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:	Rachel Yates
Organisation Name:	Universities Australia (UA)

Your responses to the public consultation questions

1. Does any content need to be added?
Re "Monitoring accredited programs", page 7: It would be useful to include information here about how often monitoring is likely to occur. Under the same sub-heading, reference is made to the accreditation committee's reliance largely on documentary evidence from education providers to show compliance with accreditation standards. It would be helpful here to provide examples highlighting where the accreditation committee is / is not reasonably satisfied with the documentary evidence provided. This could include: advice about where failure of the documentary evidence to satisfy accreditors will lead to a site visit; and instances where other forms of assurance are required. Further details about anticipated monitoring arrangements post a potential site visit would also be helpful.

2. Does any content need to be amended?

Standard 1: Assuring safe practice, clause 1.4: This clause currently states the following:

- *Criteria:* "Health Practitioners who supervise students during the program during work-integrated learning [WIL] hold current registration in Australian for the clinical elements they supervise."
- *Expected information required:* Examples of implementation of formal arrangements with facilities and health services used for WIL (for example an agreement) that ensure practitioners supervising students hold current registration.

For clarification, this clause should explain that, if, despite formal agreements being in place, a health-service-employed supervisor is subsequently found to be in breach of their registration requirements, responsibility lies with the employer and not the university.

Standard 2: Academic governance and quality assurance of the program.
The explanatory notes for this standard state that: "If information at the level of the program has been provided to, and assessed by, TEQSA, evidence of the outcome of TEQSA's assessment is sufficient." However, a number of clauses in this standard still appear to ask for evidence that would be covered through TEQSA processes. For example, under clause 2.2, even where TEQSA has granted self-accrediting authority status to a provider, "Expected information" under this clause includes the following:

- [a] copy of the program approval decision made by the education provider's relevant board or committee, such as a record or resolution in meeting minutes;
- disclosure of any issues concerning the program that the board or committee has identified; and
- subsequent dialogue with the board or committee about addressing the issues.

For education providers granted self-accrediting status, clarification is required about where evidence of TEQSA's assessment is sufficient and where - and for what purposes - additional information is required.

UA strongly recommends acceptance of TEQSA's assessment as sufficient, overall evidence of academic governance and quality assurance, except where a discipline-specific governance issue exists. UA also draws the committee's attention to the Universities Australia and Professions Australia Joint Statement of Principles for Professional Accreditation (available here) which clearly outlines these matters.

Standard 2, clause 2.3: The current wording for this Standard states that: "[TEQSA] or the relevant education provider board or committee has approved the Australian Qualifications Standard (AQF) level of the program at bachelor (AQF Level 7) or higher. This final wording needs to confirm that "AQF 7" is appropriate given that qualification bands could be revised post the AQF Review.

Clause 2.6: Capturing student, staff, internal/external academic and professional peer feedback in formal mechanisms into course evaluation and improvement appears to duplicate much of clause 2.4 (which outlines the need to ensure student, staff, and supervisor input into program design/quality). These two clauses could be combined into one clause covering these elements.

3. Are there any potential unintended consequences of the current wording?

The proposed standards are generally clearly presented and are in line with contemporary paramedicine practice. This encompasses a greater breadth of practice than in the past and in a wider range of roles and service settings. Paramedic education and preparation now necessarily includes expectations that students will "...engage in workplace learning experiences in a range of services to ensure adequate exposure to the diversity of paramedicine practice" (draft standards page 10).

UA supports this approach however underlines that at times, despite their best efforts, universities may not be able to provide WIL placements in as many settings as is ideal (although still sufficient). The current pandemic is an extreme example and bears special consideration. It also highlights the need for accreditation standards to be flexible – see also the response to point 7. More generally, universities have found that, at times, clinical placement costs and/or insufficient access to quality

supervision limit the range of settings in which students can undertake clinical education and placements. Universities should not be penalised in situations where they have made every effort to provide wide ranging education experiences but are unable to due circumstances beyond their control. It would be helpful if this was recognised in the standards.

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?

Broadly, yes. As outlined in the preamble (pages 3 to 4) the scope of paramedic practice is not specifically defined or prescribed for the paramedicine profession in the National Law so the focus in the standards is on demonstrating that student learning outcomes and assessment-tasks map to all of the professional capabilities for registered paramedics. The accreditation standards consequently accommodate a range of education models and variations in curriculum design, teaching methods and assessment approaches. While the flexibility of this approach is welcomed, it will likely result in reasonable program diversity. It will therefore be important that the evidence guide for the standards includes multiple, clear examples of what is and is not accepted - and why. There may also be benefit in continuing to add examples to the evidence guide as they come to light.

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

In general no, however note previous responses to questions three and four.

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)

This is outside of UA's remit and is best answered by the Paramedicine Board of Australia in collaboration with paramedicine academics.

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

Flexibility for education providers to set the English language standards for students, within relevant parameters, is welcomed. The current wording in the proposed standards appears to support this as follows:

"All students in the program must have appropriate English language skills to communicate effectively with patients/clients, work integrated learning [WIL] supervisors and other staff in the [WIL] setting. The Board's English language registration standard should guide education providers in setting the appropriate level of English language skills required for paramedicine students."

It would be helpful to underline here that the English language standards for course enrolment are set by the university and may differ from those required for registration, which are set by the Paramedicine Board. Registration is not the responsibility of the education provider. However, as the standard describes, awareness of registration requirements will help guide universities and will raise students' awareness of these requirements.

Adequate implementation timeframes are needed. Timeframes need to take into account university processes to embed new accreditation standards into courses and enrol students against new requirements. The COVID19 situation has also shown the need for health professional course accreditation processes to allow flexibility while ensuring courses meet quality criteria and produce competent, skilled and safe health professionals.

Ongoing, frequent consultation and collaboration with the higher education sector as the standards are developed and finalised is strongly recommended to ensure that relevant timeframes and flexibility is included.