



PARAMEDICS
A U S T R A L A S I A

**Guidelines for the Assessment and Accreditation of
Entry-level
Paramedic Education Programs**

Acknowledgements

These Guidelines have been produced under the auspices of the Council of Ambulance Authorities (CAA). The CAA's National Ambulance Education Committee (AEC) has acted as Steering Committee to the Project.

The contribution of a great number of individuals and organisations is acknowledged in the preparation of these Guidelines including Ambulance jurisdictions in Australia and New Zealand, Paramedics Australasia and those universities that deliver entry-level paramedic education programs.

The generosity, advice and assistance provided by a range of health education program accreditation bodies and associations are acknowledged, in particular:

- World Federation for Medical Education (WFME)
- Australian Medical Council (AMC)
- Australian Council of Physiotherapy Regulating Authorities (ACOPRA)
- New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC) - a committee of the Council of Pharmacy Registering Authorities Inc (COPRA).

The Guidelines were trialled, evaluated and refined during 2007 as an ongoing process of continuing quality development. Further refinements have been undertaken in 2008, 2009 and 2010.

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Executive Summary

The Guidelines are used to facilitate the assessment and accreditation of entry-level paramedic education programs in Australia and New Zealand.

Guideline 1 puts the accreditation process in context by:

- providing the background to the development of the Guidelines;
- describing the consultation and trial processes; and
- explaining the way to use the Guidelines.

Guideline 2 describes the characteristics of the assessment and accreditation process by stating:

- the purpose and aims of accreditation; and
- the guiding principles of the assessment and accreditation process.

Guideline 3 refers to the educational standards for entry-level paramedic education programs relating to the:

- context of paramedic programs;
- outcomes of paramedic programs;
- paramedic curriculum, and
- curriculum implementation.

Guideline 4 outlines the accreditation process in terms of:

- accreditation outcomes;
- administration of the accreditation process, and
- final decision on accreditation.

1. The Guidelines

1.1 Background

Jurisdictions in Australia, like most countries around the world, face the challenge of having the workforce they need to provide equitable, accessible, sustainable, timely and safe health care. The issues in common include workforce shortages, maldistribution, keeping up with changing models of care, and maintaining a culture of continuous improvement and flexibility.¹ The key drivers of change include operating environment/demography; new technologies and healthcare; empowered consumers and resources and capability.

In Australia entry-level paramedic education² is currently provided by some ambulance service based state education units and a number of higher education institutions. Expectations are changing as services are being challenged to move from a primarily transport model to the need for a more definitive pre-hospital medical treatment / primary health and social care model. This has significant implications for paramedic education.

Paramedic education, unlike medicine, nursing and many allied health professions, has not had an external accreditation system. Within the ambulance sector, there have been no national guidelines for the assessment and accreditation of education programs leading to a qualification as a paramedic now offered by the higher education and vocational education and training (VET) sectors. The issue of accreditation of paramedic education programs has been difficult to address because “accreditation has been seen to be synonymous with control and standardisation”.³

The first ambulance education symposium in 1995 led to the Council of Ambulance Authorities (CAA) establishing a national Ambulance Education Committee and the second in 2004, affirmed the need for a uniform approach to paramedic education programs. The evolution of Paramedic education in the last ten years has been described as “dramatic, with a move from an essentially skills based approach to a comprehensive tertiary based education system”.⁴

At the 2004 education symposium it was clear that there was general acceptance by the industry that a process of evaluation of paramedic education programs and the quality of graduates from these programs was required to ensure that appropriate standards were achieved and that there was level of consistency in training outcomes and core course content across the range of current and emerging paramedic educational providers.

The accreditation process is intended to ensure that the workforce skills and competencies required to meet health care needs are properly reflected in paramedic education programs. Accreditation is not about standardisation of paramedic education programs. Rather both the industry and the profession believe that variation in education programs is important and that education programs must be responsive to the needs of industry, the profession and communities, including type of practice and workforce needs.

¹ Australian Health Ministers Conference (2004) *National Health Workforce Strategic Framework*. Sydney

² Defined as diploma, degree and postgraduate entry-level paramedic education courses

³ Grantham H (2004) Ambulance Education – Past, Present and Future. *Journal of Emergency Primary Health Care* 2:1/2: 1-2

⁴ Grantham *op cit*

An important part of the process in the development of these Guidelines has been the consultation with many accreditation bodies, which revealed considerable differences in approaches across the professions. Some accreditation bodies have explicit statutory functions, while others fulfil responsibilities delegated from registering authorities. Some of these were found to have been established as an initiative of peak professional or industry-based associations.

