

UNION FACT SHEET 13

Critical Care Paramedic (CCP) Professional Development Commitments

Queensland Ambulance Service Employees

What the Commitment Means

While not included as a formal clause in the *Certified Agreement 2025*, the *Heads of Agreement* establishes an important QAS commitment for Critical Care Paramedics (CCPs) to have access to structured time for professional development.

QAS commits to providing opportunities for CCPs to undertake peer mentoring, clinical supervision, and service improvement activities.

These activities are to be scheduled in consultation with supervisors, ensuring CCPs can contribute to high-level clinical leadership and capability development across the Service.

What the Law Says

Under the Work Health and Safety Act 2011 (Qld) and Code of Conduct for the Queensland Public Service, QAS has a duty to:

- Support professional competence and continuous learning for clinical staff, and
- Maintain safe systems of clinical governance and supervision.

The Paramedicine Board of Australia's Professional Capabilities for Paramedics also require all registered paramedics — especially those in advanced practice roles — to engage in ongoing clinical education, peer development, and reflective supervision.

These commitments help QAS meet both its legal and regulatory obligations around clinical safety and professional standards.

How It Works

Who it applies to:

- All Critical Care Paramedics (CCPs), including those in permanent and relieving positions.

Activities included:

- Peer mentoring of paramedics and students;

- Clinical supervision and debrief participation;
- Involvement in quality assurance or service improvement initiatives;
- Participation in structured clinical governance or case review sessions.

How it's scheduled:

- CCPs may schedule professional development time in consultation with their supervisors, considering operational service delivery needs.
- Supervisors should work with CCPs to plan appropriate opportunities throughout roster cycles — for example, non-clinical time blocks, scheduled debriefs, or structured mentoring sessions.
- Time should be recorded and acknowledged as part of professional workload planning.

Why It Matters

This commitment recognises the unique expertise and leadership CCPs bring to the Service. Structured opportunities for mentoring and service improvement:

- Enhance clinical capability across QAS,
- Support safer and more consistent patient care,
- Strengthen peer networks and workforce retention, and
- Reduce fatigue and burnout through balanced professional engagement.

This is more than a token gesture — it's an investment in CCP leadership and sustainable clinical excellence.

Union Tip

Although not a Certified Agreement clause, this commitment is formally documented in the *Heads of Agreement* and must be honoured by QAS.

If your station or region is not facilitating CCP professional development opportunities:

1. Raise it with your supervisor and local manager.
2. Document your request and response.
3. Notify your union delegate if no provision is made — it's a QAS organisational commitment, not an optional practice.

Professional time isn't a favour — it's part of safe clinical governance.

CCPs should be supported to lead, teach, and improve the service.

MYTH-BUSTER: CCP PROFESSIONAL DEVELOPMENT TIME**Myth 1: “CCPs must do mentoring and governance in their own time.”****Fact:**

Wrong. Under the Heads of Agreement, QAS has formally committed to giving CCPs time during rostered hours for peer mentoring, clinical supervision, and service improvement.

This time is scheduled in consultation with supervisors, subject to service delivery needs — but it’s a QAS commitment, not an optional courtesy.

Myth 2: “It’s not in the EB, so it doesn’t count.”**Fact:**

Even though this provision doesn’t appear in the Certified Agreement, it’s an industrial commitment recorded in the *Heads of Agreement*.

That means it forms part of the official understanding between QAS and unions, and QAS is expected to honour it.

Myth 3: “It’s only for permanent CCPs.”**Fact:**

The commitment applies to all CCPs, including relieving and temporary employees who are maintaining their CCP scope of practice.

The intent is to strengthen capability and clinical leadership across the service — not just for a few positions.

Myth 4: “Supervisors can deny all requests for professional time.”**Fact:**

Supervisors can balance operational coverage, but they must also make reasonable provision for CCPs to access these activities throughout roster cycles.

Mentoring, case reviews, and clinical governance are part of safe, contemporary practice, not optional extras.

Union Message

Professional time for CCPs is about patient safety and workforce sustainability, not perks.

If your region isn’t allowing it, record the request and notify your delegate — the commitment is in writing, and it’s enforceable through consultation and escalation channels.