Paramedicine Accreditation Committee

Accreditation standards: Paramedicine

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Preamble

Background

On 1 December 2018, paramedicine became a regulated profession within the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

In March 2019, the Paramedicine Board of Australia (the Board) established the Paramedicine Accreditation Committee under the National Law. The Accreditation Committee is responsible for developing and reviewing the accreditation standards against which education providers and their implementation of paramedicine programs of study (programs) are assessed when applying for accreditation under the National Law. The Board is responsible for approving and publishing these standards. Before the paramedicine profession joined the National Scheme, the Council of Ambulance Authorities undertook the accreditation of paramedicine education programs.

The Accreditation Committee assesses whether programs of study and education providers are meeting the accreditation standards and decides whether to accredit the program. The Accreditation Committee accredits programs that meet the accreditation standards, it also monitors accredited programs to ensure they continue to meet the accreditation standards. The Board considers the Accreditation Committee's decisions and decides whether to approve accredited programs as providing qualifications for registration. The Accreditation Committee must regularly review the accreditation standards to ensure they remain contemporary and relevant to the practice and education of paramedics in Australia.

Graduates of an accredited and approved paramedicine program are qualified for general registration to practise as a paramedic in Australia. 'Paramedic practice' or the 'scope of paramedic practice' is not specifically defined or described for the paramedicine profession in the National Law.

This document contains:

- a preamble relevant to the context of the paramedicine accreditation standards
- the paramedicine accreditation standards and their associated criteria
- guidance on the evidence to be presented by education providers seeking accreditation or responding to monitoring of an accredited paramedicine program, including:
  - expected information to be presented for each criterion
  - explanatory notes, to help common understandings between accreditation assessment teams and providers about the Accreditation Committee's requirements
- a glossary, and
- a list of acronyms.

Assessment teams and education providers should also refer to the document *Guidelines for accreditation of education and training programs* for information about the processes and procedures used by the Accreditation Committee to assess and monitor programs against the accreditation standards.

Paramedicine in Australia

In Australia, entry-level paramedic education is delivered by universities and the New South Wales Ambulance Service. Historically, paramedics in Australia have generally been associated with the provision of emergency care to acutely ill or injured people, both in and out of hospital. This can involve autonomous practice, and complex patient assessments and treatment, including the administration of scheduled medicines.

Changes in Australia's health system are increasing the demands on the paramedic workforce. These changes are evident in both public sector ambulance services and the emerging private employment sector. As public ambulance services move away from a model of emergency treatment and transport, the role and scope of paramedic practice is expanding to better respond to the acute health needs of patients as well as to alleviate the demands on the healthcare system. Increasingly, paramedics can deliver treatment that adequately resolves the patient's presenting issue, reducing the need to refer or transport the patient to a health facility.

Paramedicine is a growing profession that plays an important role in an expanding and evolving healthcare system. This gives opportunities for workforce flexibility and innovation in recognising that the breadth of paramedic practice is not limited. It can encompass a variety of both clinical and non-clinical activities in a wide range of roles and settings in jurisdictional ambulance services, health services,

hospitals, community health, the defence forces and private industry, as well as academic and broader government sectors. As the scope of practice of paramedics expands to include extended care roles in a range of settings, modern paramedic work is wide-ranging, often unsupervised, increasingly complex and frequently high-risk.

Overview of the *Accreditation standards: Paramedicine (2020)*

The *Accreditation standards: Paramedicine (2020)* (the accreditation standards) recognise contemporary practice in the development of standards across Australia and internationally. The accreditation standards focus on the demonstration of outcomes. The essential outcome is graduates who have the knowledge, skills and professional attributes to practise paramedicine in a competent and ethical manner. Where education processes are considered part of assessing an education provider and its program, the evidence required by the Accreditation Committee relates to learning outcomes and related assessment tasks rather than evidence of any prescribed process. The accreditation standards accommodate a range of educational models and variations in curriculum design, teaching methods, and assessment approaches. The focus is on demonstrating that student learning outcomes and assessment tasks map to all the *Professional capabilities for registered paramedics* (the professional capabilities).

Mapping learning outcomes and assessment tasks to the *Professional capabilities for registered paramedics*

These accreditation standards require education providers to design and implement a program where learning outcomes and assessment tasks map to the *Professional capabilities for registered paramedics*.

The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a paramedic in Australia. They also describe the threshold level of professional capability needed for both initial and continuing registration.

These accreditation standards require education providers to design and implement a program where unit/subject learning outcomes and assessment tasks map to all the professional capabilities.

The relationship between the Accreditation Committee and other regulators

The Accreditation Committee recognises the role of the Department of Education and Training, the Higher Education Standards Panel (HESP)[1] and the Tertiary Education Quality Standards Agency (TEQSA)[2] in the regulation and quality assurance of higher education in Australia. The Accreditation Committee does not seek to duplicate the role of these bodies and does not assess against the standards from the *Higher Education Standards Framework (Threshold Standards) 2015* (threshold HES).[3] The accreditation standards in this document are limited to aspects of the education provider and program that are directly related to ensuring graduating students have the knowledge, skills and professional attributes needed to safely and competently practise as a paramedic in Australia.

Structure of the accreditation standards

The accreditation standards comprise five standards:

1. Assuring safe practice
2. Academic governance and quality assurance of the program
3. Program design, implementation and resourcing
4. The student experience
5. Assessment

A standard statement articulates the main purpose of each standard. Each standard statement is supported by multiple criteria that set out what is generally needed to meet the standard.

[1] For information on the HESP, see https://www.dese.gov.au/higher-education-standards-panel-hesp.
[2] For information on TEQSA, see www.teqsa.gov.au.
[3] For information on the threshold HES, see www.legislation.gov.au/Details/F2015L01639.

The Accreditation Committee considers whether the education provider and its program have met each criterion. When the Accreditation Committee determines whether the evidence presented by an education provider shows that a standard is met, it takes a balanced view of the findings for each criterion in the context of the whole standard and its intent.

Guidance on the presentation of evidence for accreditation assessment and evaluation by assessment teams and the Accreditation Committee

The Accreditation Committee considers whether an education provider meets a standard based on documentary evidence given by the education provider during the accreditation process and experiential evidence received by the assessment team through site visits and discussions with a range of:

- students from each year of the program(s)
- staff at the education provider
- clinical placement supervisors and other staff at facilities and health services used for professional practice experiences, and
- graduates of the program, and their employers.

Expert assessment teams established by the Accreditation Committee evaluate the evidence presented by the education provider for each criterion using the principles of fairness, validity, flexibility, sufficiency and reliability. The teams report their evaluation findings to the Accreditation Committee. The Accreditation Committee considers these findings and decides whether the accreditation standards have been met. The Accreditation Committee also decides on accreditation of the program in accordance with section 48 of the National Law. Programs may be accredited, accredited with conditions and/or specific monitoring requirements, or not accredited. The onus is on the education provider to present evidence that shows how the paramedicine program meets each of the accreditation standards.

Guidance on presenting an explanation and expected information

The Accreditation Committee expects the education provider to explain how they meet each standard and provide the relevant expected information.

Education providers are expected to:

- make clear in their explanation the purpose of including each piece of expected information
- highlight where the relevant information can be found in the expected information documents i.e. give the relevant page and paragraph number, and
- reference the criterion (or criteria) to which each piece of expected information relates.

Some documents listed in the expected information may apply to multiple standards and criteria. For example, unit/subject profiles/outlines are expected to be given for Criteria 1.1, 3.6, 3.7, 3.8 and 5.1, but serve different purposes for each criterion, therefore the accompanying explanation would be different for each criterion.

