



CANDIDATE HANDBOOK

Ahpra Paramedicine Competency Assessment

Table of Contents

Introduction.....	3
Abbreviations and terminology	4
Competency assessment process	5
Paramedicine Competency Assessment.....	6
Examination bookings and fees	12
The day of your assessment	13
Facilities and equipment	16
Assessment governance.....	16
Results and marking	17
Re-sits	17
Appeals	17
Complaints.....	18
Record keeping and privacy.....	18
Candidate illness or injury	18
Special considerations	19
Reasonable adjustments	19
Conflict of interest	20
Health and safety.....	20
Candidate rules.....	20
Disclosure of information.....	22
Resource emergencies	22
Appendix 1: Example written examination questions.....	23

Introduction

This handbook provides information on the Paramedicine Board of Australia's Competency Assessment, known as the examination throughout this document. The examination is based on Paramedicine Professional Capabilities and is designed for regulatory purposes and to ensure practitioners suitably meet the standards required for registration and public safety, rather than educational purposes.

As part of the registration process, some applicants may be required to, or given the option of, undertaking a competency assessment to demonstrate they are able to practice paramedicine competently and safely at an entry level standard. The examination is one aspect of their application for registration and passing an examination does not automatically result in registration, which is a multi-faceted process.

The Australian Health Practitioner Regulation Agency (Ahpra) has contracted with two universities, Edith Cowan University and University of the Sunshine Coast, to host the examination. Both universities use contemporary, evidence-based methods to assess competence, with the assessment process consisting of a written examination, objective structured clinical examinations (OSCEs) and scenarios.

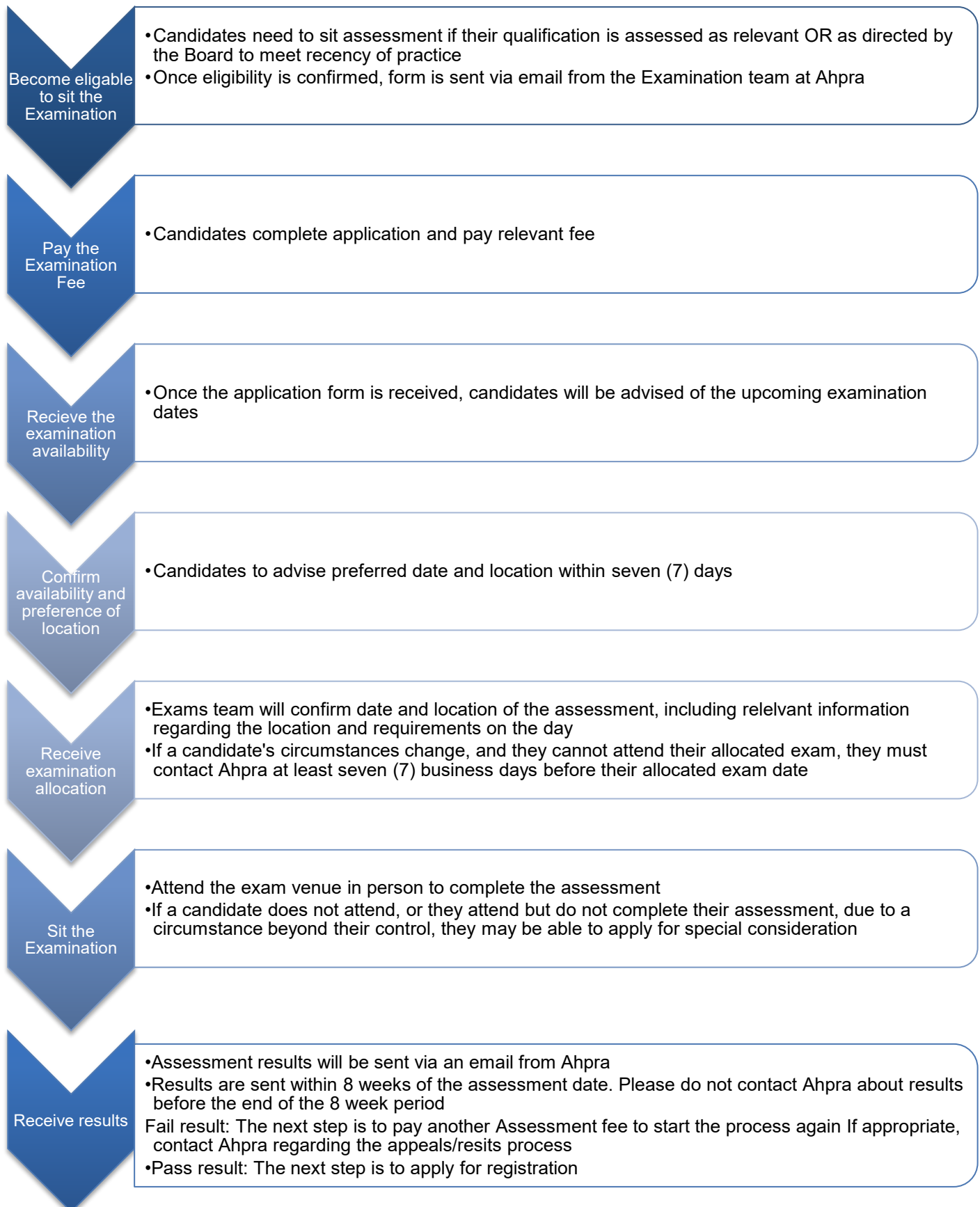
The assessments are conducted in a single day, in person, at a specified venue.



