



**Proposed professional capabilities for paramedics**

*Please provide your responses to any or all questions in the blank boxes to the right of the question*

4. Is the content on cultural safety clear and helpful? Why or why not?	No, it needs to cover all cultures not just one (First Peoples) and needs to be referenced so that the information is from an appropriate and recognised source.
5. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?	Expansion of some terms, e.g. reporting, have broader meanings than just report professional related behaviour. See additional comments below.
6. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Board should be aware of if these professional capabilities are adopted?	The document needs to take into account the variations across states and territories for all aspects, e.g. legislation, regulations and ambulance guidelines – drug act => drug regulations => ambulance drug handling procedures.
7. Are there implementation issues the Board should be aware of?	See comments below

8. Do you have any other feedback or comments on this consultation paper, process or the proposed draft proposed professional capabilities?

This document lacks a coherent structure and flow. The document needs to be created from the ground up using a consultative process and then put out for public comment again. It is difficult to add comments to the boxes above due to issues which do not necessarily fit the boxes.

The Domains need to be revised and then relevant components allocated under them. Where is the scientific evidence to support the development of these Domains? Previous documents from the CAA and Paramedics Australasia lacked an evidence-based development process, and therefore should not be considered.

There are sections/components under the Domains which do not fit there, e.g. "Participate in the mentoring, teaching and development of others", should not be under Domain 4.

The evidence dot points, in a lot of cases, need to be reworded for clarity and meaning.

Some comments about each Domain:

**Domain 1**

Under Legal Responsibilities ambulance drug handling policy and guidelines/protocols should be added after Legislation, Regulations, which is the normal process with the framework.

Patient directives - DNR and the assisted dying in Victoria

What about other reporting, e.g. intimate partner/child violence/abuse, which is an ambulance service requirement in some states

Socio-cultural factors – gender diversity, a person identifying as non-gender

Where does the definition of Cultural Safety come from, a reference would be appropriate.. Were indigenous scholars consulted about this definition????

The Quality framework document (*Australian Safety and Quality Framework for Health Care*), is dated (2010), is there not a more recent publication(s)???

	<p>Principles of Advocacy – needs a comment about power of attorney, do not resuscitate orders, and assisted dying</p> <p><b>Domain 2</b> de-escalation of situations</p> <p>Communication with other emergency workers</p> <p>Communication with other relevant workers, e.g. power company staff in the case of a MVA with a power pole</p> <p><b>Domain 3</b> Paramedics work within state/territory guidelines/protocols and therefore unable to critically review the scientific literature, identify best practice and then manage their patients based on this review of current scientific information. Point 1 &amp; 2 may be useful for medical practitioners or physiotherapists but not paramedics currently within Australia.</p> <p>Graduate paramedics need to understand the notion of evidence-based practice but a majority of those who trained before university-based education will not be interested.</p> <p>Point 4 should be an attribute of a paramedic, not specifically the “evidence-based practitioner”.</p> <p><b>Domain 4</b> Point 4 should be under communications, as writing/typing accurate patient records is a means of communication.</p> <p>Points 5, 6, 7 do not belong here, looks like they were just dumped here as they didn’t fit the other Domains. Points 5 &amp; 6 are about reflective practice with point 7 about education.</p> <p><b>Domain 5</b> Point 1 should come under communications as using IT is predominately a communication process.</p>
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Point 3 is also linked to evidenced-based practice