



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

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

Making a submission

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

Submissions are due by COB on 13 March 2020.

Stakeholder details

Please provide your details in the following table:

Name:	Anita Giannis, Nareeda Miller
Organisation Name:	Federation University Australia

Your responses to the public consultation questions

1. Does any content need to be added?
More detail on the requirements of maintaining accreditation would be useful. Details around the process and requirements of routine annual monitoring.
2. Does any content need to be amended?
3. Are there any potential unintended consequences of the current wording?
4. Do the proposed accreditation standards, associated criteria, expected information and explanatory notes indicate clearly what is required for education providers to demonstrate they are producing safe and competent graduates?
There is sufficient detail in this document to clearly outline the requirements. Further consultation may be required once the process is underway.

5. Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?

1.3 Pre-requisite capabilities before each period of work integrated learning. This requires more detail as to what constitutes a 'period' and may be difficult to provide evidence.

6. What do you think should be the Accreditation Committee's minimum expectations for education providers to demonstrate adequate quality, quantity, duration and diversity of a student's experience during paramedicine work-integrated learning? (related to standard 3.11)

The inherent variability of emergency ambulance clinical placement means that mapping outcomes is very difficult. A variety of geographic locations will help to diversify experience. Clinical placement provides socialisation to the environment but cannot guarantee clinical learning experiences. Increasing hours does not necessarily correlate with increases skill practice. A low number of minimum hours should be required with a greater emphasis on clinical simulation in the university environment.

Undergraduate programs should require a range of clinical placement experiences in addition to emergency ambulance placement to develop a range of skills.

7. Do you have any other general feedback or comments on the proposed standards?

The proposed standards are clearly provided in this document. When this process is implemented there needs to be sufficient flexibility in the accreditation process to allow for post graduate programs to be assessed. The process by which recognition of prior learning will be implemented is not clear at this stage. A number of the accreditation standards are achieved during prior studies by post graduate cohorts and are not delivered again in shorter programs.