Abbreviations and terminology

Ahpra	Australian Health Practitioner Regulation Agency
ALS	Advanced Life Support. Resuscitation provided to Australian Resuscitation Council guidelines
ARC	Australian Resuscitation Council
Assessment Centre	The examination venue. Located at one of the two universities
Assessor	Also known as an examiner. An approved person conducting a candidate assessment.
Board	Paramedicine Board of Australia
CAA	Council of Ambulance Authorities
Candidate	An individual undergoing a competency assessment for registration as a paramedic with Ahpra
Competency Assessment Exam	A formal assessment designed to evaluate whether candidates possess the knowledge, skills, and professional behaviours required to practise safely and competently within their profession. It is conducted for regulatory purposes and forms one component of the overall registration process
ECU	Edith Cowan University
Institution lead	The named individual from each University nominated as the lead for this RFP
Lead Assessor	Also known as lead examiner. The senior assessor responsible for timing, quality and equity of candidate assessments
OSCE	Task focus assessments, which test a candidate's competence in specific paramedic skills
USC	University of the Sunshine Coast
VET	Vocational Education and Training

Competency assessment process

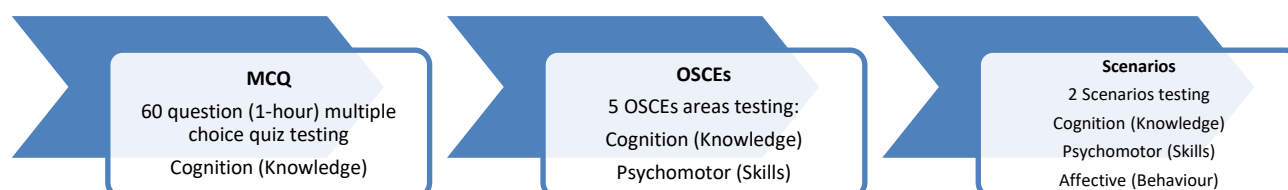


Paramedicine Competency Assessment

Overview

The Paramedicine Competency Assessment consists of three core components outlined in Figure 1. The approach to competence assessment uses current, evidence-based methods to assess candidates across the three domains. Assessment standards comply with expected paramedic competencies, as outlined by the Paramedicine Board. The standard to be met is one of a competent, safe-practicing paramedic.

Figure 1. Overview of Competency Assessment Components



The assessment aligns with the Professional Capabilities for Registered Paramedics. A summary of the relationship between the Professional Capabilities and the assessment components is shown in Table 1.

Table 1. Alignment of Professional Capabilities with Competency Assessment Methods

Professional Capability	Written	Assessment Method OSCE's	Scenarios
Practice in an ethical and professional manner consistent with relevant legislation and regulatory requirements	✓		✓
Provide each patient/service user with an appropriate level of dignity and care		✓	✓
Assume responsibility, and accept accountability, for professional decisions	✓	✓	✓
Advocate on behalf of the patient/service user, when appropriate within the context of the practitioner's practice as a paramedic	Not assessed in competency assessment		
Communicate clearly, sensitively and effectively with patient/service user and their family or carers		✓	✓
Collaborate with other health practitioners		✓	✓
Makes informed and reasonable decisions	✓	✓	✓
Uses clinical reasoning and problem-solving skills to determine clinical judgements and appropriate actions	✓	✓	✓
Draws on appropriate knowledge and skills to make professional judgements	✓	✓	✓
Identify ongoing professional learning, development needs and opportunities	Not assessed in competency assessment		
Protect and enhance patient/service user safety		✓	✓
Maintain safety of self and others in the work environment		✓	✓
Operates effectively within a mobile environment		✓	✓
Maintains records appropriately			✓
Monitors and reviews the ongoing effectiveness of their practice and modifies it accordingly		✓	✓
Audits, reflects on and reviews practice	Not assessed in competency assessment		
Participates in the mentoring, teaching and development of others	Not assessed in competency assessment		
Uses patient information management systems Appropriately			✓
Assess and monitor the patient/service user's capacity to receive care			✓

Understands the key concepts of the bodies of knowledge which are specifically relevant to paramedicine practice	✓	✓	✓
Conducts appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely		✓	✓
Demonstrates the requisite knowledge and skills to participate in mass casualty or major Incident situations	✓		
Formulates specific and appropriate patient/service user care and treatment actions		✓	✓

Multiple choice questions written component

The multiple-choice written examination, consisting of up to 60 multiple-choice questions (MCQs), assesses knowledge and application of knowledge across the five paramedicine domains of practice. The MCQs may be case based, and some will be multi-step requiring a correct sequence of answers. This approach ensures that this task provides evidence of the candidate's ability to interpret information required to inform safe and effective clinical and operational decisions.

Table 2. Domains of professional capability in paramedicine within the MCQ

Domain	Area
1	Professional & ethical conduct
2	Professional communication & collaboration
3	Evidence based practice & professional learning
4	Safety, risk management & quality assurance
5	Paramedicine practice

Examination length

The MCQ examination is 60 min.

Format of examination

The written examination will be provided either online (completed at the assessment centre), or in written format. If written, it will be provided in approved fonts and in black text on white paper.

The examination is closed book, and reference material, mobile phones, calculators, tablets etc are required to be secured prior to the examination.

Should an individual candidate require special requirements for their examination, such as large font, they must inform the Ahpra Examination team in advance, supported by medical evidence of the need. Special examination conditions will be included in the exam report provided to Ahpra.

Objective Structured Clinical Examinations

The Objective Structured Clinical Examinations (OSCEs) are task focused assessments, which test a candidate's competence in specific paramedic skills.

