

Examine, embrace, evolve (Editorial – International Paramedic Practice)

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As the demands on healthcare systems evolve, so too must the system evolve to meet those demands. As alluded to by colleagues in previous editorials, paramedicine needs to adapt. Our primary service delivery models and educational models are predominantly reflective of what we traditionally considered to be paramedic practice – prehospital emergency care and transport to hospital. Not to discount this aspect of the profession – it is after all a reality that we provide such a service. However, to not consider paramedic practice as a complex intersection of healthcare, public health, and social care is to do ourselves (and our patients) a disservice. This complexity presents challenges when we attempt to articulate it. Just as no two patient presentations are the same, so are no two paramedics, local contexts or paramedic services. A one-size fits all approach will not help when it comes to considering this complexity. So how do we begin to approach it?

We can start by ultimately recognising that paramedicine is enacted within the broader contexts of social and healthcare systems. We need to accept the fact that the system (and all it encompasses) is ever-changing. Although uncomfortable, we need to embrace the uncertainty of the future of the system, yet at the same time ensure that we are agile enough as a profession to respond to opportunities. We need to examine what we *do*, and what we might *need to do* in the future. In fact, we also need to influence what we might *want to do* in the future. The role of technology in paramedic practice of the future (including the role of emerging technologies such as machine learning, AI and remote monitoring) needs to be explored. New forms of service delivery will need to be considered in the context of finite resources and demands on existing healthcare services. Expanding and enhancing roles, aligning educational outcomes, and increasing clinical autonomy will likely be required in order to meet the complex needs of our patients. Paramedics also need to consider their potential role in relation to public health and public policy.

Such an evolution will not be without challenges. Stability in professional role identity is critical, and devaluation of a role can occur when individuals are faced with potential role changes (Machin et al. 2012). As a profession, we need to prepare for this instability. This starts with the public discourse about paramedicine and the role of paramedics. It will also require reflection on aspects of our professional culture, the values we hold and practice, and our educational models. Professional boundaries will need to be negotiated as paramedics enhance, substitute, innovate, or delegate aspects of their role. We will need to learn how to navigate the complex, political waters of public policy, and demonstrate our current and potential value to the system. As a relatively small group of healthcare professionals, with historically dynamic practice and boundaries, we are in a unique position. The opportunity exists for us to lead the redesign our education, our systems, and our clinical practice to better meet the needs of our patients, now and in the future. Let's take it.

References

- Machin, A. I., Machin, T., & Pearson, P. (2012). Maintaining equilibrium in professional role identity: A grounded theory study of health visitors' perceptions of their changing professional practice context. *Journal of Advanced Nursing*, 68(7), 1526–1537. doi:10.1111/j.1365-2648.2011.05910.x