Providing a staffing profile

The Accreditation Committee expects the education provider to supply a staffing profile for Criteria 2.13, 2.15, 3.14 and 5.4. The purpose of the staffing profile differs for each standard. The Accreditation Committee recognises that there may be duplication of information requested across these criteria, and therefore would accept submission of one staffing profile that covers all the relevant information across the criteria mentioned above.

A template for the staffing profile is available for education providers to complete and should include all details identified in the expected information for relevant criteria.

Providing examples of assessments

The Accreditation Committee expects the education provider to give examples of assessments for Criteria 1.1, 1.3, 5.1 and 5.3. It is expected the examples include at least three different assessment tools or modalities. For each tool or modality, it is expected that three de-identified examples from students across the range of performance are given. Where possible this will include an example of a satisfactory or pass and an example of an unsatisfactory or fail.

Implementation of formal mechanisms

The Accreditation Committee recognises it is likely that TEQSA has assessed the education provider's policy and procedure portfolio. The Accreditation Committee requires evidence of the implementation of formal mechanisms at the program level, i.e. the outputs and/or outcomes, not just a description of the process, or copies of policy and procedure documents i.e. the inputs.

Monitoring accredited programs

After the Accreditation Committee accredits a program, the committee has a legal responsibility under Section 50 of the National Law to monitor whether the program continues to meet the accreditation standards. Continued accreditation requires the Accreditation Committee remains satisfied the program and education provider continue to meet the accreditation standards while students continue to be enrolled in the accredited program.

The education provider should keep the expected information up-to-date and available during the life of the program because the Accreditation Committee expects information to be presented at each round of monitoring. The expected information to be presented during monitoring will be based on the findings of the original assessment (or previous monitoring) and risks identified by the Accreditation Committee.

During monitoring, the Accreditation Committee relies primarily on assessment of documentary evidence given by the education provider. If the Accreditation Committee is not reasonably satisfied the accredited program continues to meet the accreditation standards, it may seek further evidence through discussions with the education provider and/or through a site visit.

Feedback and further information

The Accreditation Committee invites education providers, accreditation assessors and other users to give feedback on the expected information and explanatory notes within this document.

Please email your comments and suggestions to the Program Accreditation team at program.accreditation@ahpra.gov.au. The Accreditation Committee will review all feedback, which will inform any future refinements to this document. For further information please contact:

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Email: program.accreditation@ahpra.gov.au
Website: https://www.paramedicineboard.gov.au/Accreditation.aspx

Review of accreditation standards

The accreditation standards will be reviewed periodically as required. This will generally occur at least every five years.

Date of effect: 1 June 2021

The accreditation standards, criteria, expected information and explanatory notes

Standard 1: Assuring safe practice

Standard statement: Assuring safe practice is paramount in program design, implementation and monitoring.

Criteria		Expected information for inclusion with accreditation application/monitoring response
1.1	Safe practice is identified in the learning outcomes of the program, including any clinical placements.	• Program materials and unit/subject profiles/outlines that show protection of the public and safe practice, including culturally safe practice, are addressed in the curriculum, including relevant safety frameworks, for example those published by the Australian Commission on Safety and Quality in Healthcare. • Program materials that show how student learning and assessment, including in clinical placements, map to the professional capabilities for registered paramedics, including the capabilities for culturally safe practice. • At least three different assessment tools or modalities which show that safe practice, including culturally safe practice, is being taught and assessed in the practice setting. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible, include an example of a satisfactory or pass, and an example of an unsatisfactory or fail. • Examples of implementation of formal mechanisms used to identify, report on and remedy issues effecting safe practice in program design, implementation and monitoring.
1.2	Formal mechanisms exist to ensure students in the program are fit to practise safely at all times.	• Examples of implementation of formal mechanisms used to monitor whether students are fit to practise safely throughout the duration of the program and manage situations where safety issues are identified. • Three de-identified examples of implementation of formal mechanisms used to ensure students are safe to engage in practice before clinical placements. This includes confidential disclosure of issues by students including notification of impairment, vaccinations and, where mandated, completion of police checks and working with children checks.
1.3	Students in the program are required to achieve relevant prerequisite capabilities before each clinical placement.	• Documents showing the relevant learning outcomes to be achieved before each clinical placement in the program. • At least three different assessment tools or modalities which show assessment of relevant learning outcomes. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.

Criteria		Expected information for inclusion with accreditation application/monitoring response
1.4	Health practitioners who supervise students in the program during clinical placements hold current registration in Australia for the clinical elements they supervise, if practising in a regulated profession.	• Examples of formal arrangements with facilities and health services used for clinical placements (for example, an agreement) that ensure practitioners supervising students hold current registration, if the supervisor is practising in a regulated profession.
1.5	Facilities and health services used for clinical placements maintain relevant accreditation and licences.	• Examples of formal mechanisms that show facilities and health services used for clinical placements maintain relevant accreditation and licences. • Examples that show the education provider monitors the currency of accreditation and licences. • Register of agreements (formal contracts and/or other written communication securing clinical placements) between the education provider and facilities and health services used for clinical placements. • Examples of formal mechanisms used for clinical and workplace safety, including reporting and control of infectious diseases.
1.6	The education provider requires students in the program to comply with the Paramedicine Board of Australia's (the Board's) guidelines relevant to safe practice and gives mechanisms for students to familiarise themselves with any changes to relevant guidelines as they arise.	• Information given to students that refers to the requirement for them to comply with the Board's guidelines. • Examples of implementation of formal mechanisms used for mandatory and voluntary notifications about students to the Australian Health Practitioner Regulation Agency (Ahpra).
1.7	The education provider complies with its obligations under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) and other laws.	• Examples of implementation of formal mechanisms that show compliance with relevant legislation.
1.8	The education provider requires students to comply with a code of conduct consistent with the Paramedicine Board of Australia's expectations of ethical and professional conduct.	• Examples of implementation of a code of conduct that is consistent with the Board's guiding principles on ethical and professional conduct.

Standard 1: Explanatory notes

This standard addresses safe practice and the care of patients as the prime consideration. The focus is on clinical placements and supervision and the way the education provider effectively manages clinical placements and professional practice environments to ensure quality and reliable outcomes for both patients and students.

Safe practice

There are many dimensions to safe practice such as knowing about the policy context; best practice guidance; knowing how to manage risk effectively; managing personal, physical and mental health; practicing cultural safety; practicing safety in the use of scheduled medicines; and the responsibilities as a student and as a registered practitioner. The Accreditation Committee expects the education provider to assure safe practice in the program by implementing formal mechanisms relating to clinical placements and by teaching students about the different aspects of safe practice, including but not limited to, workplace health and safety (including how to respond to occupational violence), cultural safety, mental health of patients and paramedics, manual handling, and infection prevention and control.

Cultural competence

While there are many professional capabilities necessary to be a competent paramedic, in Australia's multicultural society, cultural competence is particularly important.

Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals and allows that system, agency or those professionals to work effectively in cross-cultural situations.

The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates, at all levels:

- the importance of culture
- the assessment of cross-cultural relations
- vigilance towards the dynamics that result from cultural differences
- the expansion of cultural knowledge, and
- the adaptation of services to meet culturally-unique needs.[4]

The Accreditation Committee acknowledges that cultural competence and cultural safety are particularly important in Australia's multicultural society and are not limited only to Aboriginal and/or Torres Strait Islander Peoples. A culturally safe environment should be afforded to all people in the Australian healthcare context.