Number of OSCEs

The OSCE process will involve five OSCE areas with a number of skills within each OSCE area. Candidates are run through in one 'session' with the use of task trainers to demonstrate skills. The standard expected can be seen in 'expert in my pocket' project skills sheets (see

<http://expertinmypocket.com.au/>), acknowledging variations in clinical practice which remains safe and effective. The OSCEs which may be assessed are outlined in Table 3.

Table 3. Clinical Skills for OSCE Assessment

OSCE's	List of Skills
1. A – Airway	Triple airway manoeuvre Oropharyngeal airway Nasopharyngeal airway Suction Airway obstruction Supra-glottic airway (LMA or iGEL)
2. B - Breathing	Chest auscultation (stethoscope sounds audible to candidate) Respiratory status assessment Ventilation (BVM) (PEEP)
3. C – Circulation	Giving set preparation (0.9% Normal Saline) Vascular access (IV Cannulation) Manual or automatic defibrillation 12-Lead ECG application Arterial tourniquet application (Windlass tourniquet)
4. D – Drugs/Disability	Blood pressure (auscultation) Blood glucose Temperature (Tympanic) Medication checks IM injection IV delivery
5. E – Examination / Environment	Primary survey (adult and paediatric) Secondary survey Neurological assessment (CNS Survey) Patient handover (ISBAR / IMIST-AMBO) Infection control

OSCE Length

OSCEs will be conducted over a 12-minute period per OSCE including briefing, followed by the actual OSCE. OSCEs will take approximately one hour per candidate. Time for equipment familiarisation has been built into the day to ensure candidates can review the equipment used by each of the universities.

Marking Rubric

For each of the paramedic skills/procedures:

- Was the procedure performed with adherence to best practice infection control principles?
- Was it performed in a way that is safe for patients and paramedics?
- Was it performed in a manner that would have optimised the likelihood of success?
- Was it performed in a timely manner commensurate to the context in which it is being performed?

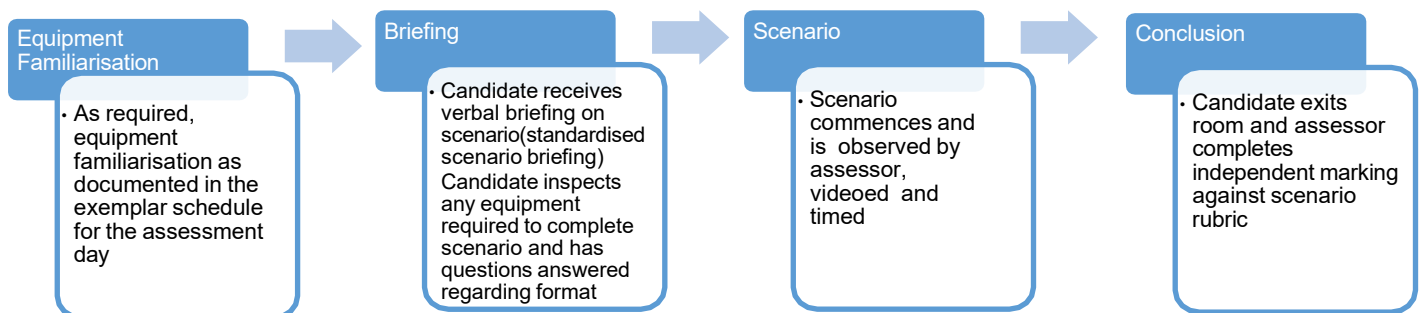
Figure 2. Example of marking rubric

	Triple airway	Oropharyngeal Airway	Nasopharyngeal Airway	Airway Obstruction	Supra-glottic Airway (LMA)	Chest Auscultation	Ventilation (BVM)	Vascular Access (IV)	Manual or automatic	Arterial tourniquet
Was the procedure performed with adherence to best practice infection control principles?										
Was it performed in a way that is safe for patients and paramedic?										
Was it performed in a manner that would have optimised likelihood of success?										
Was it performed in a timely manner commensurate to the context in which it is being performed?										
If no, provide detailed notes on the reasons why the particular skill did not meet the required standard										

OSCE Process

The process for each OSCE is provided in the following diagram.

Figure 3. Overview of the OSCE component



Scenarios

Scenario Overview

As the penultimate assessment of competency, candidates will undergo two competency scenario assessments. Scenarios test a candidates' overall competence across the paramedic domains of practice in a mock treatment setting.

Scenarios

Scenarios assist determining competency across the five paramedic practice domains. In particular, the non-specifically unwell patient will examine the candidate's competency in relation to testing capacity, decision making and selection of appropriate care pathways. Scenarios may be videotaped for quality assurance.

Scenarios will be performed using manikins and the assessor will act as the 'voice' of the manikin and

respond to questioning by the candidate. Scenarios may be run across the lifespan from paediatric to geriatric.

There will be two scenarios for each candidate, which may include:

- **Acutely unwell patient**
 - Respiratory
 - Cardiac
 - Neurological
 - Endocrine
 - Trauma
- **Non-specifically unwell patient**
 - Medical

Scenario length

Scenarios will not exceed 25 minutes including five minutes for briefing and 20 minutes for the actual scenario. At the end of 20 minutes actual scenario time, the scenario will cease. There is five minutes set aside for reset, making a total of one hour of scenario testing per candidate.



Marking rubric

Scenarios will each be assessed against a common rubric.

