional qualifications that are portable between states/territories as well as overseas.

It is important to note that between 2005-2008 the Council of Ambulance Authorities and participating universities underwent a trial accreditation process to overcome these standardisation issues.<sup>46</sup> While the consultation team and participating institutions should be commended, one of the weaknesses of this process was the use of attributes/competencies from the British Paramedic Association Curriculum Framework. Clear differences exist between Britain and Australia, in terms of paramedic education and training, scope of practice and population health. One solution to this problem is the development of empirically-based graduate attributes that best reflect current Australian paramedic practice, education requirements and population health.

Crucially, the accreditation process has also served as a catalyst in several other developments, both of which *have* and *will* be important in the professionalisation and standardisation of our education and training programs. The standardisation is about maintaining consistency between teaching programs, and while each individual program will (and should) vary; the graduate should not, which unfortunately is currently occurring on a

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national scale. Other developments include the Australian Learning and Teaching Council funded project led by Eileen Willis<sup>47</sup>, the establishment of the National Association Paramedic Academics (NAPA) and Education Special Interest Group (Victoria), all of which set about establishing and continuing momentum in paramedic academia.

The miscalibration between paramedic educational and curriculum is further highlighted with uncertainty about which graduate attributes students exit programs with, and whether these attributes currently meet or do not meet the needs of the paramedic industry and the clientele they serve. In Australia, these questions have yet to be considered in detail. It will be proposed that while other factors are involved in the professionalisation process, it is the curriculum and processes contained within it, and the product of this curriculum (e.g., graduates and their accompanying attributes and skills) that are most important for the current and future needs of the paramedic discipline within Australia.

### **Conclusion**

Given the complex and changing context of the current Australian healthcare system, the time is ripe for paramedics to reposition itself as a full-fledge profession. Paramedics has responded pro-actively to demands for better, more efficient, and more effective practice, but it cannot progress beyond piece-meal patches and localised responses unless it develops nationally co-ordinated registration and regulation. Further, it needs to co-ordinate the various education and training providers to educate future paramedic practitioners with a nationally agreed-upon set of graduate attributes. These developments will in turn create a distinct pool of knowledge and skills that will define and delineate the extent of paramedics' sphere of influence and recognised expertise. The manifestation of that expertise, once made apparent in the field, will allow paramedics a position of greater strength from which to negotiate its relationship with the traditionally highly placed professions in medicine and health care. In the establishment of these attributes will assist the paramedic discipline in its quest to become a *profession*.

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