Paramedics in Australia must be able to work effectively with people from various cultures, that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture. A holistic, patient and family-centred approach to practice requires cultural competence.

All health practitioners in Australia, including paramedics, need working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

[4] Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Cultural safety

It is critically important that the teaching of education programs is culturally safe and that education providers teach culturally safe practice.

The Board is part of the National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group). The Aboriginal and Torres Strait Islander Health Strategy Group developed the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* (the Strategy) as a step towards making cultural safety the norm for Aboriginal and Torres Strait Islander Peoples and eliminating racism from the health system, in which accreditation standards play a role. The Statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm.

The definition of cultural safety below has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Aboriginal and Torres Strait Islander Health Strategy Group developed the definition in partnership with a public consultation process.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a. acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
b. acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
c. recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; and
d. foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Clinical placements

Clinical placements and professional practice experience – sometimes called work-integrated learning – include a range of approaches and strategies that integrate academic learning (theory) with its application to practice within a purposefully designed curriculum. TEQSA's *Guidance note Work Integrated Learning* states:

> In the context of the Higher Education Standards Framework (Threshold Standards) 2015 (HES Framework), work-integrated learning (WIL) encompasses any arrangement where students undertake learning in a workplace outside of their higher education provider (or one operated jointly with an external partner) as a part of their course of study. Such arrangements may include:
>
> - clinical or other professional placements
> - online projects
> - internships, or
> - workplace projects. [5]

TEQSA's guidance note recognises that the nature and scope of work-integrated learning may vary considerably, as will the extent of 'integration' of the workplace learning with the student's coursework.

The Accreditation Committee recognises that education providers design and carry out clinical placements in a variety of ways. The Accreditation Committee expects education providers to present documentary and experiential evidence that shows how their arrangements meet the accreditation standards. As outlined above, this evidence should include:

- documents setting out:
  - what learning outcomes students are required to achieve before starting each clinical placement
  - what learning outcomes students are expected to achieve during each clinical placement, and
  - clear expectations for students and supervisors about their responsibilities during each clinical placement.
- documents that clearly articulate:
  - how student achievement of the expected learning outcomes of each clinical placement will be assessed
  - who is responsible for assessing student achievement of these outcomes, and
  - the validated assessment tools used to assess student achievement of these outcomes.
- formal arrangements (such as agreements) with jurisdictional ambulance services, health services and other organisations used for clinical placements – these may be at university-wide level, program level or student level
- formal mechanisms that enable the education provider to ensure that practitioners supervising clinical placements hold current registration, if the supervisor is practicing in a regulated profession
- formal mechanisms for ensuring that services used for clinical placements maintain any relevant accreditation and licensing, where required, including relevant accreditation and licensing for any workplaces used for clinical placements outside Australia
- mechanisms to ensure adequate communication between program staff and clinical placement supervisors, including mechanisms that enable supervisors to give feedback on students' performance and students and supervisors to give feedback on the operation of the clinical placement elements of the program
- formal mechanisms to help open and appropriate communication between program staff and clinical placement supervisors whenever needed

[5] TEQSA's Guidance Note: Work-integrated learning, see https://www.teqsa.gov.au/latest-news/publications/guidance-note-work-integrated-learning. Accessed on 9 December 2019.

- mechanisms to ensure that students engage in clinical placements in a range of settings with a range of patients and a range of clinical presentations to ensure adequate exposure to the diversity of paramedicine practice
- demonstration of how the sequencing of units/subjects across the program integrates theoretical and practical teaching with expected learning outcomes of each clinical placement, and a clear explanation of how the curriculum design equips graduates with the skills, knowledge and attributes to achieve the professional capabilities of registered paramedics.

The accreditation standards do not specify a required number of clinical placement hours. The Accreditation Committee expects the education provider to explain how it ensures the clinical placements completed by each student enables them to achieve the knowledge, skills and professional attributes required to safely and competently practice as a paramedic. Education providers must give evidence to support this explanation.

Achievement of prerequisite capabilities before clinical placements

To enable students in the program to practise safely, the Accreditation Committee expects students to achieve the prerequisite capabilities that are relevant to their subsequent clinical placements before giving patient care. The Accreditation Committee acknowledges the role that simulation can play in helping students gain the prerequisite capabilities. It notes that achievement of these prerequisite capabilities is needed to minimise risk, particularly because supervision alone cannot assure safe practice.

All students in the program must have appropriate English language skills to communicate effectively with patients, clinical placement supervisors and other staff in the clinical placement setting. Education providers can use the Paramedicine Board of Australia's *English language skills registration standard*[6] as a general guide in setting the appropriate level of English language skills required for paramedicine students.

Clinical placement supervisors

Clinical placements conducted in Australia must be supervised and, when the supervisor is from a regulated health profession, the supervisor must hold current registration.

The education provider is responsible for implementing and monitoring the quality of overseas clinical placements. The Accreditation Committee acknowledges that overseas clinical placement supervisors may not hold registration in Australia. Despite this, the Committee expects overseas clinical placement supervisors to be suitably experienced and qualified, and registered with the appropriate regulatory authority where there is one.

Relevant accreditation and licensing

The Accreditation Committee recognises that some clinical placements may take place in facilities that are not health services or health facilities and are not required to be accredited or licensed. The Accreditation Committee expects the education provider to implement formal mechanisms that ensure each health service or health facility used for clinical placements complies with any relevant licensing requirements, such as applicable public health laws or accreditation against the *National Safety and Quality Health Service (NSQHS) Standards*, where relevant and appropriate.

Ethical and professional conduct

The requirements for the ethical and professional conduct of registered paramedics to assure safe practice in Australia are set out in the *Professional capabilities for registered paramedics* and in the *Code of conduct*[7] published by the Board.

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[6] Paramedicine Board of Australia's *English language standard*, see www.paramedicineboard.gov.au/Professional-standards/Registration-standards/English-language-skills. Accessed 21 June 2019.

[7] Paramedicine Board of Australia *Code of conduct,* 2018. www.paramedicineboard.gov.au/Professional-standards/Codes-guidelines-and-policies/Code-of-conduct. Accessed 1 April 2019.

Standard 2: Academic governance and quality assurance of the program

Standard statement: Academic governance and quality improvement arrangements are effective in developing and implementing sustainable, high-quality education at a program level.

Criteria		Expected information for inclusion with accreditation application/monitoring response
2.1	The education provider is registered with the Tertiary Education Quality Standards Agency (TEQSA).	• Copy of written notice of decision from TEQSA on registration including whether TEQSA has granted self-accrediting authority.
2.2	The program is accredited by the TEQSA or, for education providers with self-accrediting authority, the program has been approved by the relevant education provider board or committee responsible for program approval.	• If TEQSA has not granted self-accrediting authority: – TEQSA's report on accreditation of the program – disclosure of any issues concerning the program that TEQSA has identified and details of any conditions imposed, and – subsequent dialogue with TEQSA about addressing the conditions. • If TEQSA has granted self-accrediting authority: – copy of the program approval decision made by the education provider's relevant board or committee, such as a record of resolution in meeting minutes – disclosure of any issues concerning the program that the board or committee has identified, and – subsequent dialogue with the board or committee about addressing the issues.
2.3	The TEQSA, or the relevant education provider board or committee has approved the Australian Qualifications Framework (AQF) level of the program at bachelor (AQF Level 7) or higher.	• TEQSA or the education provider's relevant board or committee approval of the AQF level of the program.
2.4	Students, lecturers and clinical placement supervisors in the program have opportunities to contribute to decision-making about program design, implementation and quality.	• Details of any student, lecturer and clinical placement supervisor representation in the governance and curriculum management arrangements for the program. • Examples that show consultation and contribution by students, lecturers, and clinical placement supervisors when decisions about program design, implementation and quality are being made. • Examples that show how feedback from students, lecturers and clinical placement supervisors is used to improve the program.
2.5	The education provider has robust academic governance for the program that includes systematic monitoring, review and improvement, and a committee or group with the responsibility, authority and capacity to design, implement and improve the program to meet the needs of the paramedicine profession and the health workforce.	• Overview of formal academic governance arrangements for the program, including an organisational chart of governance for the program. • Current list of members of the committee or group responsible for program design, implementation and quality; and minutes from the three previous meetings of these groups. • Examples of implementation of formal mechanisms relating to academic governance for the program. • Explanation of how monitoring and reviewing contributes to improvement in the design, implementation and quality of the program. • Examples of implementation of formal mechanisms used to monitor and review the design, implementation and quality of the program.