Criteria	Not Competent	Competent
Scene management and teamwork	Little or no recognition of issues/concerns/events that may impact negatively on provision of treatment	Demonstrates scene management evidenced by recognition of issues/concerns/events that may impact negatively on provision of treatment or scene safety
	Limited capacity to manage environmental or situational factors	Able to manage environmental or situational factors without impacting on quality of patient care
	Limited teamwork	Demonstrates effective teamwork with appropriate task/procedural delegation

Patient assessment	<p>Key aspects of patient assessment not performed</p> <p>Failure to identify important history as part of assessment</p>	<p>No omissions of key history or physical examination components</p> <p>Patient questioning included appropriate follow up enquiries</p>
Decision-making	<p>Poor decision-making that would impact patient outcome</p> <p>No decision-making</p> <p>No clear provisional diagnosis or treatment priorities</p>	<p>Demonstrates appropriate decision-making</p> <p>Clear provisional diagnosis and determination of all treatment priorities</p>
Procedural skills and clinical treatment	<p>Treatment not performed when indicated</p> <p>Treatment performed using incorrect techniques</p> <p>Treatment performed with multiple errors that affects patient outcome</p>	<p>Performed all relevant treatment when indicated to a satisfactory level. Multiple minor errors that would not impact on the safety or effectiveness of the procedure.</p> <p>Performed with adequate time sensitivity commensurate to the nature of the scenario</p>
Communication	<p>Poor verbal AND nonverbal communication with patient OR partner</p> <p>Poor effort to establish rapport or reassure patient/bystanders/partner</p>	<p>Appropriate verbal and non-verbal communication with all parties</p> <p>Establishes rapport and provides meaningful reassurance to patient/bystanders</p>
Safety	<p>Scenario performed in a manner that had potential to cause harm to patient, self or partner, including (but not limited to) inappropriate use of PPE, lack of provision of time-sensitive care, inappropriate delegation of tasks</p>	<p>Scenario performed in a safe manner that posed no risks of harm to patient, self or others</p> <p>PPE used appropriately, and care provided in a time sensitive manner commensurate to specifics of scenario</p>

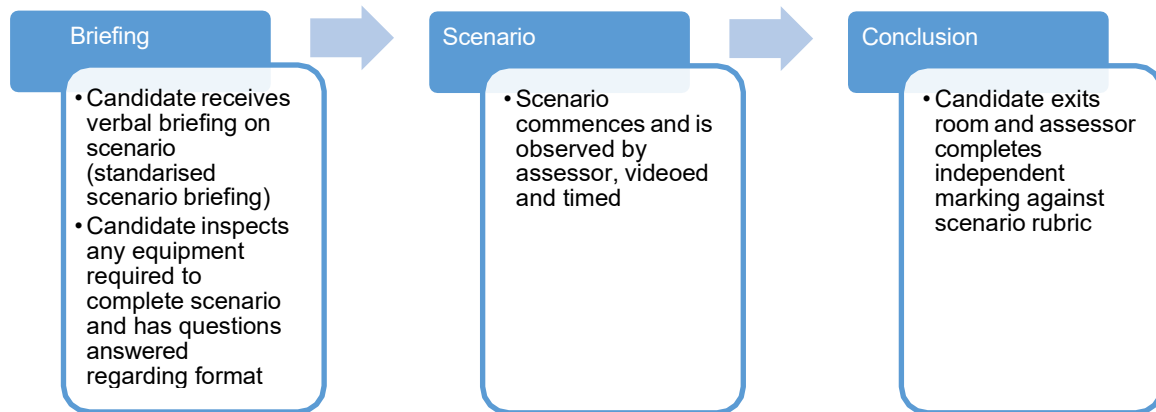
Adapted from Walter Tavares, Sylvain Boet, Rob Theriault, Tony Mallette & Kevin W. Eva (2013) Global Rating Scale for the Assessment of Paramedic Clinical Competence, Prehospital Emergency Care, 17:1, 57-67, DOI: 10.3109/10903127.2012.702194

If not competent, provide detailed information on reasons for this assessment

Scenario process

The process for each scenario is provided in the following diagram. It should be noted that in addition to the equipment for each scenario, the timing for the assessment day also includes specific equipment familiarisation time prior to scenarios commencing.

Figure 4. Overview of the scenario process



Examination bookings and fees

Date and Location of assessments

Assessment date(s) will be provided on the correspondence from Ahpra.

The specific location of the assessment at the venue will be provided in the correspondence from Ahpra.

The venue for assessments is shown in the table below.

Table 4. University examination venues

University	Location for examinations
Edith Cowan University	Building 21, Medical Sciences Building, 270 Joondalup Drive Joondalup, WA 6027
University of the Sunshine Coast	Building M, 90 Sippy Downs Drive Sippy Downs, QLD 4556

Assessment fee

Assessment fees are outlined in the table below. Payments details will need to be provided when booking the assessment, and payment will be taken before the assessment is undertaken.

Fees include:

- Full exam - \$3500 (AUD)
- Resit - \$1000 (AUD) per component
- Appeals - \$750 (AUD)

Note that the candidate must bear all travel and incidental costs to attend their chosen examination centre. All equipment for the assessment is provided.

Refunds

Refunds are available to candidates who cancel at least 30 days prior to their assessment. Within 30 days no refunds will be available, except on the basis of medical condition supported by a medical practitioners medical certificate (pharmacy certificates are not acceptable).

The fee payable for assessments or re-sits is non-refundable should a candidate fail an assessment.

The day of your assessment



Assessment day timing

The assessment will run for a full day at your chosen location. An indicative assessment day timetable is outlined in the following table.

The exact timetable may differ on the day depending on the number of candidates, but the flow of activities will be along the following lines:

Time	Activity	
0830 – 0845	Registration	
0845 – 0900	Briefing	
0900 – 1000	Written Exam	60 min
1010 – 1030	Equipment Familiarisation	
1030 – 1230	OSCEs	
1230 – 1300	Lunch	
1300 – 1500	Scenarios	OSCEs
1500 - 1515	Feedback Survey	

Candidate identification

Each candidate is required to show photographic identification at the time of registration on the day of their assessment. The photographic identification used will be recorded on the registration form at the start of the day.