These Guidelines for the assessment and accreditation of higher education paramedic programs are a significant milestone in the evolution of the professional of the ambulance paramedic role. The process of their development has enabled a better understanding of the need for university programs that prepare graduates on their career pathway with a range of attributes relating to knowledge and understanding, skills and attitudes, affecting professional practice and behaviour. They are based on a set of principles, designed to be flexible in their application whilst accommodating workplace innovation/changes and role redesign over time.

1.2 Consultation and Trial Processes

The development of the Guidelines was undertaken in three stages.

Stage 1 was the development of a detailed project plan and comprehensive communications strategy.

Stage 2 was the production of an initial set of guidelines for the assessment and accreditation of paramedic education programs. The process included objective evaluation of the relationships between the ambulance industry and the profession, paramedic education programs providers and other health professions in regard to teaching and research; governance and administration; and workforce planning and development.

After a scan and review of the relevant literature and documentation, including other professional accreditation documentation, eight workshops were conducted covering all Australian States and Territories and New Zealand. These workshops involved 83 people in the consultation process. Six university sites were visited allowing consultation with a further 24 individuals. Two directional and verification workshops were held with the AEC Steering Committee and the draft Guidelines were workshopped with the Board of Directors of the Australian College of Ambulance Professionals, CAA jurisdictional representatives; and university academics.

Stage 3 took the form of a trial to assess the effectiveness and appropriateness of the initial Guidelines, particularly the educational standards (Guideline 3) and the accreditation process (Guideline 4). Participating universities prepared detailed accreditation submissions which were assessed by an interim accreditation committee. Site visits by evaluation teams were conducted at two universities. The result of the trial was the provisional accreditation of seven universities' entry-level paramedic programs and a revised set of Guidelines.

Trial participants agreed that the process undertaken was beneficial to the development of their paramedic education programs through reviewing their programs against a national accreditation standard for the first time. A consultant was engaged to externally assess the quality of the processes undertaken in the trial. Findings highlighted that the trial accreditation process reflected active core stakeholder management and participation throughout the project

and that the trial provided the opportunity for higher education providers to have their programs recognised nationally in meeting the education/qualification requirements for entry level employment as a paramedic.

1.3 Using the Guidelines

The Guidelines include the educational standards that industry, the profession, universities, other educational institutions and the community broadly agree are expected of paramedic education providers in order for their entry-level programs to be accredited.

The Guidelines need to be used in conjunction with the Paramedic Professional Competency Standards (PPCS) which define the expectations of paramedic graduates.

The Guidelines set out the principles, educational institutional processes, settings and resources that are requirements considered necessary for successful paramedic education programs. It is the responsibility of individual educational institutions to develop and implement a curriculum that will enable students to attain the desirable attributes of paramedic graduates as presented in the PPCS.

Users of this document include:

- universities that prepare students to be entry level paramedics
- educators that provide students with clinical practice
- accreditation assessors and site teams that evaluate entry level paramedic education programs

2. Characteristics of the Assessment and Accreditation Process

2.1 Purpose and Aims of Accreditation

Accreditation as a quality assurance mechanism

Firstly, accreditation is an external process of evaluation to make sure that the educational standards of any one entry-level paramedic education program meet accepted standards.

Secondly, it is a quality assurance process to ensure that entry-level diploma, undergraduate and postgraduate paramedic programs:

- are responsive to the needs of industry, the profession and communities, with consistent and acceptable educational standards;
- are aligned to meet the Paramedic Professional Competency Standards; and
- prepare paramedic graduates who are competent to practice safely and effectively.⁵

The aims of paramedic education program accreditation

In summary, this assessment and accreditation process aims to:

1. Recognise entry-level paramedic education programs that produce graduates competent to practice safely and effectively as paramedics in the pre-hospital care ambulance environment.
2. Provide external independent assurance of the quality of higher education paramedic education programs, based on explicit paramedic competency and educational standards.
3. Encourage internal self-evaluation and quality assurance in teaching and learning.
4. Respect the academic autonomy of each education provider and encourage diversity in paramedic education programs.
5. Facilitate a system of evaluation and improvement towards achieving excellent outcomes for paramedic education programs.
6. Provide a qualified paramedic whose work practices protect the consumer of the service (members of the public).
7. Maintain and further partnerships and collaboration between employers and higher education providers.
8. Assist the stakeholders in paramedic education to understand cultural variances.

2.2 Guiding Principles of the Assessment and Accreditation Process

In the process of reviewing entry-level education programs for accreditation purposes, it is important that in the application of these Guidelines, the following principles are applied.

1. Paramedic education programs should be based on the educational institution's quality assurance processes for teaching and learning.