Criteria		Expected information for inclusion with accreditation application/monitoring response
		• Schedule for monitoring, review and evaluation of the design, implementation and quality of the program. • Records of the three previous meetings of the main committee or group that has responsibility for design, implementation and quality of the program. • Record of the most recent internal course review of the program.
2.6	Formal mechanisms exist to evaluate and improve the design, implementation and quality of the program, including student feedback, internal and external academic and professional peer review and other evaluations.	• Examples of implementation of formal mechanisms used to evaluate and improve the design, implementation and quality of the program. • Details of outcomes and actions from internal or external reviews of the program in the past five years. • Summary of actions to improve the design, implementation and quality of the program in response to student or staff feedback.
2.7	Formal mechanisms exist to validate and evaluate improvements in the design, implementation and quality of the program.	• Examples of implementation of formal mechanisms used to validate and evaluate improvements in the design, implementation and quality of the program.
2.8	There is formalised and regular external stakeholder input to the design, implementation and quality of the program, including from representatives of the paramedicine profession, other health professions, prospective employers, health consumers and graduates of the program.	• Examples of effective engagement with a diverse range of external stakeholders, including representatives of Aboriginal and/or Torres Strait Islander communities, culturally and linguistically diverse communities, patient/consumer groups, aged care organisations and mental health groups. • Examples of effective engagement with other relevant health professions about program design and implementation. • A list of all external stakeholders that have had input into the design, implementation and quality improvement of the program. • Terms of reference of a current stakeholder group responsible for input into the design, implementation and quality of the program, including the list of representatives on the group and their current positions. • The current stakeholder group's meeting calendar for the current year and minutes of any meetings over the previous two years. • Examples of reports from employer and/or graduate surveys and/or reviews and explanation of the outcomes and actions taken in response to reports. • Records of other stakeholder engagement activities showing participation, decisions made and implemented.
2.9	Formal mechanisms exist to anticipate and respond to contemporary developments in paramedicine and the education of health practitioners, within the curriculum of the program**.**	• Examples of implementation of formal mechanisms used to anticipate and respond to contemporary developments in paramedicine and the education of health practitioners within the curriculum of the program.
2.10	Formal mechanisms exist to ensure the ongoing quality of learning and	• Detailed examples of implementation of formal mechanisms to ensure ongoing quality of learning and assessment during clinical placements,

Criteria		Expected information for inclusion with accreditation application/monitoring response
	assessment during clinical placements	including formal mechanisms for training and monitoring supervisors, mechanisms for placement evaluation, including gaining student and supervisor feedback. • Examples of evaluation of student feedback about their clinical placement experience and their feedback on the clinical placement supervisors. • Examples of evaluation of supervisor feedback about their clinical placements experience and their feedback on the quality of students and dealings with the education provider. • Examples of responses to address evaluation findings and ensure ongoing quality.
2.11	Staff and students work and learn in a physically, mentally and culturally safe environment.	• Examples of implementation of formal mechanisms used to ensure that the staff and student work and learning environment is physically, mentally and culturally safe. • Examples of resolving any issues that compromised the physical, mental and/or cultural safety of the staff and student work and learning environment. • Examples of feedback from staff and students about the safety of the environment.
2.12	The education provider assesses and actively manages risks to the program, program outcomes and students enrolled in the program.	• Examples of the development and implementation of a risk management plan and formal mechanisms for the program which include assessing and mitigating risks and identifying any subsequent program opportunities following a risk assessment.
2.13	The education provider appoints academic staff at an appropriate level to manage and lead the program.	• Staffing profile for staff responsible for management and leadership of the program, identifying their: – academic level of appointment – management or leadership role in the program – fraction (full-time, part-time) and type (ongoing, contract, casual) of appointment – qualifications and experience relevant to their management and leadership responsibilities in a teaching and learning environment, and – engagement in further learning related to their role and responsibilities. • Examples of staff development activities which encourage and promote leadership and research capacity.
2.14	Staff managing and leading the program have sufficient autonomy to request the level and range of human resources, facilities and equipment in the program.	• Examples of correspondence or meetings that show staff managing and leading the program are requesting the allocation of human resources, facilities and equipment when necessary, and the response from the decision-makers.
2.15	The education provider actively recruits or draws on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and/or Torres Strait Islander health.	• Staffing profile of the program, which identifies the Aboriginal and Torres Strait Islander status of staff. • Examples of targeted recruitment of Aboriginal and Torres Strait Islander staff. • Examples of implementation of formal mechanisms used to recruit staff, including an equal employment opportunity policy for employment of Aboriginal and/or Torres Strait Islander Peoples.

Criteria		Expected information for inclusion with accreditation application/monitoring response
		• Examples of implementation of formal mechanisms used to draw on staff or other individuals with the knowledge, expertise and culturally safe practice to facilitate learning in Aboriginal and/or Torres Strait Islander health.

Standard 2: Explanatory notes

This standard addresses the organisation and governance of the paramedicine program. The Accreditation Committee acknowledges TEQSA's role in assessing the education provider's governance as part of their registration application. The Accreditation Committee seeks evidence of how the paramedicine program operates within the organisational governance.

The Accreditation Committee also acknowledges there is some similarity between these accreditation standards and the standards applied by TEQSA in its course accreditation. Education providers who offer programs that are accredited by TEQSA can therefore give evidence of TEQSA's assessment against the course accreditation standards.

The focus of this standard is on the overall context in which the program is implemented, specifically the administrative and academic organisational structure which supports the program. This standard also focuses on identifying the degree of control that the academics who manage and implement the program, the paramedicine profession and other external stakeholders have over the relevance and quality of the program, to produce graduates who are safe and competent to practise.

Formal quality assurance mechanisms

The Accreditation Committee expects the education provider will regularly monitor and review the program and the effectiveness of its implementation. The education provider is expected to engage with, and consider the views of, representatives of the paramedicine profession, students, graduates, lecturers, clinical placements supervisors, employers and other health professionals when relevant.

The Accreditation Committee also expects the education provider will implement formal mechanisms to validate and evaluate improvements in the design, implementation and quality of the program. This may include benchmarking arrangements with another external accredited paramedicine program.

The Accreditation Committee expects education providers to show they comply with the AQF Qualifications Pathways Policy - 2.1.3 *Issuing organisations' decisions regarding the giving of credit into or towards AQF qualification* – when relevant.

