



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:	David Waters
Organisation Name:	The Council of Ambulance Authorities Inc.

The Council of Ambulance Authorities

Providing leadership for the provision of ambulance services

The Council of Ambulance Authorities Inc. (CAA) is the peak body established by its members to collaborate on ambulance matters of national, regional and international importance. The CAA's members comprise of the eleven public ambulance services of Australia, New Zealand and Papua New Guinea.

The CAA is governed by a Board, consisting of the Chief Executives of each member service, and supported by a Secretariat, headed by the CAA Chief Executive Officer. The collective knowledge and expertise of CAA's members combines to provide advice, explore opportunities for continuous improvement and innovation, and advocate on behalf of the sector to governments and key stakeholders.

The CAA exists to help advance ambulance services so that they are able to further develop superior pre-hospital care and ambulance services to communities across Australasia.

CAA Paramedic Education Programs Accreditation Scheme (PEPAS)

Work on accreditation of the paramedic education began in early 2000, with the Council of Ambulance Authorities taking the lead for planning and creating the context.

In 2010, the first Terms of Reference for the Paramedic Education Programs Education Committee (PEPAC) was developed for assessment and accreditation of established university paramedic programs. There were major program developments, newly developed programs and the ability to provide recommendations to the CAA Ambulance Education Committee (AEC).

Since then, eighteen Australian and New Zealand universities have been assessed, accredited and monitored by the Paramedic Education Programs Accreditation Scheme (PEPAS).

The PEPAS monitored student enrolment, writing to the Universities to curb the growth of student numbers to ensure adequate facilities and clinical placement were available to all students. The PEPAS provided a central point of contact between the universities and Ambulance Services.

The CAA, in conjunction with Paramedics Australasia and ANZCP, developed Paramedic Competency Standards, the Graduate Paramedic Recruitment Policy and Clinical Placement Guidelines for Higher Education Paramedic Programs.

The CAA and its partners were involved in the progression towards Paramedic Registration and ensuring smooth transition under the National Law in Australia.

Your responses to the public consultation questions

1. Does any content need to be added?

The Council of Ambulance Authorities (CAA) recognises the good work done by AHPRA and the Paramedic Accreditation Committee on the proposed accreditation standards for paramedicine (Standards).

There are a number of segments we feel need to be included in the standards:

- On page 10 under "Safe Practice" in Standard One Explanatory notes, where it discusses "different aspects of safe practice", CAA would like to see occupational violence added as a prominent topic in the ambulance arena. We suggest this to help ensure graduate resilience as they enter the workforce.
- We have concerns where Standards refer to the use of National Safety and Quality Health Service (NSQHS) standards. While page 20 does reflect on "referencing the NSQHS standards", CAA poses a question as to clinical placements in services/agencies that do not currently use NSQHS standards and the expectation for that service to be used as an accredited placement provider.
- We have concerns about the lack of guidance around mandated clinical placement hours. We request this be clearly specified as it has large implications on students' ability to get placements and services' eligibility to provide placement but also capacity for growing demand.
- Research is an important part of Paramedicine, its growth and progression, and we feel there is not enough reference to the importance of research in university settings. We propose reference to importance of research to be included in the Standards.

2. Does any content need to be amended?

The CAA feels there are a number of sections where amendments need to be made to make the Standards clearer and better understood by students, universities and services.

There are a number of sections where Standards are too ambiguous and could lead to misinterpretation:

- Throughout the proposed Standard there is reference to 'Outcome based approach' and while this is a good approach to take and will promote innovation, the CAA believes there are times throughout the Standards that should refer to a "process driven model" to ensure clear actions as to how programs could be delivered are given to providers.
- Although it is expected that routine annual monitoring includes providers reporting changes to the curriculum, staffing and leadership teams, CAA feels this needs to be better mandated as these changes will have consequences to the level of quality and end outcomes.

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

Clinical placement hours need to be mandated as this may create issues for ambulance services in planning for clinical placements that may not be met if demand continues to grow.

Wording around 'outcomes-based approach' needs to be carefully worded as it lends itself to equivocation in universities understanding of results and outcomes and where there is a lack of direction it gives universities loopholes to get accreditation where results are not supportive of it.

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?

While large parts of the Standards are clear, there are a number of sections where they are can be read subjectively. We propose that stronger wording would be prudent as well as ensuring clear guidance that are required for producing safe and competent graduates.

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

The CAA feels that the outcome-based approach that is reflected in the Standards will allow each provider to provide evidence in a range of various ways. The CAA makes note that this may make it difficult for AHPRA to adequately assess their evidence against the level required.

CAA feels providing evidence guidelines would assist providers in ensuring accreditation is sought and achieved.

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)

There should be a clear, mandated reporting system set up with measurable outcomes.

Universities should have a very clear understanding of what is required in terms of monitoring tools and formal mechanisms to provide information around students' work placements. This should be quite clearly communicated to universities rather than being left to them to come up with a system.

As these work placements and the students' experience is crucial to their ability to gain employment there should be a set monitoring system that has been agreed to by work placement providers, universities and APHRA.

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

The inclusion of cultural competence in proposed Standards is highly commended and well supported by The Council of Ambulance Authorities.

Although not the function of the Standards to mandate, we propose that universities introduce a type of pre-screening, similar to medical schools, that would focus on identifying potential mental health problems associated with paramedic roles.

While not part of the standards themselves, CAA feels that the topic of "monitoring" needs further investigation and clarity to ensure accredited programs are maintained to the standard they were accredited at by AHPRA.

The CAA is grateful for the opportunity to provide feedback to the proposed Standards and compliment you on the great work done so far.