⁵ In some programs this may entail preparation for an internship

2. The educational standards should encourage diversity and the unique character of individual programs/educational institutions.
3. Excellent education programs may differ in many respects and educational objectives may be achieved in a variety of ways.
4. Innovation in achieving educational objectives should be encouraged.
5. An accreditation process may review a number of input, output and process elements, and while a program must meet recognised industry needs, accreditation will not be prescriptive in terms of precise curriculum details.
6. An educational program should address professional issues relevant to the time, context and anticipated need.
7. The process of accreditation should be based on the principle of equity and justice in that the profession, industry and the community should be assured that the standards will be interpreted fairly and without bias.
8. The accreditation documentation should be confidential with no information disclosed without the consent of both the educational institution involved and the accrediting body.

3. Standards for Entry-level Paramedic Education Programs⁶

The standards are structured according to **4 key priority areas**.

PRIORITY AREAS are defined as broad components in the structure, process and outcome of paramedic education and cover:

1. The **context** of entry-level paramedic education programs – governance and administration, research, staff.
2. The **outcomes** of entry-level paramedic education programs.
3. The paramedic **curriculum** – development, assessment of student learning, monitoring and evaluation.
4. **Curriculum implementation** – students, education resources, clinical placements.

STANDARDS are specified for the elements in each priority area using two levels of attainment:

- **Basic standard.** This means that the standard must be met by each paramedic education program and fulfillment demonstrated during the evaluation process.

Basic standards are expressed by a »must«.

- **Standard for quality development.** This means that the standard is in accordance with consensus about best practice for entry-level paramedic education programs. Fulfillment of - or initiatives to fulfill - some or all of such standards should be documented by the educational institution responsible for the program. Fulfillment of these standards will vary with the stage of development of the program, the resources and educational policy.

Standards for quality development are expressed by a »should«.

Standards are concerned with educational outcomes, inputs and processes. The latter are broad and confined to key elements of paramedic teaching and learning, recognising that there is no single model necessary for the delivery of quality paramedic education.

NOTES are used to clarify, amplify or exemplify expressions in the standards.

⁶ The format for the presentation of the standards is based on the World Federation for Medical Education (WFME) model

3.1 The Context of Entry-level Paramedic Education Programs

3.1.1 Governance

Standards

The governance structures and functions of the academic organisational unit⁷ delivering the educational institution's paramedic education program **must** be defined including the relationship within the educational institution.

The governance structures **should** set out the committee structure that will ensure that the outcomes of the program are met. This structure **should** reflect representation from academic staff, students and industry and professional stakeholders in decision-making.

Notes

The *committee structure* would include (i) a curriculum / education program management committee with the authority to design, manage and review the paramedic education program / curriculum within the context of the educational institution's quality assurance process for teaching and learning, and (ii) a course / program advisory committee with representation or input from staff, students, industry, the profession, the community and other relevant key stakeholders.

3.1.2 Academic leadership

Standards

The responsibilities of the leadership of the academic organisational unit delivering the educational institution's paramedic education program **must** be clearly stated.

The academic leadership **should** be evaluated at defined intervals with respect to the paramedic education program's goals and objectives.

3.1.3 Educational budget and resource allocation

Standards

The academic organisational unit responsible for the paramedic education program **must** have a clear line of responsibility and authority for the curriculum and its resourcing including a dedicated educational budget.

There **should** be sufficient autonomy to direct resources including remuneration of teaching staff in order to achieve the overall goals and objectives of the paramedic education program.

Notes

The *educational budget* depends on commitments from the educational institution and industry partners (ambulance authorities and paramedic employer organisations).

⁷ Discipline / Department / School

3.1.4 Collaboration with the ambulance sector

Standards

The educational institution **must** have relationships with the ambulance sector that are based on a spirit of cooperation and shared commitment to achieving high quality paramedic education and research programs.

These relationships **should** be expressed through a framework document(s) based on an agreed set of principles and which set out the understandings between the parties on arrangements for paramedic education and research programs.

Notes

The *ambulance sector* in Australia and New Zealand is represented by the Council of Ambulance Authorities (CAA). Universities have a range of agreements with various ambulance authorities.

Principles expressed in a *framework document* should include the following or similar:

- understanding and respect for each party's statutory responsibilities and operational environment;
- collaboration in course development;
- shared focus on delivering high quality paramedic education outcomes;
- understanding of the resource capabilities of each party;
- commitment to agree regular measures of performance / accountability, and
- open and timely communications and consultation.

3.1.5 Collaboration with the profession

Standards

The educational institution **must** demonstrate a collaborative relationship with the ambulance profession.

Academic staff engaged in paramedic education programs **should** be encouraged to take up membership of the Paramedics Australasia (PA) or similar paramedic professional body(s).

There **should** be formal engagement between universities and Paramedics Australasia (PA) or similar paramedic professional bod(s) through representation on appropriate committees and in program development activities.

3.1.6 Interaction with other sectors

Standards

The educational institution **must** have a constructive interaction and formal relationships with the health and health-related sectors of society and government.