Acceptable forms of identification are a driver's license, passport, or government-issued identification showing the candidates photograph, name and date of birth.

Candidate behaviour

We understand that undertaking a competency assessment is a stressful experience for candidates. It is important to remember that the universities are acting on behalf of the Paramedicine Board and did

not have any input into the request that the candidate undertake a competency assessment.

Candidates are expected to display appropriate professional conduct throughout the assessment day, in line with the Paramedicine Board's *Code of Conduct*.

Candidates who do not display appropriate behaviour will be referred to the Board as part of the assessment report. Those candidates who display unacceptable conduct during the assessment process may be removed from the assessment by the assessor and will be referred to the Board. If this occurs no refund will be available to the candidate.

Clothing and footwear

Candidates should dress in long trousers and enclosed boots/shoes. Steel capped boots are not required. Uniform (if used by the candidate) should not be worn. Ideally, clothing should not be branded with the candidate's employer. No offensive slogans or graphics should be worn.

Fitness to practice

Candidates confirm, by attending the assessment, that they are fit to undertake the competency assessment. These standards include, but are not limited to:

- knowledge of and engaging in ethical and professional behaviour in practice
- emotional maturity and behavioural stability to work constructively in a diverse and uncontrolled, stressful, multi-professional clinical environment
- knowledge of and compliance with Australian Law, professional regulations and scope of practice
- effective and efficient verbal communication, in English
- effective non-verbal communication needs to be respectful, clear, attentive, empathetic, honest and non-judgmental
- effective written communication
- consistent and effective knowledge and cognitive skills
- competent literacy skills
- competent and accurate numeracy skills
- adequate visual acuity
- adequate auditory ability
- sufficient tactile ability
- physical demands and requirement for fine and gross motor function and strength
- manual dexterity
- physical, mental and emotional performance at a consistent and sustained level over time.

Examination integrity and confidentiality

To ensure the integrity of the examination is maintained candidates must keep everything that they see, hear, touch and interact with during the exam confidential. Please see the section on Candidate behaviour for more detail.

Late arrivals

Candidates who arrive after the scheduled start time will be permitted to start the OSCE provided they arrive within 60 minutes of the scheduled start time. Candidates will be responsible for any costs incurred, for example, additional staffing.



Facilities and equipment

Infrastructure

To support competency assessment, both universities have the following infrastructure which may be used for assessments.

- Tutorial rooms to hold written examinations.
- Flat floor laboratories which can be used for scenario assessments.
- Skills rooms which contain tables for task trainer skills.
- Mock or real ambulances should these be required for scenarios.
- In addition, both universities have access to simulation areas which may include mock or real:
 - 'Emergency department'/clinical area
 - Bedroom/ Bathroom
 - Lounge area/ GP surgery
 - Immersive simulation space/ Outdoor areas

Clinical equipment

To support competency assessment, both universities have the following commonly used paramedic equipment which may be used for assessments.

- Advanced life support mannikins with the ability to inset advanced airways, monitor rhythms, and cannulate.
- Skills trainers to support OSCEs including:
 - airway heads
 - cannulation arms
 - cardiac monitors
 - traction splints
 - patient monitoring equipment
 - stethoscope
 - blood pressure cuff
 - tympanic thermometer
 - torches to test pupil reaction
 - standard paramedic bags such as trauma bags, airway kits, paediatric kits etc.

Familiarisation time has been built into the assessment day.

Assessment governance

Each of the consortium members has appointed an institutional lead, lead assessors, and assessors.

Institutional lead

The institutional lead is responsible to the Paramedicine Board for the overall competency assessment process as well as the quality of assessments at their institution.

The institutional lead is responsible for lead assessors and assessors at their institution and ensuring that all required reports are completed for the Board in line with this proposal response. Institutional leads will ensure their institution engages with the consortium and contributes in a positive manner to continuous improvement in the competency assessment process.

Lead assessor

The role of the lead assessor is to oversee individual assessment set-up, ensure quality and be available to answer candidate queries or concerns. The lead assessor may not be physically present for all assessments but be available 'on site'. The lead assessor will, if required, be the arbiter should an assessor require discussion on a candidate's level of competence as part of their OSCE or scenarios.

Assessor(s)

The role of the assessor is to facilitate candidates and assess them against the documented assessment rubrics.

Results and marking

The competency assessment centre examiners do not determine whether the candidate receives registration

The Board will receive the marking rubric for each candidate's assessment.

- | | |
|----------------|--|
| • Written exam | Assessment result, up to 60 questions |
| • OSCE | Marking rubric for each of the 5 OSCEs |
| • Scenario | Marking rubric for each of the 2 scenarios |

A recommendation on registration or overall competency is not made by the assessment centre. Assessment centres provide the Paramedicine Board with the competency results to support the Board's decision-making process.

The role of competency assessment is not to 'educate' candidates as it is there solely for assessment purposes. As such feedback is not provided to candidates by assessors on the day of assessment.

In line with Board requirements, candidates are not told of their result on the day of assessment. Candidates may be informed of the results for each of their competency assessments by Ahpra. Assessment centres will inform Ahpra of the results of candidate assessment no more than seven (7) working days after assessment day.

Re-sits

Should a candidate fail one or two of the competency assessments (as advised by Ahpra subsequent to the assessment day), they will be entitled to re-sit that particular assessment within six months for a reduced price. Should the candidate fail all three assessments they will be required to pay the full price.

