



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:	Jaci Mason
Organisation Name:	School of Nursing, Midwifery and Paramedicine, Curtin University

Your responses to the public consultation questions

1. Does any content need to be added?
<p>It would be useful to provide information on the timeline of the process for application.</p> <p>Whilst we appreciate there is a move away from being prescriptive in the standards. It would seem pertinent to include a minimum requirement for hours in pre-hospital emergency care setting to be able to call themselves a 'paramedic' (as this is a protected title). This would seem necessary for registration and the ability to safely practice.</p>
2. Does any content need to be amended?
<p>There are some inconsistencies with terminology, for example "qualified for practice" and "eligible for registration".</p>
3. Are there any potential unintended consequences of the current wording?
<p>Reference is made to the PBA Professional Capabilities document (currently in review), "<i>The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a paramedic in Australia</i>" however the document as it currently stands does not cover all the skills or map to foundation knowledge required. Whilst having the ability for innovation is appreciated it is questioned as to whether there should be a minimum skill requirement.</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?
<p>The standards clearly what is required for providers to demonstrate they are producing safe and competent graduates.</p>

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

Whilst the standards are clear they are extensive which will result in very onerous data collection and provision.

Standards 3.10 requires examples of engagement between the provider and practitioners who provide supervision to students during WIL. It is not possible for academic staff to engage directly with practitioners but engage with the staff members responsible for WIL. It is also not possible to have direct responsibility to training and monitoring of WIL supervisors/preceptors as this sits with the employer providing the WIL.

For new courses or amended courses with brand new units it will not be possible to provide some of the examples requested, such as assessments.

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 difficult to establish due to a lack of defining knowledge and explicit skills outlined in the PBA Professional Capabilities for Registered Paramedics. As a baseline minimum expectation, students should have experience in the emergency pre-hospital setting during their degree. It would be beneficial for students to understand of continuity of care by experiencing placements in other settings (for example, emergency, cardiac or intensive care units).

In regard to providing evidence of the quality of WIL, this is often a shared responsibility with industry and as such WIL supervision/preceptorship preparation, training and supervision are largely outside the control of the University.

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

We thank the Accreditation Committee for the opportunity to provide comment during the consultation period.