The educational institution **should** work with its partners to ensure their academic staff in affiliated educational institutions and organisations are integrated into service and administrative activities and that staff employed by the affiliated educational institution or organisation recognise their teaching obligations.

3.1.7 Teaching-research nexus

Standards

The educational institution **must** foster the relationship between research and teaching in paramedic education programs.

The interaction between research and teaching **should** be reflected in the paramedic education program / curriculum.

Notes

The *interaction between research and teaching* influences teaching and learning and prepares students to engage in paramedic research and evidence-based practice.

3.1.8 Inter-professional research

Standards

The educational institution **must** demonstrate commitment to a multi-professional approach to the conduct of health research, scholarship and graduate research programs in the context of paramedicine and pre-hospital care.

Graduate research degree programs (at master and doctorate levels) **should** be developed in collaboration with other health disciplines within the university.

Collaborative research grant submissions **should** be developed and research activities conducted with other disciplines within the university, with other schools responsible for paramedic and other health professional programs, and with industry and professional partners.

Notes

Paramedic education programs are greatly enhanced by an environment in which research is actively pursued. A research ethos attracts high calibre staff who can engender a culture of critical appraisal and evaluation of existing knowledge.

3.1.9 Staff resources

Standards

The academic organisational unit responsible for the paramedic education program **must** have an appropriate profile of academic and administrative staff to support the paramedic education program and other activities and to ensure sound management and deployment of its resources.

The management **should** include a program of quality assurance and regular review.

It would be beneficial if the educational institution have a staff recruitment policy, which outlines the type, responsibilities and balance of academic staff required to deliver paramedic education programs adequately.

The educational institution **must** define the responsibilities of paramedics who contribute to the delivery of paramedic education programs and its responsibilities to these paramedics.

Casual and adjunct academic staff **should** have the opportunity to provide feedback on the education program and to participate in appropriate teaching training and performance review and development.

Notes

Balance of academic staff includes balance between paramedic and non paramedic academics, full time and part time staff, and honorary clinical staff.

Many universities provide honorary clinical academic titles for practitioners involved in teaching and research.

It is standard practice for health agencies to provide opportunities for reciprocal engagement of university staff.

3.1.10 Staff appointment, promotion and development

Standards

A policy **should** be developed for academic staff selection criteria including educational, clinical and research merit, relationship to paramedic education program goals and objectives, economic considerations and local issues.

The educational institution **should** have appointment, promotion and development policies for academic and general staff, which addresses a balance of capacity for teaching, research and community service and which recognises meritorious academic activities and appropriate emphasis on research attainment and teaching qualifications.

Staff training and development policy **should** include university teaching and learning training and performance planning and review.

The educational institution's employment practices **should** be gender balanced and culturally inclusive.

3.1.11 Staff indemnification

Standards

The educational institution **must** have arrangements for indemnification of teaching staff in relation to their involvement in clinical research and the delivery of paramedic education programs.

3.2 The Outcomes of Entry-level Paramedic Programs

3.2.1 Goals and Objectives

Standards

The educational institution **must** define the paramedic education program's goals and objectives and **must** make them known to students, partners and stakeholders.

The objectives of the program **must** incorporate an educational process that will result in a paramedic trained appropriately to the level of qualification attained and specified level of competence required.

The program **should** describe the attributes that students on the paramedic pathway will demonstrate on graduation relating to knowledge and understanding, skills, and attitudes affecting professional behaviour.

Notes

Stakeholders include industry, professional and community representatives.

Attributes as defined in the Paramedic Professional Competency Standards (PPCS).

The concept of an integrated educational *paramedic pathway* for the profession into the future recognises the variety and diversity of paramedic practice, which is evolving.

3.2.2 Paramedic Program Outcomes

Standards

The program **must** have the content and be delivered in a manner which allows students to develop and demonstrate the competencies required for practice at the level of the relevant qualification through appropriate use and synthesis of their theoretical knowledge and the generic attributes and paramedic-specific abilities and skills specified in the Paramedic Professional Competency Standards.

The educational institution **should** demonstrate responsiveness to changes in the Australian and New Zealand paramedic education context, specifically addressing through the curriculum

issues identified as of contemporary importance including those identified by the Council of Ambulance Authorities (CAA) and its Ambulance Education Committee (AEC).

Notes

Issues identified by the CAA and the AEC as being of particular contemporary importance in the Australian and / or New Zealand context, include the following.

- Professional recognition.
- Workforce developments and role redesign
- Multi-professional education across the healthcare professions.
- A multi-professional approach to pre-hospital research.
- National health priorities.
- Changing demographics and an ageing population.

3.2.3 Work readiness

Standards

The educational institution **must** demonstrate it has developed a paramedic education program that provides students with the educational base for a graduate appropriate to the level of qualification to be attained, the specified level of competence to meet the requirements for employment as an entry level paramedic.