A candidate undertaking a re-sit assessment is required to undertake all elements of that assessment again. For example, If the candidate passed two out of five OSCEs they are required to complete all the OSCEs again, not just the individual OSCE stations. If the candidate fails one scenario but passes the other, they are required to undertake both scenarios again. If they fail only one section of the written examination, they are required to undertake the entire written examination again.

Should a candidate receive a 'not competent' in a re-sit assessment, they would be required to undergo the full assessment at the full price should they wish.

Appeals

Any candidate who, once notified of their results, wishes to lodge an appeal they will need to contact Ahpra. If Ahpra accepts the appeal then the candidate will complete an appeals form, and email the Institutional Lead, having paid the required fee for an alternate assessor to review their assessment.

Candidates should note that OSCEs and scenarios may be videotaped. If a candidate is deemed not competent this is confirmed by a second assessor prior to notification to Ahpra.

There are limited reasons for appeal. These are:

- faulty equipment which is not corrected during the assessment, or which materially affected the result (and which was not taken into consideration by the assessor)
- material unfamiliarity with equipment which impacted the candidate's ability to perform in the scenario/OSCE (material unfamiliarity is equipment which is very new or experimental; or that which a paramedic could not reasonably be expected to be familiar)
- incorrect advice from the assessor in relation to the assessment which affected the outcome or result.

Grounds which are not accepted for appeal include (but are not necessarily limited to):

- the standard of competence as evaluated by assessors (i.e. assessor judgement)
- marking rubric disagreement
- perceived level of experience of the assessor
- insufficient equipment familiarisation time
- assessment centre location or rooms used for assessment
- illness on the day of assessment.

Once the appeal form is received, and the fee paid, an alternate assessor will review the candidate's written examination, or OSCE/scenario videos and make a determination. The outcome of the appeal will be either that the appeal is upheld, or the appeal is rejected. In an extreme circumstance, such as video failure, a candidate may be recommended for reassessment at no cost to them. Ahpra or the university will not be liable for any personal costs (such as travel/accommodation) incurred by the candidate in that instance.

Appeals must be lodged within seven (7) days of Ahpra notifying the Institutional Lead that a candidate wishes to appeal.

Complaints

In the first instance complaints about the ethical or professional conduct of the assessors or the university should be brought to the attention of an assessor or the lead assessor. If the complaint remains unresolved then the candidate may lodge a complaint with Ahpra. If the complaint relates to the ethical or professional conduct of another paramedic, candidates have the right to put in a formal complaint to Ahpra as per the requirements for any healthcare professional.

Record keeping and privacy

Records of individual assessments will be kept by each university member for 12-months post assessment day. This timing is in line with the standard university process for assessment record keeping. Security of assessment material and individual candidate information will be secured in line with relevant privacy legislation.

Candidate illness or injury

Should a candidate become ill or be injured during their assessment, their assessment will cease for them to seek medical attention. Each university will have clear internal procedures for such circumstances. Pathways for candidate illness may include referral to an on-site medical practitioner, or in severe circumstances the attendance of emergency services.

Should the candidate fall ill during an examination (and be supported later by a medical certificate issued by a medical practitioner) they will be invited to attend the entire assessment at a later date, no more than 12 weeks after their initial selected date of assessment. They will be required to complete those elements of the assessment that are not already completed.

Each candidate must confirm, prior to assessment and as part of the booking process, that they are fit enough to participate fully in the assessment, including lifting and moving, working at ground level and performing commonly accepted paramedic procedures.

Special considerations

Special consideration for candidates is in relation to an adverse event(s) that prevented a candidate from attending or completing their scheduled examination.

Candidates can apply for special consideration if they were unable to attend or complete their scheduled OSCE due to exceptional circumstances beyond their control. Only those candidates who can demonstrate that adverse events occurred, outside of their control, which prevented them from completing their scheduled examination are eligible for special consideration.

Candidates must submit a request for special consideration in writing, within seven (7) calendar days following the scheduled OSCE. Relevant documentary evidence of the exceptional circumstances beyond their control must be included in the request, for example:

- medical certificate (must explicitly state that the candidate was not fit to undertake the OSCE and specify date)
- death certificate
- police report
- statutory declaration
- evidence of requirement to attend jury service, court appearance, military service, emergency service.

The supporting documentation must include sufficient detail to help Ahpra make its decision.

Insufficient details may include a nonspecific medical certificate or insufficient explanation or reasons that the candidate was not able to sit their examination. Insufficient information may lead to Ahpra denying the applicant's request. Ahpra will assess requests for special consideration and determine the outcome. If approved, candidates may rebook the next available date.

If Ahpra considers that the request and supporting information do not satisfy the reasons for requesting special consideration, they will decline the request. If the request is declined, the exam fee will not be refunded, and the candidate will need to pay another exam fee if they want to sit the exam in the future.

Ahpra will inform the candidate in writing of the outcome of its assessment and provide reasons for that outcome.

Reasonable adjustments

Reasonable adjustments are special arrangements for the administration of the examination to provide candidates with disabilities, either physical and/or mental impairment, full access to the examination where possible and appropriate. Adjustments will only be made in line with the inherent requirements for paramedic practice in Australia and must not compromise the integrity of the

examination. The expected level of competence is the same for all candidates and cannot change as part of a reasonable adjustment arrangement.

Reasonable adjustments need to be applied for at the time of booking the assessment.

Conflict of interest

Should a candidate know or believe they have a conflict of interest with one of the assessors on the day they must bring this to the attention of the lead assessor in a timely manner. Any conflicts identified and managed on an assessment day will be reported to the Board.