Evidence of effective engagement with external stakeholders

The Accreditation Committee acknowledges there are numerous ways education providers engage with their stakeholders, for example through e-mail, video- and teleconferencing, questionnaires and surveys (verbal or written), online and physical forums and face-to-face meetings. The Accreditation Committee expects that engagement with external stakeholders will take place through one or more of these mechanisms on a regular basis and at least once every 12 months.

External stakeholders

The Accreditation Committee expects the education provider will engage with any individuals, groups or organisations that are significantly affected by, and/or have considerable influence on the education provider, and its program design and implementation. This may include, but is not limited to, representatives of the local community and relevant Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, health consumers, relevant health services (including aged care and mental health providers), health professionals, relevant peak bodies and industry.

Education providers should engage a broad and diverse range of stakeholders so as not to burden any one stakeholder group.

The staff and student work and learning environment

The work environment includes any physical or virtual place staff attend to carry out their role in teaching, supervising and/or assessing students in the program. The learning environment includes any physical or virtual place students attend to learn and/or gain clinical experience in the program. Examples include offices, classrooms, lecture theatres, online learning portals, simulated environments, clinical placement facilities and health services.

All environments related to the program must be physically, mentally and culturally safe for both staff and students.

Staffing profile for staff responsible for management and leadership of the program

A template for the staffing profile is available[8] for education providers to complete and should include all details identified in the expected information for criteria 2.13 and 2.15. The same template can be used for criteria 3.14 and 5.4.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to give clear evidence that all staff are qualified and experienced to deliver the units/subjects they deliver. Further, the Accreditation Committee expects the education provider to give clear evidence that staff with responsibilities for management and leadership of the program will have:

a) knowledge of contemporary developments in paramedicine, which is informed by current and continuing scholarship or research or advances in practice
b) skills in contemporary teaching, learning and assessment principles relevant to paramedicine, their role, modes of implementation and the needs of particular student cohorts, and
c) a qualification in paramedicine or a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been given to and assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

[8] Please contact Ahpra's Program Accreditation team at program.accreditation@ahpra.gov.au get the most up-to-date version of the staffing profile.

Standard 3: Program design, implementation and resourcing

Standard statement: Program design, implementation and resourcing enable students to achieve all the professional capabilities for paramedics.

Criteria		Expected information for inclusion with accreditation application/monitoring response
3.1	Culturally safe practice is integrated in the design and implementation of the program and is articulated in unit/subject learning outcomes, with an emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.	• Explanation of how culturally safe practice is integrated in the design and implementation of the program. • Details of unit/subject learning outcomes that articulate how culturally safe practice is integrated in the program, with emphasis on Aboriginal and Torres Strait Islander cultures and cultural safety in the Australian healthcare setting.
3.2	A coherent educational philosophy informs the program design and implementation.	• Statement of the overall educational philosophy which informs the program design and implementation.
3.3	Unit/subject learning outcomes in the program address all the professional capabilities for paramedics.	• Curriculum map that shows alignment and mapping of unit/subject learning outcomes to all the professional capabilities. • Detailed profiles/outlines for each unit/subject taught in the program.
3.4	Unit/subject learning outcomes in and between years of the program address the principles of the quality use of medicines by paramedics.	• Details of units/subjects demonstrating learning outcomes relevant to the quality use of medicines. • Detailed information demonstrating that learning in relation to the safe use of medicines takes account of cultural and social influences and determinants of health. • Curriculum map that shows alignment and mapping of unit/subject learning outcomes to the capabilities required for prescribing, administering, supplying and monitoring the use of medicines.
3.5	The curriculum design includes vertical and horizontal integration of theoretical concepts and practical application throughout the program including simulation and clinical placement experiences.	• Overview of the program identifying relationships between units/subjects and student learning outcomes in and between years of the program. • Detailed information demonstrating the integration of principles of the quality use of medicines in and between years of the program.
3.6	Unit/subject learning outcomes in the program address contemporary principles of interprofessional education and reflective practice.	• Program materials and unit/subject profiles/outlines that show where relevant interprofessional education and reflective practice are addressed and reflected in student learning outcomes. • Program materials and unit/subject profiles/outlines showing where interprofessional practices for safe and effective use of medicines are addressed.
3.7	Unit/subject learning outcomes and assessment in the program specifically reference the relevant *National Safety and Quality Health Service (NSQHS) Standards*, including in relation to collaborative practice, team-based care and culturally safe healthcare, particularly for Aboriginal and/or Torres Strait Islander Peoples.	• Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant *NSQHS Standards* are specifically referenced in the program and student learning outcomes assessed against the *NSQHS Standards.*
3.8	Unit/subject learning outcomes in the program address social and cultural determinants of health.	• Program materials and unit/subject profiles/outlines that show where social and cultural determinants of health are addressed, specifically as they relate to

Criteria		Expected information for inclusion with accreditation application/monitoring response
		the care of Aboriginal and Torres Strait Islander Peoples and the individual across their lifespan, including frailty, disability, palliative care and patient-centred care.
3.9	Unit/subject learning outcomes in the program address the development of skills in scientific enquiry and the research process underpinning paramedicine practice.	• Program materials show how students are encouraged to: – develop research skills and maintain currency of knowledge in contemporary developments in paramedicine practice – identify opportunities to contribute to the development of new knowledge through research and enquiry, and – reflect on professional challenges or experiences and integrate knowledge and findings into practice.
3.10	Legislative and regulatory requirements relevant to the paramedicine profession are taught and their application to practice is assessed, during clinical placements in the program.	• Identification of where relevant legislative and regulatory requirements are taught and assessed during clinical placements.
3.11	The education provider ensures clinical placements give students in the program regular opportunities to reflect on their observations of practice in the practice setting.	• Three de-identified records of student feedback that includes an opportunity for reflection on their clinical placement experiences.
3.12	The education provider engages with the practitioners who give instruction and supervision to students during clinical placements, and formal mechanisms exist for training and monitoring those supervisors.	• Examples of engagement between the education provider and practitioners who give instruction and supervision to students during clinical placements. • Examples of implementation of formal mechanisms used for training and monitoring clinical placement supervisors.
3.13	The quality, quantity, duration and diversity of student experience during clinical placements in the program is sufficient to produce graduates who have shown the knowledge, skills and professional attributes to safely and competently practise across a broad range of paramedicine settings.	• Explanation about how the education provider monitors the quality, quantity, duration and diversity of student experience during clinical placements to ensure it is sufficient to produce graduates who show the knowledge, skills and professional attributes to safely and competently practise paramedicine. • Examples of implementation of formal mechanisms used for monitoring the quality, quantity, duration and diversity of student experience during clinical placements.
3.14	The education provider appoints academic staff at an appropriate level to implement the program.	• Staffing profile for staff responsible for implementation of the program, identifying their: – academic level of appointment – role in implementation of the program – fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment – qualifications and experience relevant to their responsibilities – relevant registration status, and – engagement in further learning related to their role and responsibilities. • Description of and examples that show the mechanisms by which the education provider

Criteria		Expected information for inclusion with accreditation application/monitoring response
		ensures staff show culturally safe practice in the delivery of programs.
3.15	The program has the level and range of facilities and equipment to sustain the quality and scope of education needed for students to achieve all the professional capabilities for paramedics.	• Letter from the Chief Executive Officer or Vice Chancellor (or delegate) confirming ongoing support for the quality and resourcing of the program. • Description of, and examples that show, the facilities and equipment used by the education provider for teaching and learning in the program allow students to achieve all the professional capabilities, including culturally safe practice.

