

16 March 2020

Paramedicine Accreditation Committee
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne
VIC 3001

Email: accreditationstandards.review@ahpra.gov.au

Dear Paramedicine Accreditation Committee,

Feedback on draft proposed accreditation standards for paramedicine

I write on behalf of the Australian Dental Council (ADC) in response to the invitation to provide feedback on the *Draft accreditation standards: Paramedicine*.

The ADC is the independent accreditation authority assigned the accreditation functions for the dental professions by the Dental Board of Australia (DBA) within the National Registration and Accreditation Scheme.

The ADC currently accredits 66 dental practitioner programs. The ADC has used a five standards model to assess dental practitioner programs since 2016 and found the process has been beneficial to assessors as well as education providers. The ADC supports the introduction of the five standards model.

The ADC thanks the Paramedicine Accreditation Committee for the opportunity to provide comment and would be happy to elaborate on any of the following points.

1. Does any content need to be added?

Consideration should be given to how bullying and/or harassment is identified and addressed by accredited programs. The impact that bullying and harassment may have in the provision of safe health care is important to the health system and to individual students and staff. Although the documentation makes clear that the Committee does not seek to duplicate the work of the Tertiary Education and Quality Standards Agency (TEQSA), which also seeks to address this issue in the educational context, the effectiveness of a program to address matters when identified is important to the safe provision of health care and should be considered within the standards used to evaluate health practitioner programs.

The ADC has maintained this expectation within the draft standards for dental practitioner programs, which require programs to hold staff and students to high levels of ethical and professional conduct. Bullying or harassment may be addressed by such a criterion if it is identified.

2. Does any content need to be amended?

The following comments are provided for the Committee's consideration.

Standard 1

Criterion 1.4 – As detailed on page 11 of the draft standards document, it is possible that not all staff that supervise students will be required to be registered health practitioners. The ADC suggests this criterion is reworded as this may limit the opportunities for students to gain experiences in diverse settings which may otherwise be beneficial.

Criterion 1.5 – As indicated in the draft standards document, not all health services in which students may gain experience are required to meet accreditation or licensing requirements. In these circumstances, consideration should be given to what is required of an education provider to demonstrate robust health and safety policies are in place to ensure the safe provision of care and the safety of staff and students.

Criterion 1.8 – Students are required to comply with a code of conduct, but no mention is made of the requirement of a provider to hold staff and those supervising students to a level of ethical and professional conduct. Both staff and students have a responsibility to ensure the expectations of ethical and professional conduct are adhered to. Additionally, a code of conduct is only one of the ways that this may occur. An outcomes focussed process may enable other ways for this to be demonstrated, which could be considered in the wording of the criterion.

Standard 2

Consideration should be given to consolidating criteria. Although each criterion has a slightly different focus, the expected information as detailed will address multiple listed criteria. The experience of the ADC has been that education providers will look to combine responses to criteria if they perceive they require similar information or address similar outcomes.

As an example, providing evidence of the academic governance arrangements as required by criterion 2.5 could be done by providing the evidence required of criteria 2.1, 2.2 and 2.3. As such, including all four criteria could be seen as duplicative. Similarly, criteria 2.13 and 2.14 could be combined.

An alternative approach to this standard would be to use the sub-headings on page 16 of the draft standards document as criteria (although rewording would be required). These sub-headings include:

- Formal quality assurance mechanisms
- Evidence of effective engagement with external stakeholders
- The staff and student work and learning environment

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

By condensing criteria focussed on these areas, the burden to respond to the requirements of accreditation is reduced on the education provider, while still encouraging evidence demonstrating the currently listed 15 criteria are addressed. This approach could also be argued to be more outcomes focussed and allows providers to demonstrate compliance with the standard statement in a variety of ways.

3. Are there any potential unintended consequences of the current wording?

The wording of standards related to external reference points, such as the Australian Qualifications Framework (AQF), may necessitate changes to the standards if implemented as worded. The wording in relation to AQF level could be broadened to future proof the standards, particularly given the recent release of the *Review of the Australian Qualifications Framework Final Report 2019* and its subsequent endorsement by Ministers.

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?

See the response to question 2.

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

The ADC has no comment.

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 experience of the ADC has been that consideration must also be given to the actions a provider takes when it is identified that a student has not had the opportunity to practise across the range of experiences necessary to demonstrate competency prior to graduation.

The information expected may be strengthened if examples of actions taken when such issues are identified is included.

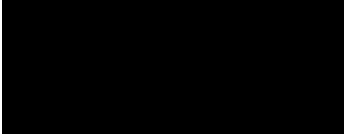
7. Do you have any other general feedback or comments on the proposed standards?

The ADC acknowledges the intent to improve cultural safety for Aboriginal and Torres Strait Islander Peoples in the development of the future paramedicine workforce. The ADC notes the inclusion of multiple criteria across the draft standards to address the inequities between Aboriginal and Torres Strait Islander Peoples' health outcomes and

the health outcomes of other Australians, for which the ADC congratulates the Committee.

The ADC thanks the Committee for the opportunity to provide comment on the draft standards.

Yours sincerely



Mark Ford
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Australian Dental Council