Health and safety

Both universities have comprehensive health and safety plans. Candidates must abide by all reasonable requests of the assessment centre and assessors to minimise risk. Both universities hold comprehensive insurance.

Candidate rules

Candidates must follow the candidate rules before, during and after the examination. A breach of these candidate rules is misconduct. In the event Ahpra and/or the Board determines a candidate has breached these terms and conditions, candidates may face disciplinary action.

Before, during and after the examination

The following terms and conditions apply before, during and after the examination.

- Candidates must maintain confidentiality of the examination content and processes before, during and after the examination. This means that candidates must not share, disclose or discuss with any person any information related to the examination.
- Candidates must not supply Ahpra with false or misleading information at any point during the examination booking, exam registration, examination or, if applicable, examination review processes.
- Candidates must not access unauthorised copies of examination questions and/or scenarios.
- Candidates must not allow or encourage their support people or family members to enter or access the examination area, including pre-exam and post-exam holding rooms.
- Candidates must not take, or encourage other people to take, photographs of an internal building where an exam is being delivered.

Before the examination

The following terms and conditions apply before the examination.

- Candidates must not enter or contact the examination location prior to the day of their examination. On examination day candidates must wait until instructed by an invigilator to progress to the examination area. Unauthorised access to the examination venue will be viewed as misconduct.
- Candidates must, on their examination date, be physically able to complete all tasks that fall within the full range of practice for their identified profession. A candidate who, after agreeing to the assessment terms and conditions, is no longer physically able to complete all tasks that fall within the full range of practice for a paramedic on the examination date must notify Ahpra

as soon as possible.

During and after the examination

The following terms and conditions apply during and after the examination:

- Candidates must not record, copy or disclose any and all information related to the Paramedicine Examination.
- Candidates must not copy or reconstruct examination items for any reason whether during or following the examination, using their memory or other's memory of the examination.
- Candidates must always follow and observe all instructions or directions given by the Ahpra Invigilator, Chief Examiner, the Examination Coordinator and/or nominees.
- Candidates detected with any unauthorised device or documents must, upon the direction of an Ahpra invigilator, surrender that device/document for inspection.

During the assessment process candidates must:

- not assist other candidates, including taking any action that gives or attempts to give them or another candidate an unfair advantage in the examination
- not seek help from any other party in answering items either in person, by phone, text or by email during the examination. This includes during breaks
- not allow another person to complete an examination on their behalf
- not induce or assist any other person to present for examination in their place
- not present for the examination in another candidate's place
- not write any prompting material on their skin or other objects before or during the examination
- not act in any way that causes nuisance, annoyance or interference, which may impact on the ability of others to complete their examination tasks
- not communicate with, or copy from, another candidate during the examination
- not possess mobile phones and electronic devices that can store, receive or transmit information or electronic signals, such as recorded music and video players, organisers, dictionaries and computerised watches, including smartwatches
- not bring unauthorised materials into the examination or access unauthorised materials before and/or during an examination
- not bring study material into the examination area
- not remove any examination materials and/or responses (in any format) from the examination rooms
- leave all documentation required as part of the scenario at the station
- raise their hand if they want to communicate with an invigilator
- exit the station room when instructed to do so

- not leave the examination centre until permitted by an invigilator
- not bring into or possess in the examination area any food or drink, except under special circumstances as approved and directed by the exams team.

If candidates witness any irregular or unprofessional behaviour that is in violation of the candidate terms and conditions, candidates are required to report it to the invigilator or the Ahpra exams team and comply with any follow up investigation. Suspicious behaviours may be reported to Ahpra exam team by emailing regparamed@ahpra.gov.au.

After the examination

The following terms and conditions apply after the examination.

- Candidates must not sell or attempt to sell any information related to the examination.
- Candidates must provide reasonable assistance to any investigation by Ahpra in relation to a suspected breach of the terms and conditions document or any other investigation that needs to be conducted.

Disclosure of information

By participating in a competency assessment candidates authorise the administering university to disclose information contained in assessment reports to regulatory authorities. Candidates acknowledge:

"I understand that my personal information will be collected, used and disclosed in accordance with the requirements of the contract with Ahpra. My personal information may during the course of my competency assessment and subsequently:

- be provided to the Commonwealth as required under Commonwealth funding agreements and that Commonwealth officers may disclose this information to other agencies, organisations, bodies or associations for the purposes of improving the provision of higher education or VET and research relating to the provision of higher education or VET, including through surveys;
- be disclosed to regulatory authorities, registration boards, or similar third parties, where this is necessary to facilitate competency assessment or other related activities; and
- be disclosed to third parties, including third parties overseas, where this is necessary for the provision of information technology services to me."

In acknowledging the requirements to disclose information, candidates also acknowledge that they have read the fitness to practice requirements as outlined above.

The competency assessment process may include elements which may not be readily achievable or appropriate for people with certain disabilities or medical conditions. Whilst the assessment centre will endeavour to make reasonable adjustments, all candidates must be able to meet the fitness to practice requirements as outlined in this document.

Candidates are encouraged to discuss any concerns these matters may create with the relevant assessment centre prior to booking.

Resource emergencies

Both universities have sufficient assessors. Should one assessor become ill or be unable to perform an assessment, an alternate assessor will most likely be available. In extreme circumstances the lead assessor is able to step in and assess. Should no alternate assessor be available, an alternative day

for assessment will be provided for the candidate at no cost to them. If this occurs the university will not be responsible for any incidental costs experienced by the candidate.