It is acknowledged universities will establish different models of course delivery in collaboration with jurisdictions. Expectations of work readiness should be congruent with the delivery model engaged. Some models embed graduate internship periods into the degree program with the support of the collaborating jurisdiction. Other models involve participation in a graduate internship year with a jurisdiction post qualification completion. In general terms at the end of the graduate degree program the graduate paramedic should have the core foundation elements to practice under supervision. At the end of the graduate internship year (or equivalent) the paramedic should be ready to practice independently.

The educational program / curriculum requirements for work readiness **must** be determined by the curriculum / program development committee through consultation with all major stakeholders in particular, the principal ambulance services in Australia and New Zealand represented by the CAA.

The educational program / curriculum requirements to meet the work readiness requirements of the principal ambulance services in Australia and New Zealand **should** be reviewed on a regular basis as part of a formal paramedic education program review process.

Notes:

Recruitment processes vary in part between the principal ambulance services in Australia and New Zealand. In the main, graduates of accredited paramedic programs who are selected on merit for employment will undertake a graduate placement period /internship with the respective ambulance service employer for a period of up to twelve months. During this period, graduates will be inducted into the workplace and undertake specific orientation, internal training and competency assessment activities to meet the requirements of their employment.

3.2.4 The Paramedic Professional Competency Standards

Paramedics are independent practitioners working, to their specified level of competence, with patients of all ages, with individuals and in groups, and are essential members of interdisciplinary and inter-agency teams.

Effective practice requires the recognition and understanding of the social and economic context of their patients in assessing, planning, delivering and evaluating care.

Given the complex nature of out of hospital, unscheduled care and the diversity of health care situations encountered, Paramedics must be well educated, skilled and knowledgeable practitioners in a range of subjects and be able to appraise and adopt an enquiry-based approach to the delivery of care.⁸

Paramedic education programs must refer to the Paramedic Professional Competency Standards (PPCS), which define the expectations of graduates from higher education paramedic programs. The PPCS can be downloaded from the CAA website. The PPCS has been designed for use within the higher education sector. It is expected that it will assist educators to develop programs with the understanding of:

- paramedic work and what it involves;
- the particular proficiency needed to perform the work;
- the knowledge and skills that are required to perform the work; and
- the generic work skills (or employability skills) that are required for graduates.

Paramedic education programs should produce graduates with an educational base and attributes appropriate to the level of qualification attained and specified level of competence required. These objectives and attributes must be clearly described for each program being assessed.

⁸ Extract from British Paramedic Association Curriculum Framework consultation document: June 2005, page 7

3.3 The Paramedic Curriculum

3.3.1 Curriculum framework

Standards

The educational institution **must** have a framework for the curriculum organised according to the overall outcomes which have, in turn, been broken down into specific objectives for each year or phase of the program, and learning methods that are consistent with the educational objectives.

The teaching and learning methods **should** encourage students to take responsibility for their learning processes and prepare them for lifelong learning.

3.3.2 Curriculum Structure

Standards

The educational institution **must** develop descriptions of the content, extent and sequencing of the curriculum that guides both staff and students on the level of knowledge and understanding, skills and attitudes expected of students at each stage of the program.

The curriculum **must** be structured to include classroom, clinical experiences as well as an understanding of research methodology, that are carefully sequenced and integrated to ensure effective learning at the appropriate point on the paramedic pathway. The curriculum would include but not limited to:

- The sciences basic to paramedic practice;
- Paramedic clinical practice;
- Research methods (or similar);
- Evidence-based practice;
- A population health approach;
- Aspects of broader professional practice, and
- Professionalism.

The curriculum content and the organisation of learning experiences **should** foster a commitment to continuing professional growth including learning through self-directed, independent study.

The curriculum content **should** address clinical practice and professional issues relevant to the time.

The clinical education **should** ensure timely and progressive exposure to the paramedic work environment.

Notes

A population health approach refers to assessment, morbidity, interventions and outcomes as determined and reported in populations. It also implies an understanding of the social systems influencing health and their environments and educational institutions. It includes prevention directed to populations that are vulnerable and population approaches such as education and screening.

Aspects of broader professional practice including but not limited to disaster and emergency management; health systems; national and international trends; professional ethics and legal responsibilities, administration education.

Professionalism includes personal and professional development, culture, diversity and the attributes of professionalism.

3.3.3 The continuum of learning

Standards

The educational institution **must** clearly articulate to students:

- (i) the range of postgraduate education pathways available on successful completion of the paramedic education to allow progression into specialist fields;
- (ii) the pathways available for progression into other health professional programs; and
- (iii) other academic linkages available.

The educational institution **should** develop and demonstrate processes to enable students to transfer to university education programs and environments.

Notes

Specialist fields such as Intensive Care Paramedic, Aviation and Retrieval Medicine and Clinical Education.

