AHPRA | Paramedicine Board of Australia
Accreditation Committee

Response template for providing feedback to public consultation – draft proposed accreditation standards for paramedicine

This response template is the preferred way to provide your response to the consultation on the **Draft proposed accreditation standards for paramedicine.** Please provide your responses to all or some of the questions in the corresponding text boxes. You do not need to respond to a question if you have no comment.

Making a submission

Please complete this response template and send to accreditationstandards.review@ahpra.gov.au using the subject line '*Feedback on draft proposed accreditation standards for paramedicine.'*

Submissions are due by COB on 13 March 2020.

Stakeholder details

Please provide your details in the following table:

Name:	John Limpus
Organisation Name:	CODE 1 MEDICAL SERVICES

Your responses to the public consultation questions

1. Does any content need to be added?
I would like to see an updated definition of the term “PARAMEDIC” to more accurately reflect the scope of clinical practices performed. One possible example might be as follows. “An independent, emergency pre-hospital clinician, who provides advanced assessment, resuscitation and patient management, prior to, or during specialised transport to tertiary care”.
2. Does any content need to be amended?
The language used with respect to education providers appears to be a little soft. The use of the word “expected” is used quite frequently. The Paramedicine board has developed 6 mandatory registration standards that are required for registration. I firmly believe that the word “expected” should be replaced with must or mandated. This is in no way, intended as a criticism of the university sector. However, if we do not require a higher standard of competence and compliance from our institutions of higher education, how can we then expect it, of the graduates they produce and for whom compliance with statutory requirements, is a compulsory part of obtaining registration.
3. Are there any potential unintended consequences of the current wording?
There are always potentially unintended consequences when developing something new, however I believe, that what has been proposed is pretty much on the mark. The only issues that may arise, are with specific regard to the teaching out of existing and developing new curriculums, so that students are not disadvantaged by superseded requirements.
4. Do the proposed accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate they are producing safe and competent graduates?
Yes, however greater emphasis on industry engagement within each state and territory is required, to improve course content between providers and end users. This would then enable the better integration of learning and skills, to more accurately reflect the social demographics and skill sets required in modern practice, by various jurisdictions.

5. Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?
Paramedic students (unlike other health disciplines) engage in clinical placement practicums on mobile paramedic units. Clinical facilitators will therefore experience significant difficulties in observing their students. The system as it stands, relies very heavily on reports from mentors thereby excluding CF's from direct observation, that is essential for correction and as part of the clinical case review process. Unfortunately, placing facilitators on vehicles with students is not logistically impracticable. Using suitably qualified paramedics, as university employed mentors, who can operate as second officers, may provide one possible solution.
6. What do you think should be the Accreditation Committee's minimum expectations for education providers to demonstrate adequate quality, quantity, duration and diversity of a student's experience during paramedicine work-integrated learning? (related to standard 3.11)
They committee needs to ensure that students have sufficient on-road exposure, in a variety of environments to gain the best possible mix of experiential learning. The system utilised in South Africa, sees graduates complete the majority of their university studies and training occur the first two years, with third year in a mostly on road, paid capacity, with a senior paramedic clinician. Whilst I understand that there would be significant hurdles involved, there is a need for the profession to evolve its training practices, to better prepare industry ready graduates for the challenges of the future.
7. Do you have any other general feedback or comments on the proposed standards?
Overall, the significant amount of time and effort invested thus far, to produce the current standards is very commendable. Has the board consulted with the Nursing and Midwifery board, for advice, given the benefit of their experience in having previously navigated a similar process for registration of nurses?