



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:	Andy Bell
Organisation Name:	University of Southern Queensland

Your responses to the public consultation questions

1. Does any content need to be added?
<p>1.4 Does that act of just holding registration (in affect a professional, clinical indicator) ensure that the registered practitioner is an appropriate facilitator for the supervision of a student in what is a formalised education environment? There does not appear to be any wording to indicate that the registered paramedic is required to have a minimum understanding of the methods being utilised in the teaching and assessing of a student.</p> <p>All of the emphasis of responsibility is placed on the education provider, but there is no mention of the educational responsibilities of industry partners (which is particularly pertinent in a WIL environment). The accreditation committee demands education providers to supply evidence of meeting L & T standards, but the symbiotic nature of the current WIL models (predominately due to clinical placement), should dictate a similar requirement from the industry partners as they are operating in an educator capacity while students are on clinical placement.</p>
2. Does any content need to be amended?
<p>Interestingly in standard 3, while being explicitly about program design, there appears to be minimal requirements of evidence to support the use of any particular educational methodology. We often make the statement that paramedicine needs to be evidence-based, but we do not have any such evidence (or at least, very little) to support the 'how' we teach our prospective paramedics</p>
3. Are there any potential unintended consequences of the current wording?
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?
<p>It is difficult to tell as there needs to be far greater transparency from industry partners as to the 'desired traits' of a new graduate. While we have a list of 'capabilities', there is currently little to no feedback from industry regarding the suitability of graduate skill sets and any associated barriers to employability. Feedback post graduate recruitment is extremely limited and makes adjustment of programs difficult without the information on which to base future development.</p>

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

It really depends on whether AHPRA see a series of 'competency like' statements as effective evidence? There still appears to be some confusion around things such as minimum shifts/patient contact/hours associated with clinical placement.

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 minimum standards are only as effective as the ability of the WIL environment to accurately monitor, assess and evaluate. It doesn't matter how well constructed the tasks are, if the facilitator that is required to utilise them does not have the knowledge or skill set to implement them appropriately the learning opportunity is severely restricted.

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

While there is much to be applauded with the new standards, it is difficult to see how the current proposed standards will effectively narrow the already obvious theory-practice gap. It seems short sighted to be aware of the situation (and to have the history of previous professions to learn from) and not make this a priority in the standards.