Other health professional programs such as Medicine, Nursing, Physiotherapy.

Other academic linkages including rural/community practice, emergency management, health services management and research.

University education programs and environments such as articulation with a paramedic undergraduate degree from Victoria to a postgraduate program in South Australia.

3.3.4 Assessment of student learning

Standards

The educational institution **must** define and document the methods used for assessment including the criteria for progression in the course.

The reliability and validity of assessment methods **should** be evaluated and new

assessment methods **should** be developed where required.

The educational institution **should** ensure that the scope of the assessment, and Assessment standards and processes are consistent across all teaching sites.

Assessment principles, methods and practices **must** be appropriate for the educational objectives of the paramedic education program and **must** promote student learning.

Assessment methods **should** be explicit and made known to students at the onset of the paramedic education program.

Assessment of various curricular elements **should** be integrated to encourage an integrated approach to learning.

The need to learn excessive amounts of information **should** be reduced and curriculum overload prevented.

Notes

Methods used for assessment may include consideration of the balance between formative and summative assessment, the numbers of examinations and other tests; the balance between written and oral examinations, the use of normative and criterion referenced judgements, and the use of special types of examinations, e.g. objective structured clinical examinations (OSCEs).

3.3.5 Monitoring and evaluation

Standards

The educational institution **must** have a mechanism for paramedic education program evaluation as part of its quality assurance process that monitors the curriculum, the quality of teaching and student progress and ensures that concerns are identified and addressed.

Program evaluation **should** address the context of the educational process, the specific components of the program and the general outcomes.

Measures of and information about attributes of graduates **should** be used as feedback to program development.

Both teacher and student feedback **must** be systematically sought, analysed and responded to appropriately.

Teachers and students **should** be actively involved in program evaluation planning and in using results for quality improvement.

Student performance **must** be analysed in relation to the paramedic education program and its educational objectives.

Student performance **should** be analysed in relation to student background, conditions and entrance qualifications, and **should** be used to provide feedback to committees responsible for student selection, program planning and student support.

A wider range of stakeholders **should** have access to results of program evaluation and their views on the development and relevance of the education program **should** be considered.

Feedback **should** be obtained from the authorities / organisations where students work after graduation and from graduates.

The educational institution **must** benchmark its paramedic education program against the educational paramedic professional competency standards.

The educational institution **must** demonstrate formal procedures for regular review and updating of its paramedic education program structure and functions and **must** rectify deficiencies and meet changing needs in a timely manner.

Notes

Mechanisms for program evaluation imply the use of valid and reliable methods and require that basic data about the paramedic education program are available.

Context of the educational process includes the educational resources as well as the learning environment and the industry / academic culture.

Specific components include program description and student performance.

General outcomes can be measured by e.g. career choice, postgraduate performance.

It is expected that the academic organisational unit delivering paramedic education programs may conduct teacher evaluations or participate in educational institution-wide procedures for ongoing teaching and academic performance of their staff. The Site Evaluation Team (SET) will insist on seeing student evaluation data and encourage teacher evaluation.

Measures of student performance include information about study duration, scores, pass/failure rates, success and attrition rates etc.

3.4 Curriculum Implementation

3.4.1 Admission policy and selection

Standards

The educational institution **must** have an admission policy including a clear statement on the process for selection of students into paramedic education programs.

The relationship between selection, the educational program and the desired attributes of graduates **should** be stated.

Any framework document between the educational institution and an ambulance authority / industry employer organisation **should** include agreed student selection criteria.

The admission policy **should** be reviewed on a regular basis as part of the formal paramedic education program review process.

Notes

Framework *document* refer 3.2.4

Educational institutions will be cognisant of the employment requirements of ambulance authorities / industry employer organisations, in particular, the physical capacity, medical, literacy and psychometric assessment standards that **must** be achieved by graduates. In turn, employers will be cognisant of the educational institution's admission requirements.

3.4.2 Pathways, entry points and credits

Standards

The educational institution **must** ensure that undergraduate paramedic education programs provide defined credit transfer or articulation pathways.

Pathways, entry points and credits **should** be reviewed on a regular basis as part of the paramedic education program review process.

Notes

Defined credit transfer or articulation pathways into paramedic undergraduate studies for those who hold associated/allied ambulance qualifications; the ability for Health Science graduates to apply for entry into paramedic undergraduate studies; the inclusion of "generic" subjects for credit transfer into other Health Science or related courses/programmes.

Most educational institutions provide pathways to academic study for nominated disadvantaged and under-represented groups such as Indigenous people and people from rural and remote areas.

3.4.3 Student intake

Standards

The size of student intake, including international and domestic fee-paying students, **must** be defined and related to both the capacity of the educational institution at all stages of paramedic education and training and to the workforce needs of ambulance authorities and other employer organisations.

