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:	Professor James Vickers
Organisation Name:	University of Tasmania

Your responses to the public consultation questions

1. Does any content need to be added?

No.

2. Does any content need to be amended?

Work-Integrated Learning (WiL)

1. **Quantity and duration of WiL – what is the definition of 'sufficient' and 'extensive'?**

   Standard 3.11 asks education providers to ensure that '*The quality, quantity, duration and diversity of student experience during work-integrated learning in the program is* ***sufficient*** *to produce graduates who have demonstrated the knowledge, skills and professional attributes to safely and competently practice across a broad range of paramedicine settings*'. In the accompanying explanatory notes '*The Accreditation Committee* ***expects*** *that students are given* ***extensive*** *and diverse WiL experiences in a range of settings..*"

   This requirement reflects the current Revised Professional Capabilities for Registered Paramedics (2019), which state that a practitioner **must** be able to **demonstrate** the professional skills, attributes and application of knowledge **in the practice setting.**

   Whilst we acknowledge the pedagogical strength of this principle of outcomes-based WiL, the pragmatic application within universities is potentially fraught. We consider that the definition of 'sufficient' and 'extensive' could encompass some guidance around minimum duration/quantity of WiL within emergency ambulance services. This would ensure that paramedicine programs are not vulnerable to critical over-enrolment as a result of the perceived 'dropping' of WiL mandatory requirements within the standards. This is an ever-present concern for most programs.

   It would also provide the necessary regulatory leverage for negotiations with partner ambulance services / other health partners for the provision of WiL for university students.

2. **Training and Monitoring of WiL supervisors**

   Standard 3.10 requires providers to engage *"with the practitioners who provide instruction and supervision to students during work-integrated learning, and* ***formal*** *mechanisms exist for training and monitoring those supervisors"*. This standard requires that the provider engage with the training, appointment, monitoring and supervision of WiL supervisors, which is not something universities are able to do. WiL supervisors are appointed by the placement provider, and in the case of jurisdictional ambulance services, the university often has no knowledge of who the supervisors are until after the placement, making training and monitoring these supervisors impossible. Matters of seeking and responding to student and WiL supervisor feedback, and engagement with the paramedicine community

regarding training and development opportunities for WiL supervisors can be achieved, however this is limited to WiL supervisors self-nominating or being nominated for training, rather than the university managing this for all supervisors. It is not currently feasible to make formal training a mandatory requirement for all WiL supervisors.

We therefore recommend that this criteria be modified to a recommendation or be removed.

3. **Assessment during WiL**

Standard 1.1 'At least three different assessment tools or modalities which show that safe practice is being taught and assessed in the practice setting"

There exists ambiguity around the definition of 'practice setting'. If this requires teaching and assessment outside of the university (that is, during WiL) this currently presents concerns around 'formal' university assessment being undertaken by supervisors who are untrained, and often unwilling. It also potentially creates a significant power imbalance in the WiL setting, and there have historically been a number of incidences of students being bullied and/or sexually harassed and unwilling to formally report this behaviour. Requiring WiL Supervisors to assess students may also have industrial implications, as supervision of students is generally not voluntary, especially in jurisdictional ambulance services.

There is also a requirement that the education provider provide evidence of '*guidance provided to work-integrated learning supervisors on how to use assessment tools to improve validity and reliability of their assessments' (Standard 5.5)* Whilst it is reasonable to expect that universities support and guide supervisors, we consider it a risk to expect that supervisors formally assess students (reasons given previously). Critical feedback from supervisors can be integrated into the formative assessment of students, but we consider it should not be used to determine student grades.

3. Are there any potential unintended consequences of the current wording?
Please see above. Standard 5.2: *"including evaluation of student capability through direct observation of students in the practice setting."* This statement refers to **direct** observation in the practice setting. If we interpret the practice setting to be WiL (this is not explicit) then seen in light of the comments above, this requires university staff either to work in the practice setting with students or that they outsource assessment to practitioners, with all the inherent risks as discussed above.
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?
These standards provide opportunity for diverse and creative paramedicine courses to emerge. To do this the standards need to be sufficiently broad, leaving room for interpretation. When assessed against these standards, there we be tacit expectations of performance. Our concern is ensuring our interpretation of these standards is sufficiently rigorous to ensure the quality of graduates these standards envisage and thus achieve accreditation. To ensure we are aiming at an appropriate (balanced) approach to these criteria, are there examples from other professions that could be provided as a guideline to inform the tacit expectations?

5. Do you think education providers will have difficulty in providing evidence (expected information) to meet any of the criteria?
The notes to criteria 3, include a requirement that graduates have demonstrated all the professional capacities: "demonstrated" can be defined very broadly, from a single event, to achieving a level of mastery. To interpret this at an appropriate level, additional guidance is required to provide a reasonable guide on expectations.
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 University considers that a minimum duration for emergency ambulance WiL should be reasonable and achievable within current curricular and jurisdictional constraints. However we recognise the limitations of prescriptive hours due to the nature of placements and rosters. WiL should accommodate an outcomes based approach.
7. Do you have any other general feedback or comments on the proposed standards?

Securing WiL

Securing WiL to address the requirement for learning within a range of settings reflecting the diversity of paramedic practice, where students are supervised by currently registered practitioners presents a significant and constant challenge. Traditionally, this has been within Australian jurisdictional ambulance services. Wider integration into healthcare will require the goodwill (and political will) of state health services, who have historically regarded paramedicine as 'outside' the normal span of healthcare. We have found securing paramedic student placements within other areas of Health (hospitals, GP clinics, aged care facilities, mental-health facilities/organisations) to be extraordinarily difficult, we are placed after all other medical, nursing and allied health practitioners, who often have long-standing, historical relationships within health services. Placement is generally on an ad-hoc basis, and at the whim of individuals. This is not a situation that is sustainable for the delivery of a purposefully- designed curriculum.