Appendix 1: Example written examination questions

Domain	Area
1	Professional & ethical conduct
2	Professional communication & collaboration
3	Evidence based practice & professional learning
4	Safety, risk management & quality assurance
5	Paramedicine practice

DO1: Professional and ethical conduct

Q: You are called to a patient who appears to be intoxicated outside a nightclub at 0200hrs. With obvious slurred speech and decreased motor coordination, the patient is agitated and yells at you to leave. Which answer best describes a paramedics' obligations:

- a) Paramedics only have a duty of care to the patient if he has called the ambulance
- b) The patient has verbally refused therefore we must leave the scene
- c) This patient can be left to care for himself as he has demonstrated capacity
- d) Paramedics have a duty of care to assess this patient further

Q: A 45 year old male ingested a large amount of alcohol and several different medications. His wife tells you that he has locked himself in the bedroom and has a gun. Your immediate priority is to

- a) Attempt to talk to him.
- b) Obtain a medical history from his wife.
- c) Examine his medicine bottles.
- d) Remove yourself and others from the house.

DO2: Professional communication and collaboration

Q: Which of the following statements regarding the clinical handover is untrue?

- a) Communicates clinical tasks and patient information
- b) Occurs between paramedics as well as paramedics and other health professionals
- c) Is always clearly understood as all parties to the handover have medical training
- d) Paramedics can use a mnemonic so that information is not missed, but this may sometimes lead to too little information or be too prescriptive

DO3: Evidence-based practice and professional learning

Q: A recommended 6-step framework for effective decision making in the out-of-hospital setting involves:

- a) Reacting using heuristics, reading the drug label, reading the protocol book, revising the decision, retreating from danger, and re-attending after non-transporting.
- b) Reading the protocol book, reacting to the protocol, reviewing the protocol, recreating the scene, revising your approach, and re-attending after non-transport
- c) Reading the scene, reading the patient, reacting, re-evaluating, revising, and reviewing
- d) Reacting to the scene, reacting to your bias, re-attending, re-negotiating, reviewing and reading the patient.

DO4: Safety, risk management and quality assurance

Q: What is the purpose of the National Service Standards for Healthcare services?

- a) Promote participation in healthcare service practice
- b) For licensing and accreditation
- c) Ensure standards, quality of care and patient safety in healthcare
- d) Ensure patient and family understand hospital policies

Q: You have been asked by your clinical manager to assist in the audit of patient care reports. Which of the following calls would require further review?

- a) a) Application of a traction splint to a patient who had deformity and bruising to the right upper leg.
- b) b) Assisting ventilations for a patient breathing at 16 breaths per minute with poor tidal volume and low oxygen saturations.
- c) c) Spinal immobilisation of a patient who slipped on the stairs and is bleeding from the scalp.
- d) d) Placement of a patient who is complaining of chest pain in the prone position on the stretcher.

DO5: Paramedicine practice

Q: According to the Australian Resuscitation Council recommendations, during a cardiac arrest the paramedic should stop compressions:

- a) As soon as the defibrillator begins to charge
- b) During the attempted insertion of an LMA
- c) When IV medications are being inserted
- d) On rhythm analysis and defibrillation

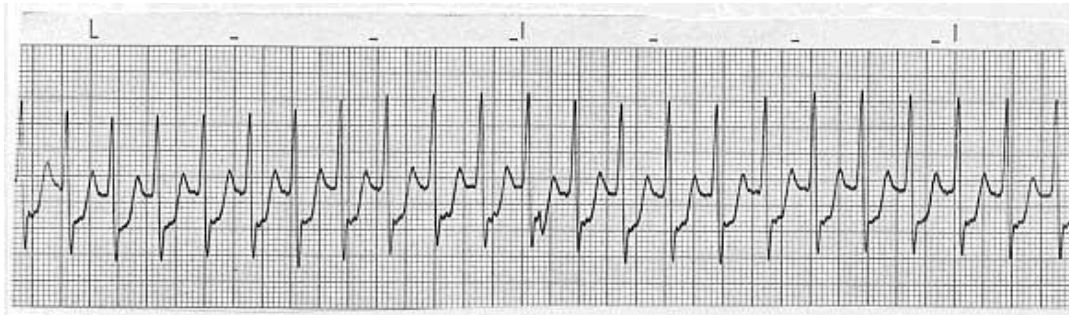
Q: A 42 year old female is in cardiac arrest after choking on a piece of food. You see nothing in her oropharynx but are unable to ventilate her. You should

- a) Perform a series of back blows
- b) Immediately check for a carotid pulse
- c) Perform a finger sweep
- d) Begin chest compressions

Q: Which of these arrhythmias would not be considered a supraventricular tachycardia (SVT):

- a) Rapid atrial fibrillation
- b) Multifocal atrial tachycardia
- c) Torsades de Pointes
- d) Atrio-ventricular re-entry tachycardia

Q: A 60 year old female complains of palpitations. Vital signs are BP 118/76, R 18. Her pulse matches the ECG rhythm below. You should



- a) Perform synchronized cardioversion.
- b) Administer adrenaline.
- c) Administer amiodarone.
- d) Perform vagal maneuvers.

Q: In acute cardiogenic pulmonary oedema (ACPO):

- a) Hypoxia is caused by gas-trapping in the alveoli
- b) Left ventricular failure leads to low pulmonary circulation pressure
- c) Excessive surfactant in the alveoli leads to their collapse
- d) Excessive fluid pressure within the pulmonary circulation leads to fluid shifts into the alveoli

Q: You are called to an 80-year old patient who has woken up in the early hours of the morning with dyspnoea and acute chest discomfort. On auscultation you can hear coarse crackles in bilateral lower lobes. The patient is most likely suffering from:

- a) A chest infection
- b) Exacerbation of COPD
- c) Left ventricular dysfunction
- d) Ascities