



## Response template for providing feedback to public consultation – draft proposed accreditation standards for paramedicine

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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](mailto: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:

|                           |   |
|---------------------------|---|
| <b>Name:</b>              | Mr Liam Langford  |
| <b>Organisation Name:</b> | Australian Catholic University Paramedicine Academic Team |

## Your responses to the public consultation questions

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|---|
| <b>1. Does any content need to be added?</b>  |
| <p>Under Standard 1: Explanatory notes – Safe Practice section “<i>program about the different aspects of safe practice, including but not limited to, workplace health and safety (WHS), manual handling, mental health, and infection prevention and control,</i>” the Australian Catholic University Paramedicine Academic Team (the Team) believes understanding human factors is integral to safe practice, especially given the nature, environment and risk paramedicine poses.</p> <p><b>Recommendation:</b> the addition of human factors to be added for Safe Practice explanatory notes</p>  |
| <b>2. Does any content need to be amended?</b>  |
| <p><u>Criteria 3.6</u></p> <p><i>“Unit/subject learning outcomes and assessment in the program that specifically reference the relevant National Safety and Quality Health Service (NSQHS) Standard...”</i></p> <p><b>Recommendation:</b> Remove the requirement for NSQHS Standard to be explicitly mentioned in unit rationale and learning outcomes Criteria 3.6, as the title may change over time. Continue having the evidence demonstrate “<i>Program materials, unit/subject profiles/outlines and assessment tasks that show where the relevant NSQHS Standards (or equivalent) are specifically referenced in the program</i>”.</p> |
| <b>3. Are there any potential unintended consequences of the current wording?</b>   |
| <p>The Team believes some standards are broad and lack specificity. Whilst we recognise that the standards will be open to interpretation, we imagine there will be a close working relationship with AHPRA’s accreditation Team to seek clarification when needed.</p>   |
| <b>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?</b>  |
| <p>Yes.</p>   |

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

In today's system of paramedicine WIL, it is hard to demonstrate "*Examples of implementation of formal mechanisms used for training and monitoring work-integrated learning supervisors.*" However, the Team believes this is necessary to evolve the profession, mitigate risks and improve patient outcomes.

We believe the status quo can change (especially with the proposed standards), but it will require a fundamental shift in WIL partner culture and industry relationships to achieve. There are risks this could not occur and the Accreditation Committee will have to take this into context when assessing and be patient in its development.

**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)**

To determine the minimum expectations, the Accreditation Committee and/or Paramedicine Board should articulate the risk of practicing paramedicine, especially in relation to other health professionals. Determining the risk of paramedic practice should guide the expectations for WIL.

When examining the [Regulatory Impact Statement for the Decision to Implement the Health Practitioner Regulation National Law](#) (pg.116-118) issued in 2009 by the Australian Health Ministers' Advisory Council, it specifies 13 risk factors for healthcare practice. On the Team's assessment, we believe contemporary paramedicine performs 12 of the risk factors. Thus, making paramedicine **the second riskiest** health profession in Australia. Other forms of risk involved in paramedicine may include: Ambulance Paramedics not transporting around [1 in 5 patients](#) (table 11A.2 Ambulance Service Report on Government Services, 2020); and [1 in 4 Registered Paramedics](#) not falling under the governance of jurisdictional ambulance service.

Considering this, paramedicine WIL's quality, quantity, duration and diversity of the student experience should be designed to mitigate risk to the public. Evidence from the past decade has highlighted the current system of paramedicine WIL has demonstrated issues with quality. Therefore, we believe the current system and expectations of WIL does not "*assure the Board and the community that graduating students from the paramedicine program have the knowledge, skills and professional attributes needed to safely and competently practice as a paramedic in Australia*".

We understand that determining adequate WIL is debatable. To provide insight to minimum expectations, we request the Accreditation Committee consider a benchmarking report comparing paramedicine WIL against other registered health professionals. This would help guide the universities, industry and associated processes to meet learning outcomes and accreditation standards.

We do note that increasing duration and diversity of WIL will put pressure on an already crowded three-year curriculum.

**Recommendations:**

- Improve the current system and increase the expectations of quality, quantity, duration and diversity WIL;
- Benchmark paramedicine WIL against other healthcare professions' WIL;
- Consider if a three-year paramedicine degree can accommodate quality, quantity, duration and diversity WIL whilst mitigating risk to the public.

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

We believe the proposed accreditation standards effectively map the strategic direction for the future community and profession of paramedicine. We recognise that these standards present a long-term vision and that it will take time to develop the appropriate approach and implementation. The Team congratulate the Paramedicine Accreditation Committee for their hard work in devising these standards.

The Team would like to seek clarification from the Paramedicine Accreditation Committee, if they believe a three-year undergraduate degree can:

- meet the new requirements of WIL;
- create graduates that *“have the knowledge, skills and professional attributes needed to safely and competently practice as a paramedic (second riskiest health profession) in Australia”*; and
- evolve the profession.