The nature and size of student intake **should** be reviewed periodically in consultation with the principal ambulance services in Australia and New Zealand and other key stakeholder groups.

Targeted access schemes for disadvantaged or under-represented groups **should** be complemented by appropriate support services.

Notes

Paramedic services **should** provide a three-year *workforce needs* forecast and convey their estimates to educational institutions on at least an annual basis.

3.4.4 Student support and counselling

Standards

The educational institution **must** offer appropriate student support including counselling, health and academic advisory services.

Counselling **should** be provided based on monitoring of student progress and **should** address students' personal and social needs.

Notes

Social and personal needs include academic support, career guidance, health problems and financial matters.

3.4.5 Student representation

Standards

The educational institution **must** have a policy on student representation and appropriate participation in the design, management and evaluation of paramedic education programs and in other matters relevant to students.

Student activities and organisations **should** be encouraged and facilitated.

Notes

Student activities and organisations include student self-government and representation on educational committees and other relevant bodies as well as social activities.

3.4.6 Student indemnification

Standards

The educational institution **must** have policies regarding adequate indemnity for the relevant activities of students.

3.4.7 Educational resources

Standards

The educational institution **must** have sufficient physical facilities for the staff and student population to ensure that paramedic education programs can be delivered adequately.

The educational institution, in collaboration with ambulance authorities and industry employer organisations, **must** ensure that sufficient physical facilities are available to students on attachment including appropriate facilities for communication and information exchange between sites and overnight accommodation as appropriate.

Library facilities available to staff and students **should** include access to electronic databases, supportive staff and a reference collection adequate to meet curriculum and research needs.

The learning environment for students **should** be improved by regular updating and extension of facilities to reflect developments in educational practices.

Notes

Physical facilities required for program delivery include auditoriums, tutorial rooms, laboratories, laboratory equipment, clinical skills laboratories, libraries, ICT facilities and Internet access, multimedia equipment. Facilities for student study and recreation **should** also be provided.

3.4.8 Educational exchanges

Standards

The educational institution **must** have a policy for collaboration with other educational institutions and for the transfer of educational credit.

Regional and international exchange of academic staff and students **should** be facilitated by the provision of appropriate resources.

Notes

Educational institutions include vocational education and training organisations as well as other higher education facilities.

3.4.9 Clinical training resources

Standards

The educational institution **must** ensure there is adequate clinical experience and the necessary resources including sufficient patients, simulated patients and clinical training facilities.

The facilities for clinical training **should** be developed in partnership with ambulance authorities, paramedic industry employers and other appropriate health care providers to ensure clinical training, which is adequate to the needs of the population.

Facilities for clinical training **should** be evaluated regularly to ensure appropriateness and quality for paramedic training.

Rural and clinical placements **should** be included as a priority where appropriate.

Notes

Clinical training facilities may include ambulance stations, hospitals and a variety of pre-hospital settings such as primary health care centres and clinics.

3.4.10 Clinical placements

Standards

Clinical placements **must** be governed by formal workplace learning agreements between the educational institution and the appropriate ambulance authority / paramedic industry organisation / hospital / primary health care setting.

The educational institution **must** ensure the objectives and assessment of clinical placements are defined and known to students and clinical teachers.

