



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:	Tim Rayner
Organisation Name:	Flinders University

Your responses to the public consultation questions

1. Does any content need to be added?
<p>The document, and particularly standard 3, is lacking in its reference to evidence-based practice, research and scholarship which informs learning and teaching. This is required to support Professional Capabilities domain 3 (The evidence-based practitioner) and in particular 3.2 which directly references “evidence-based practice principles”. There is also an overall lack of promoting the practitioner as a life-long learner.</p> <p>Suggest an inclusion under standard 3 i.e.</p> <p>3.14 The curriculum includes the scientific foundations of medicine to equip graduates for evidence-based practice and the scholarly development of knowledge.</p> <p>Expected information could include:</p> <p>Program materials/assessment pieces showing the requirement of students to critically appraise, interpret and apply evidence from the medical and scientific literature.</p>
2. Does any content need to be amended?
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3. Are there any potential unintended consequences of the current wording?
<p>Standard 1, section 4 has likely unintended consequences as follows:</p> <p>University paramedic degree students, in some instances, will be undertaking work placements with Ambulance Services’ non-emergency transport division, which are staffed by Ambulance Officers/Patient Transport Officers. Whilst these roles are not currently part of the regulated profession, they fall under the umbrella of paramedicine/ambulance services. It needs to be made explicit that it does not include non-registered employees of ambulance services.</p> <p>1.4 should be reworded to state ‘Health practitioners who supervise students in the program during work-integrated learning hold current registration in Australia for the clinical elements they supervise if part of a regulated profession.</p> <p>This may potentially exclude a range of placements (e.g. aged care facilities, mental health and disability support, non-emergency patient transport) from counting towards WIL activity. Many highly experienced supervisors may not be registered practitioners despite being in a workplace with other registered practitioners. The explanatory notes should stipulate that any supervisor should hold an authority to practise and have the appropriate qualification to practise at that level.</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?

5. Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?
Yes – Meeting the criteria for Standard 3, section 6 around compliance with National Safety and Quality Health Service (NSQHS) standards will be complex and create a great deal of work to map curriculum to what are very comprehensive standards. This will be like requiring education providers to meet two sets of accreditation standards. If this is not the intent of the section, then perhaps some thought should go towards rewording the criteria and expected information. Ideally the relevant/required NSQHS standards (as identified by the committee) should be incorporated into the accreditation standards so we are dealing with only one set of criteria.
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)
A minimum expectation is difficult to determine as the provision of student placement experience by the education provider is generally dictated by the capacity of placement providers, whether they are ambulance services or other health care settings. Placement pressures across the health care spectrum, together with placement governance systems required by both Universities and Health Departments are making it increasingly difficult to source and deliver equitable experiences for students.
7. Do you have any other general feedback or comments on the proposed standards?