



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:	Sherlyn Hii, Student
Organisation Name:	Australian Catholic University

Your responses to the public consultation questions

<p>1. Does any content need to be added?</p>
<p>Under Standard 3: Program Design.....: education providers should limit their enrolment numbers. I feel that there is an inability for ambulance services to facilitate the huge number of paramedicine students on clinical placement. By limiting enrolment, this would ensure that all students who are accepted in to the program receive equal and meaningful exposure to work integrated learning.</p> <p>Under Standard 4: <i>The Student Experience</i>: education providers need to prepare students for professional life. This means making students aware of the high competition that exists in the ambulance industry. While many students will be seeking employment with an emergency ambulance service, it is probable that many graduates will not be successful in gaining employment in this sector right away. Education providers need to prepare their students to have realistic expectations. In addition, education providers need to introduce students to other paramedic opportunities outside of a state ambulance service; for example: in NEPT, mining or international ambulance services. This would help to ensure our graduates are resilient and open to diverse opportunities.</p>
<p>2. Does any content need to be amended?</p>
<p></p>
<p>3. Are there any potential unintended consequences of the current wording?</p>
<p></p>
<p>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?</p>
<p>No. Frequently throughout the guideline, education providers are asked to provide “examples” of compliance with the accreditation standards. Unfortunately this term itself is very vague. It may be helpful to provide templates/forms for applicants to complete. This would help to ensure that all submissions provide an appropriate answer to each accreditation criteria.</p> <p>For example in standard 1.5, education providers are asked to provide: “Examples of implementation of formal mechanisms used for clinical and workplace safety, including reporting and control of infectious diseases.” In this instance, I suggest that the accreditation committee provide a standardised agreement form which trainers must use at the induction of clinical placement. In addition, organisations must provide a summary report of any incidents at the end of each study term. This would help to ensure that all education providers are using the same KPIs to measure this accreditation standard.</p>

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

Yes, particularly in relation to standard 1 (safety) and standard 3 (program design). As previously mentioned, I believe that it would be helpful for the accreditation committee provide forms and templates where possible. These forms do not need to be compulsory, but it will guide the applicant in answering the criteria appropriately.

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)

- Minimum 400 hours supervised clinical practice
- Use of a standardised assessment tool, such as the ANSAT (ansat.com.au) to ensure that student learning meets the same minimum standard across all universities
- Opportunities for students to submit anonymous feedback about work integrated learning
- Mandatory exposure to both metro and regional ambulance work

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

This is a great initiative, but it is important that the new standards will not jeopardise those paramedic students who are due for registration at the end of 2020. If those students are found to be enrolled in a Bachelor's program that fails to meet the new standard, these students must still be given an opportunity to demonstrate their eligibility for registration.