Standard 3: Explanatory notes

This standard focuses on how the program, including any graduate-entry program, is designed and implemented to produce graduates who have shown all the professional capabilities for paramedics.

Program design

The Accreditation Committee considers that the two main goals of the paramedicine program leading to a qualification suitable for general registration are to:

- ensure graduates can safely and competently practise paramedicine at the level needed for general registration, and
- deliver the educational foundation for lifelong learning in paramedicine.

To deliver the educational outcomes the education provider is encouraged to present evidence in an overview about how the curriculum is structured and integrated to produce graduates who have shown all the professional capabilities for paramedics – this is also required for any graduate-entry program.

The Accreditation Committee expects the education provider to make explicit statements about the learning outcomes at each stage of the program, including any graduate-entry program, to give guides for each unit/subject that set out the learning outcomes of the unit/subject, and to show how the learning outcomes map to the *Professional capabilities for paramedics* (professional capabilities).

If the application is seeking accreditation of a graduate-entry program, the Accreditation Committee expects the education provider to make explicit statements about any knowledge and skills that are assumed when students enter the paramedicine program.

Quality use of medicines

The principles underpinning the quality use of medicines are one of the central objectives of Australia's National Medicines Policy and are applied when prescribing medicines.[9] Quality use of medicines means:

- Selecting management options wisely by:
  - considering the place of medicines in treating illness and maintaining health, and
  - recognising that there may be better ways than medicine to manage many disorders.
- Choosing suitable medicines if a medicine is considered necessary so that the best available option is selected by taking into account:
  - the individual
  - the clinical condition
  - risks and benefits
  - dosage and length of treatment
  - any co-existing conditions
  - other therapies
  - monitoring considerations, and
  - costs for the individual, the community and the health system as a whole.
- Using medicines safely and effectively to get the best possible results by:
  - monitoring outcomes
  - minimising misuse, over- and under-use, and

[9] Department of Health *National Strategy for Quality Use of Medicines* 2002 available from https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm-copy2. Accessed on 3 March 2020.

- improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

Social and cultural determinants of health

The Accreditation Committee expects that the education provider considers social and cultural determinants of health as they relate to the design, implementation and quality improvement of its program. This should include the way people think about health and illness, individual behaviours and habits that influence health, and how culture interacts with environment, economy, and politics to affect health. Cultural determinants of health are also expected to be considered, such as Aboriginal and/or Torres Strait Islander Peoples' connection to family and community, land and sea, culture and identity.[10]

Referencing the NSQHS standards

The Accreditation Committee expects that at a minimum the education provider would be referencing the *NSQHS Standards* within the program curriculum. This may include through learning materials given to students and during lectures.

Integration of cultural competence and cultural safety in the design and implementation of paramedicine programs

The Australian Government Department of Health's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (the Framework) supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs.[11]

It is expected that relevant aspects of the Framework are incorporated into the design and implementation of paramedicine programs to prepare graduates to deliver culturally safe health services to Aboriginal and/or Torres Strait Islander Peoples. The Accreditation Committee acknowledges that this may be a new concept for many education providers, but it is reflective of a broader focus on Aboriginal and Torres Strait Islander cultures and cultural safety in education of healthcare practitioners in Australia.

Learning and teaching approaches

The Accreditation Committee encourages innovative and contemporary methods of teaching that promote the educational principles of active student participation, problem solving and development of communication skills. Problem- and evidence-based learning, computer assisted learning, simulation and other student-centred learning strategies are also encouraged. Education providers may show how these approaches are realised and incorporated into the curriculum to help student achievement of the learning outcomes and the professional capabilities for paramedics.

Interprofessional education

The principles of interprofessional education encompass learning about, from and with other health professions, and understanding, valuing and respecting individual discipline roles in healthcare.

Teaching and assessment of legislative and regulatory requirements

The Accreditation Committee expects legislative and regulatory requirements relevant to the paramedicine profession are taught in the program and for their application to practice to be assessed during clinical placements.

[10] Social and Cultural Determinants of Indigenous Health. Implementation Plan Advisory Group Consultations 2017 Discussion Paper, see www.consultations.health.gov.au/indigenous-health/determinants/. Accessed 12 March 2019.

[11] 'Aboriginal and Torres Strait Islander Health Curriculum Framework'. www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework. Accessed 1 April 2019.

Staffing profile for staff responsible for assessment of students in the program

A template for the staffing profile is available[12] to education providers to complete and should include all details identified in the expected information for criterion 3.14. The same template can be used for criteria 2.13, 2.15 and 5.4.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to give clear evidence that all staff with responsibilities for assessment of students in the program have:

a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
b) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

Facilities and equipment

The Accreditation Committee expects the education provider to give details of all paramedicine equipment used for teaching and learning in the program, including a depreciation schedule for major equipment and evidence of facilities and equipment used for simulation.

[12] Please contact Ahpra's Program Accreditation team at program.accreditation@ahpra.gov.au to get the most up-to-date version of the staffing profile.

Standard 4: The student experience

Standard statement: Students in the program have equitable and timely access to program information and learning support.

Criteria		Expected information for inclusion with accreditation application/monitoring response
4.1	Program information is complete, accurate, clear, accessible and up-to-date.	• Information given to prospective students (before enrolment) and enrolled students about the program, including information about requirements for registration. • Description of mechanisms by which students can access inherent requirements and reasonable adjustments to enable them to complete their studies. • Explanation about when and how prospective and enrolled students are given full details about practitioner registration requirements, program fees, refunds and any other costs involved in the program. • Program information and/or links to website pages containing program information for prospective and enrolled students.
4.2	The education provider ensures cultural safety for students, at all times.	• Examples of implementation of formal mechanisms used to ensure cultural safety.
4.3	The education provider identifies and delivers support services, including cultural support services, to meet the learning and welfare needs of students in the program.	• Examples of implementation of support services to meet the needs of students, including Aboriginal and/or Torres Strait Islander students, in the program.
4.4	There are specific strategies to address the recruitment, admission, participation and completion of the program by Aboriginal and/or Torres Strait Islander Peoples.	• Examples of implementation of formal mechanisms for recruitment and admission to the program by Aboriginal and/or Torres Strait Islander Peoples. • Examples of implementation of formal mechanisms to support retention of Aboriginal and/or Torres Strait Islander Peoples.

Standard 4: Explanatory notes

This standard focuses on how the education provider ensures students have equitable and timely access to program information and learning support and delivers a student experience that is culturally safe.

The Accreditation Committee acknowledges TEQSA's role in assessing student access to program information and a range of support services as part of their registration application. If information relevant to this standard has been given to and assessed by TEQSA, the education provider can include evidence of the outcome of TEQSA's assessment.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to give clear evidence of implementation at the level of the program, of any formal mechanisms used to ensure student access to program information and learning support.

Registration requirements

The Accreditation Committee expects the education provider clearly and fully informs prospective students about the Board's practitioner registration requirements before students enrol in the program. Students enrolled in the program should also be reminded of the requirements.

The Accreditation Committee expects that the information refers to the following registration standards[13] set by the Board:

- continuing professional development
- criminal history
- English language skills
- professional indemnity insurance arrangements, and
- recency of practice.

Student support services and facilities to meet learning, welfare and cultural needs

The Accreditation Committee expects evidence of implementation of adequate student learning support services is given at the level of the program.

Meeting the learning, welfare and cultural support needs of paramedic students may include offering mental health support services that recognise the unique needs of students during studies and during work integrated learning, such as dealing with situations involving patient critical-incident scenarios and death.

