



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:	Josephine Maundu
Organisation Name:	Australian Pharmacy Council

Your responses to the public consultation questions

1. Does any content need to be added?
<ul style="list-style-type: none">• Consider including accountability at program level for finances and resource allocation as a criterion for governance (Standard 2)• Consider specific criteria for greater input from Aboriginal and/or Torres Strait Islander communities such as input in program governance, design and/or delivery• Consider specific criteria to strengthen Interprofessional learning/education• Consider including criteria that enhance student experience e.g. greater transparency on admission and selection processes, mechanisms for appeals and for handling grievances, mechanisms for fair and confidential treatment as well as mechanisms for students to actively engage in governance and program design (Standard 4)• Is there opportunity to consider criteria for external evaluation or moderation processes to assure reliability, transparency and fairness etc in assessments?
2. Does any content need to be amended?
<ul style="list-style-type: none">• Criteria 2.11. Consider defining or providing more information on the meaning and intent of a “physically and culturally safe environment”.• Criteria 4.2 <i>The education provider ensures cultural safety for students at all times</i> is not clear and there are no explanatory notes. Is the intent to reflect principles of equity, diversity encompassing Aboriginal and/or Torres Strait Islander communities and other communities?
3. Are there any potential unintended consequences of the current wording?
<ul style="list-style-type: none">• The current wording of <i>Criterion 1.5. Facilities and health services used for work-integrated learning maintain relevant accreditation and licences</i> is contrary to the explanatory notes on the same in page 11. The explanatory notes suggest that some WIL sites may not be required to be accredited, but the expectation in the current wording of Criterion 1.5 implies otherwise. Would there be any difficulties where students selected a WIL site outside of their higher education provider?
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?
<ul style="list-style-type: none">• In the Consultation paper reference is made to the Standards being developed to ‘reflect an outcome-focused approach’. It is noted that the Standards table within the document includes a column headed ‘<i>expected information for inclusion with accreditation application/monitoring response</i>’. The use of the word ‘expected’ may not reflect an outcome-focused approach but rather a more input-focused approach.• Consideration could be given to using wording similar to ‘<i>information for inclusion with accreditation application/monitoring response may include (but not be limited to)</i>’ or ‘<i>evidence examples</i>’.
5. Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?

- The information provided does not explicitly remind education providers that supporting evidence that is applicable across more than one criterion is only required to be provided once. Avoiding duplication of evidence is useful to both the provider and the assessment team.
- On page 7, paragraph 2 under *Monitoring accredited programs* the intent of the statement *'the education provider should keep the expected information listed in this document up-to-date and available during the life of the program because the Accreditation Committee expects information to be presented at each round of monitoring'* is not clear. Is the requirement for the education provider to continually amend the accreditation submission documentation to be ready at any time? Or is the intention that the program continues to remain compliant between accreditation visits and then may need to provide confirmation on request?

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)

- Work-integrated learning incorporated into a program should have formal expectations, learning outcomes and assessments (as for other units/subjects in a program). Assessments made by non-provider supervisors should be standardised by the development and use of rubrics (or similar). Learning assessments within work-integrated learning should be mapped to the *Professional capabilities for registered paramedics*.

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