

**From:** Marc Colbeck  
**Subject:** Feedback on draft proposed accreditation standards for paramedicine.  
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Feedback on draft proposed accreditation standards for paramedicine.

Thank you for the opportunity to review and comment upon the Draft Accreditation Standards: Paramedicine (2020). Below are comments specific to one criterion, as well as a second section on comments regarding the criteria in general. Please do not hesitate to contact me if you wish clarification or further exploration of any of these ideas.

### **Specific Comments**

- 1.3 – Does this mean that students cannot go on placement until they have completed the entire unit that semester? That’s how it reads now, and I think that will be problematic for several universities. I’m not particularly averse to this, I think it has good face validity if that is what you are requiring, but as it is the clause is unclear.
- 1.5 – What if the ambulance service doesn’t agree to sign a formal agreement? (as many currently do not do).
- 1.6 – Are students required to report their mentors, or other paramedics, or other paramedics they meet on the road?
- 2.4 – How will we get paramedics on the road to meaningfully comment on our degree?
- 2.10 – How do WE perform QA on what happens out in ambulances?
- 2.11 – We can’t control the physical and cultural environment in ambulance services to assure the safety of our students. All educators have a handful of horror stories of things their students have suffered while on placement. If we had any authority to intervene in this it would be fixed by now.
- 2.13 – What does ‘appropriate levels’ mean? This is too vague.
- 2.14 – This strikes me as meaningless. Staff can *request* anything we want now, but we rarely get it. Perhaps we should be looking at the number of our requests that are actually granted.
- 3.3 – Does this mean that we have to teach paramedic students how to teach other paramedic students? Again, I’m not averse to it, it just strikes me as unclear.
- 3.10 – What if the paramedics have no interest in undergoing training? How are we supposed to confirm that our WILS are working appropriately during the experience?
- 3.11 – HUGELY problematic clause. This essentially says that we will be producing ‘fully prepared’ paramedics, ready to be fully accredited. That means that they are ready to

practice upon graduation from the university (BEFORE they do their intern year). We *don't* do this, and we *can't* do this in 3 years. This clause is impossible to meet in the current situation.

3.12 – I think this needs to be more specific. The 'sessionalisation' of paramedic degrees (over 80% taught by sessionals with no formal academic training at all) is a widespread issue that needs clear direction from the regulator.

4.2 – Same problem as 2.10. This is outside of our control.

4.3 – What is the minimum standard here? Again, this is another one of the 'too vague' clauses.

5.1 – Here is a major problem. How can we comment on the criteria for a degree to meet the professional competencies of paramedics if we haven't actually definitively set the professional competencies yet?

### **General comments:**

#### *Outcome versus process-based criteria*

I appreciate the desire and the value of focusing on *outcomes*-based criteria, but I think we completely ignore the *process*-based criteria to the detriment of patient safety and the face validity of our collective educational enterprise. The integrity of our degrees is compromised if we do NOT include (for example):

- some basic minimum qualifications for our instructors (including the sessionals)
- the minimum number of on-road hours,
- the necessity of actually riding out in an ambulance as a part of the degree,
- the *specific* qualifications of teaching staff,
- the maximum staff-to-student ratio,
- the maximum amount of the degree that can be taught by sessional staff,
- the minimum amount of equipment (e.g. one full set of equipment per x students),
- and quite a few other criteria!

Focusing solely on outcomes-based criteria means that the universities will almost certainly engage in a 'race to the bottom' in regard to providing resources to the degrees which will only be discovered several years later as the quality of students graduating begins to deteriorate. This will be the beginning of a 'long tail' of poor students, and we won't be able to turn this trend around until it becomes an unignorable crisis, which will take time and will be detrimental to all. It's always harder to fix a catastrophe than to prevent it.

We, as educators, need these criteria to have some 'teeth', some basic criteria that the universities will measurably have to meet. If they don't, the universities' desire for profit will exceed our desire for quality and our students and the public will suffer. Give us something we can use to say "AHPRA will never let us get away with *THAT*".

#### *Relationship between paramedic educators and paramedic delivery service*

The criteria as they exist have several areas where the universities are given responsibility for ensuring the quality of what happens in the ambulance services. Of course, the universities have

no authority to do this and requiring that they do sets them up for failure. Many ambulance services currently refuse to sign on to formal agreements between them and the universities because they don't want to take the formal responsibility for meeting the objectives that universities want to put into those agreements. As one of my colleagues asked: "Where's the big stick that's going to make the ambulance services cooperate with this?" There isn't one. So, we can't create criteria that makes the universities responsible for what the ambulance services are doing.

### *Criteria 3.11 – The 'nuclear' clause*

As I briefly noted above, this criterion is a guarantee of disaster. No university can produce a fully 'practice ready' paramedic in 3 years, especially considering the emerging complexity of paramedic practice. The criterion specifically states that the students must have *demonstrated* the ability to work across a broad range of paramedic settings. So, we have to produce paramedics that can work in ambulance services, low acuity settings, high acuity settings, aircraft, clinics, etc. in 3 years? That's impossible.

I think you need to change the language of this clause to say that students have to be fully 'practice ready' at the entry level (but not across a broad range of paramedic settings) and realise that no one will be able to demonstrate that their students can do this until we add a fourth, practical year to the degree.

I've already floated to the Council of Deans that a good model would be to allow students to graduate with their degree at the end of 3 years but that those students should not be registered (yet) as paramedics. That creates an exit point for students who want to go on to medical school or something else and not become paramedics. They'll have a degree, but not registration.

In order to become registered, we would need to add a fourth year, clinical, post graduate diploma in paramedic practice that would be required before a graduate can be registered with AHPRA. This would also allow paramedic students to prepare for many different possible roles, and not just as paramedics in a jurisdictional ambulance service. The students should have a regular clinical practice (in an ambulance service, or a clinic, or a ward, or wherever they can get it) and they would have to have their work supervised by another appropriate regulated health professional and they would have to undergo regular case reviews with an academic supervisor.

But, as it is, this clause sets an unmeetable standard that will make all the universities throw up their hand and say "well, we can't do *that*", which makes the whole exercise futile.

### *Research?*

This one is a bit of a reach, but I see the trend developing that paramedic degree programs are just becoming "super-TAFEs" that aren't contributing to the profession beyond just pumping out paramedic students. I'd personally like to see universities be required to have an active paramedic research program as a part of their requirement for accreditation. Again, if AHPRA doesn't require this, no one will, and it won't happen. Without research, the profession

stagnates, and the public suffers. I think it falls under AHPRA's mandate to protect the public to ensure that research is being done as a part of the accreditation of the university.

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