Evidence of implementation of learning support services could include how students in the program access student academic advisers as well as more informal and readily accessible advice from individual academic staff.

[13] For more information see the Board's website www.paramedicineboard.gov.au/Professional-standards/Registration-standards. Accessed 1 April 2019.

Standard 5: Assessment

Standard statement: All graduates of the program have demonstrated achievement of the learning outcomes taught and assessed during the program.

Criteria		Expected information for inclusion with accreditation application/monitoring response
5.1	All the professional capabilities for paramedics and unit/subject learning outcomes are mapped to assessment tasks in the program.	• Assessment matrix or other consolidated and comprehensive assessment design documents to demonstrate alignment and mapping of all assessment tasks, all unit/subject learning outcomes and all professional capabilities. • Detailed unit/subject profiles/outlines for each unit/subject for the entire program, including details of the assessment tasks for the relevant unit/subject. • At least three different assessment tools or modalities used during clinical placements that show how students attain the professional capabilities, including capabilities for culturally safe practice. For each tool or modality, include at least three de-identified examples from students across the range of performance. Where possible include an example of a satisfactory or pass, and an example of unsatisfactory or fail.
5.2	Multiple valid and reliable assessment tools, modes and sampling are used throughout the program, including evaluation of student capability through direct observation of students in the practice setting.	• Details of the assessment strategy for each year of the program, identifying assessment tools, modes and sampling. • Examples of implementation of formal mechanisms used to evaluate student capability in the practice setting.
5.3	Formal mechanisms exist that ensure assessment of student learning outcomes is valid, appropriate and reflects the principles of assessment.	• Examples of implementation of formal mechanisms used to ensure assessment of learning outcomes for determining student competence reflects the principles of assessment. • Examples of assessment statistical data and how it is reviewed and used to improve implementation of assessment. • Examples of assessment moderation and validation, including the outcomes. • Examples of assessment benchmarking including the outcomes.
5.4	Staff who assess students in the program are suitably experienced, prepared for the role and hold appropriate qualifications.	• Staffing profile for academic staff responsible for assessment of students in the program identifying their: – academic level of appointment – role in assessment of students in the program – fraction (full-time, part-time) and type (ongoing, contract, casual) of their appointment – qualifications and/or experience relevant to their responsibilities – relevant registration status (for health practitioners), and – engagement in further learning related to their role and responsibilities. • Details of arrangements to monitor staff who assess students during clinical placements to

Criteria		Expected information for inclusion with accreditation application/monitoring response
		ensure assessment meets the principles of assessment. • Details of arrangements to monitor the cultural competence of staff who assess students.
5.5	Formal mechanisms exist to ensure the learning outcomes and assessment requirements for all units/subjects, including all clinical placement activities are defined and known to both students and supervisors.	• Information given to students and supervisors about clinical placement activities and assessment. • Examples of implementation of formal mechanisms used to ensure the learning outcomes and assessment for all clinical placement activities are defined and known to both students and supervisors. • Examples of guidance given to clinical placement supervisors on how to use assessment tools to improve the validity and reliability of their assessments.

Standard 5: Explanatory notes

This standard focuses on assessment, including quality assurance processes and the staff responsible for assessing students in the program. The Accreditation Committee expects the education provider to show how they assure that every student who passes the program, including any graduate-entry program, has achieved all the professional capabilities for paramedics, including capabilities for culturally safe practice.

The Accreditation Committee expects the education provider to use fit-for-purpose and comprehensive assessment methods and formats to assess learning outcomes, and to ensure a balance of formative and summative assessments throughout the program, including any graduate-entry program.

If the application is seeking accreditation of a graduate-entry program, the Accreditation Committee expects the education provider to make explicit statements about any knowledge and skills that are assumed when students enter the paramedicine program.

Principles of assessment

The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair. The Accreditation Committee expects the education provider to implement an assessment strategy that reflects the principles of assessment. It is also expected that when the education provider designs and implements supplementary and alternative assessments in the unit/subject that these contain different material to the original assessment.

Staffing profile for staff responsible for assessment of students in the program

A template for the staffing profile is available[14] to education providers to complete and should include all details identified in the expected information for criterion 5.4. The same template can be used for criteria 2.13, 2.15 and 3.14.

The Accreditation Committee does not assess against the threshold HES, but it expects the education provider to give clear evidence that all staff with responsibilities for assessment of students in the program have:

a) skills in contemporary assessment principles and practice relevant to their responsibilities, and
b) a qualification in a relevant discipline at least one level higher than the program, or equivalent relevant academic or professional or practice-based experience and expertise.

If information at the level of the program has been assessed by TEQSA, evidence of the outcome of TEQSA's assessment is sufficient.

[14] Please contact Ahpra's Program Accreditation team at program.accreditation@ahpra.gov.au to get the most up-to-date version of the staffing profile.

Glossary

Accreditation standards	Used to assess whether a program of study, and the education provider that delivers the program give people who complete the program the knowledge, skills and other professional attributes needed to safely and competently practise as a paramedic in Australia.
Assessment benchmarking	A structured, collaborative, learning process for comparing practices, processes or performance outcomes. Its purpose is to identify comparative strengths and weaknesses as a basis for developing improvements in academic quality. Benchmarking can also be defined as a quality process used to evaluate performance by comparing institutional practices to sector good practice.[15]
Assessment matrix	A technical component of assessment; it is a document that demonstrates the link between learning outcomes and assessment tasks. Note: the terms assessment blueprint or summary and assessment sampling framework are also in use by education providers.[16]
Assessment moderation	Quality assurance, control processes and activities such as peer review that aim to assure: consistency or comparability, appropriateness, and fairness of assessment judgments; and the validity and reliability of assessment tasks, criteria and standards. Moderation of assessment processes establishes comparability of standards of student performance across, for example, different assessors, locations, units/subjects, education providers and/or programs of study.[17]
Assessment team	An expert team, assembled by the Accreditation Committee, whose primary function is the analysis and evaluation of the paramedicine program against the accreditation standards.
Clinical placement	A term used for a range of approaches and strategies that integrate theory with the practice of work within a purposefully designed curriculum.
Clinical placement supervisor	A clinical placement supervisor, also known as a clinical supervisor, is an appropriately qualified and recognised professional who guides learners' education and training during clinical placements. The supervisor's role may encompass educational, supportive and organisational functions. The supervisor is responsible for ensuring safe, appropriate and high-quality patient care. Clinical placement supervision is a mechanism used by the education provider and workplace to assure the student is practising safely, competently and ethically. Supervision arrangements are responsive to each student and recognise that students have different levels of

[15] 'TEQSA Guidance Note: Benchmarking', see https://www.teqsa.gov.au/latest-news/publications/guidance-note-external-referencing-including-benchmarking. Accessed 15 February 2019.
[16] Medical Deans Australia and NZ (HWA project), *Developing a national assessment blueprint for clinical competencies for the medical graduate (competencies project stage 3) final report*, see 'Stage 3 Competencies Project – Final Report' on https://medicaldeans.org.au/md/2018/07/Stage-3-Competencies-Project-Final-Report-FINAL.pdf. Accessed 15 February 2019.
[17] Adapted from TEQSA glossary of terms, see www.teqsa.gov.au/glossary-terms. Accessed 15 February 2019.

	competence and therefore, require different levels of supervision to manage risk. It involves oversight – either direct/onsite or indirect/remote – by an appropriately qualified supervisor(s) to guide, give feedback on, and monitor personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient care.
Cultural competence	Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates, at all levels: • the importance of culture • the assessment of cross-cultural relations • vigilance towards the dynamics that result from cultural differences • the expansion of cultural knowledge, and • the adaptation of services to meet culturally-unique needs.[18]
Cultural determinants of health	Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Consistent with the thematic approach to the *Articles of the United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[19], cultural determinants include, but are not limited to: • self-determination • freedom from discrimination • individual and collective rights • freedom from assimilation and destruction of culture • protection from removal/relocation • connection to, custodianship, and utilisation of country and traditional lands • reclamation, revitalisation, preservation and promotion of language and cultural practices • protection and promotion of traditional knowledge and Indigenous intellectual property, and • understanding of lore, law and traditional roles and responsibilities.[20]

[18] Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
[19] United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), see www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html. Accessed 12 March 2019.
[20] Prof. Ngiare Brown (undated), cited in The Lowitja Institute – Cultural Determinants Roundtable, Melbourne 26th November 2014, Background Paper, see www.lowitja.org.au/page/research/research-roundtable/cultural-determinants. Accessed 12 March 2019.

	Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination.[21]
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must: a. acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health; b. acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism; c. recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; and d. foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.
Culturally safe environment	A culturally safe environment is where any person, including Aboriginal and/or Torres Strait Islander Peoples are not only treated well and in a culturally respectful manner, but they are also empowered to actively participate in interactions, believing they are valued, understood and taken seriously and supported to carry out culturally significant tasks as part of service delivery or participation in the program.
Current and continuing scholarship or research	Current and continuing scholarship and research means those activities concerned with gaining new or improved understanding, appreciation and insights into a field of knowledge, and engaging with and keeping up to date with advances in the field. This includes advances in ways of teaching and learning in the field and advances in professional practice, as well as advances in disciplinary knowledge through original research.[22]
Education provider	The term used by the National Law to describe universities, tertiary education institutions or other institutions or organisations that deliver health practitioner education.
Formal mechanisms	Activities that an education provider completes in a systematic way to effectively deliver the program. Formal mechanisms may or may not

[21] Commonwealth of Australia, Department of Health (2017), *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017*, see www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-ipag-consultation. Accessed 12 March 2019.
[22] 'TEQSA Guidance Note: Scholarship', see www.teqsa.gov.au/latest-news/publications/guidance-note-scholarship. Accessed 15 February 2019.

	be supported by formal policy but will at least have documented procedures or processes in place to support their implementation.
Inherent requirements	The core activities, tasks or skills that are essential to a workplace in general, and to a specific position or role. The activities and/or tasks cannot be allocated elsewhere, are a core element of the position or role, and result in significant consequences if they are not performed.[23] Prospective students must be made aware of any inherent requirements for carrying out the program, or parts of the program, that may affect those students in special circumstances or with special needs, especially where a program leads to a qualification that may lead to registration as a professional practitioner by a registering authority.[24]
Interprofessional education	When two or more professions learn about, from and with each other to allow effective collaboration and improve health outcomes.[25]
Learning outcomes	The expression of the set of knowledge, skills and the application of the knowledge and skills a person has and can show because of learning.[26]
Mandatory and voluntary notifications about students	An education provider must notify Ahpra if the provider reasonably believes: a) a student enrolled in a program of study delivered by the provider has an impairment that, in the course of the student carrying out clinical training as part of the program of study, may place the public at substantial risk of harm; or b) a student for whom the education provider has arranged clinical training has an impairment that, in the course of the student carrying out the clinical training, may place the public at substantial risk of harm.[27] A voluntary notification about a student may be made to Ahpra on the grounds that: a) the student has been charged with an offence, or has been convicted or found guilty of an offence, that is punishable by 12 months imprisonment or more, or b) the student has, or may have, an impairment; or that the student has, or may have, contravened a condition of the student's registration or an undertaking given by the student to a National Board.[28]NOTE: The term "impairment" has a specific meaning under the National Law in Australia. In relation to a person, it

[23] Disability Employment Australia's 'Inherent requirements', see www.guide.disabilityemployment.org.au/proposing/inherent_requirements. Accessed 21 June 2019.
[24] TEQSA's Higher Education Standards Framework, *Domain 1, Student participation and attainment*, see www.teqsa.gov.au/hesf-domain-1. Accessed 21 June 2019.
[25] Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva, World Health Organization (WHO), 2010, see www.who.int/hrh/resources/framework_action/en/. Accessed 15 February 2019.
[26] Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed 15 February 2019.
[27] Section 143(1) of the National Law.
[28] Section 144(2) of the National Law.

	means the person has a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect: a) for a registered health practitioner or an applicant for registration in a health profession, the person's capacity to practise the profession; or b) for a student, the student's capacity to carry out clinical training: i. as part of the approved program of study in which the student is enrolled; or ii. arranged by an education provider.[29]
Medicines	Therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human or animal. It includes prescription, non-prescription and complementary medicines.[30]
Paramedic	An individual who is listed on the Paramedicine Board of Australia's register of paramedics.
Paramedicine Accreditation Committee	The committee appointed by the Paramedicine Board of Australia which is responsible for implementing and administering accreditation.
Principles of assessment	The principles of assessment are a set of measures to ensure that assessment of students is valid, reliable, flexible and fair.
Professional capabilities for paramedics	Threshold capabilities needed to safely and competently practise as a paramedic in Australia.
Program of study	A program of study (program) delivered by an education provider. Note the term 'course' is used by many education providers.
Reasonable adjustments	Education providers are required to make changes so that a student with disability can safely and productively perform the genuine and reasonable requirements of the program. A reasonable adjustment requires an education provider to balance the cost or effort required to make such a change. If an adjustment requires a disproportionately high expenditure or disruption it may not be deemed reasonable. Reasonable adjustment requirements directly address systemic discrimination experienced by people with disability in education.[31]

[29] Section 5 of the National Law

[30] Health Professions Accreditation Collaboration Forum, Framework for accreditation requirements for the safe and effective use of medicines, unpublished, p7.

[31] Australian Human Rights Commission 'quick guide on reasonable adjustments', see www.humanrights.gov.au/quick-guide/12084. Accessed 15 January 2020.

Reliable assessment	The degree to which an assessment tool produces stable and consistent results.[32]
Simulation	Simulation refers to the artificial representation of a real-world process to achieve educational goals via experiential learning.[33]
Social determinants of health	The circumstances in which people grow, live, work, and age and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.[34]
Unit/subject	A component of a paramedicine program. Note the terms 'course' or 'topic' are used in many programs.
Valid assessment	How well an assessment measures what it is purported to measure.[35]

[32] 'Principles of Assessment – Part 1 (Reliability), see www.ittacademy.net.au/principles-assessment-part-1/. Accessed 8 April 2019.

[33] Al-Elq AH (2010) 'Simulation-based medical teaching and learning'. *Journal of Family and Community Medicine*. 17(1),35-40.
[34] Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Geneva, World Health Organization (WHO), see www.who.int/social_determinants/thecommission/finalreport/en/. Accessed 15 February 2019.
[35] 'Principles of Assessment – Part 4 (Validity), see www.ittacademy.net.au/principles-assessment-part-4-validity/. Accessed 15 January 2020.

List of abbreviations and acronyms

Ahpra	Australian Health Practitioner Regulation Agency
AQF	Australian Qualifications Framework
HES	Higher Education Standards
HESP	Higher Education Standards Panel
NSQHS	National Safety and Quality Health Service Standards
TEQSA	Tertiary Education Quality and Standards Agency