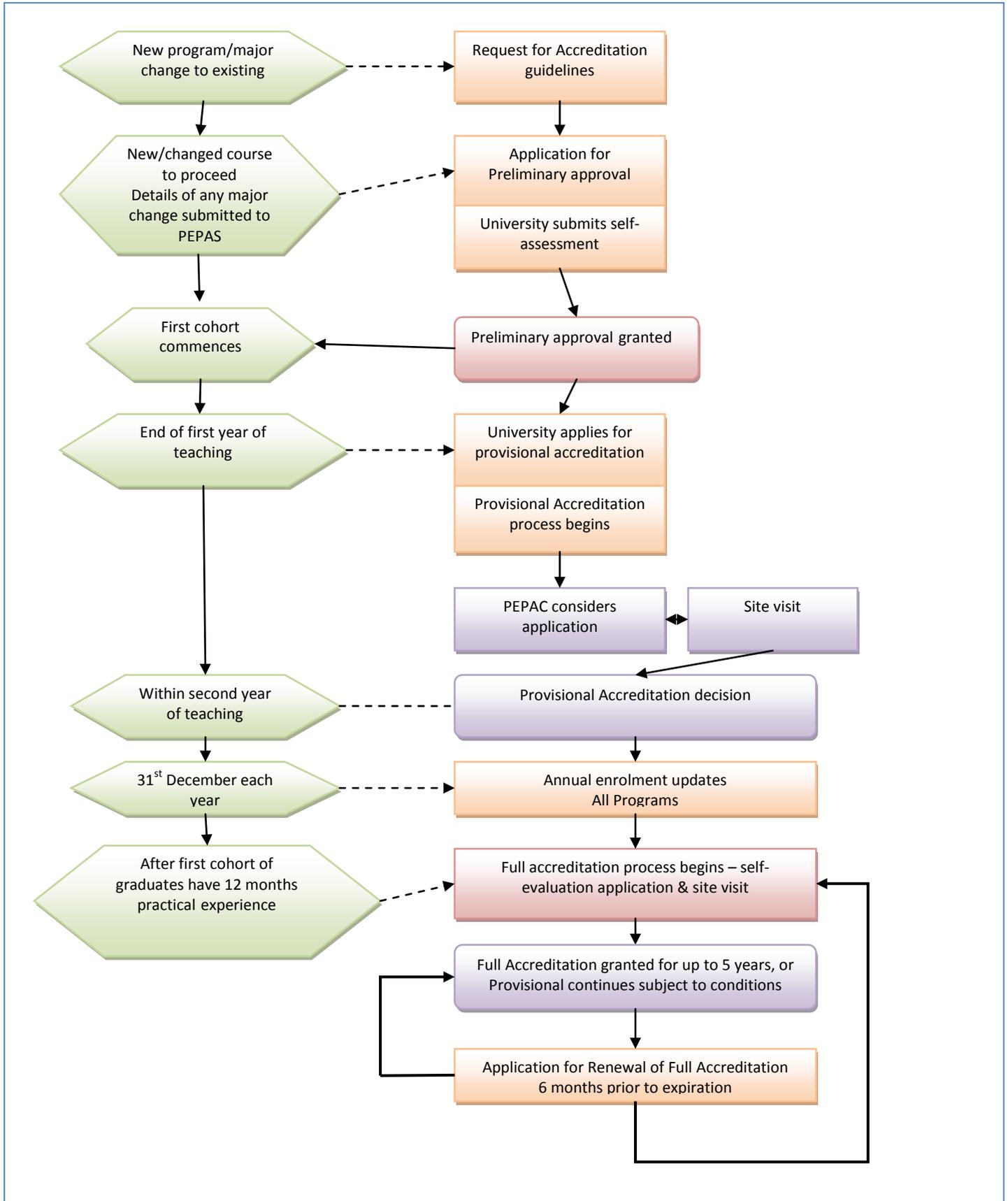
The ambulance authority / paramedic industry organisation / hospital / primary health care setting in liaison with the educational institution will provide clinical placements that are supervised and well organised.

The educational institution **should** manage the fulfilment of objectives of clinical placements in ambulance services, hospital and community pre-hospital settings.

Notes

While the educational institution has *clinical placement* responsibilities within paramedic education programs it **should** recognise the limited capacity nationally to offer clinical placements in all healthcare settings. Appropriate strategies will need to be negotiated to meet requirements to match training needs with the resources available and educational institutions will negotiate strategies such as high fidelity clinical simulation to meet program objectives.

Flow Chart/timeline: new or changed programs



4. The Accreditation Process

The process for assessment and accreditation of entry-level paramedic education programs is based on a collaborative approach. The process is provided by the Council of Ambulance Authorities (CAA) in collaboration with the Paramedics Australasia (PA), educational institutions delivering the programs and other industry stakeholders. It is based on a combination of educational institutional self-evaluation and external peer review.

The accreditation process is the responsibility of the CAA Paramedic Education Programs Accreditation Scheme (PEPAS). Its responsibility will be to implement and administer accreditation in accordance with the documented principles and standards as set out in these Guidelines. The PEPAS will be supported by a secretariat provided by a PEPAS Co-ordinator.

Guideline 4 outlines the accreditation process in terms of:

- accreditation outcomes;
- administration of the accreditation process; and
- final decision on accreditation.

4.1 Accreditation outcomes

Where possible, the PEPAS accreditation process will be integrated with each educational institution's internal review procedures. PEPAS's requirements will have sufficient flexibility to sit within the framework of internal quality assurance processes and every effort will be made to accommodate the educational institution's requirements.

Accreditation may be granted with or without conditions. Conditions placed on an accreditation are intended to provide guidance on required developments. They do not infer that further accreditation will not be granted.

Accreditation options will include:

- **Preliminary approval**
Preliminary approval of a new entry-level paramedic education program must be sought prior to the entry of the first cohort into the course.
- **Provisional accreditation**
A new program that has been granted preliminary approval will be eligible for provisional accreditation after the first year of teaching, subject to successful annual review. Provisional accreditation may also be granted where conditions are attached following assessment for full accreditation.
- **Full accreditation**
A program is eligible for full accreditation for a period of *five* years after the first cohort of graduates has at least twelve months of practice experience following graduation. Full accreditation will be granted upon successful review following eligibility.

4.1.1 Preliminary approval

An educational institution intending to offer an entry-level paramedic education program for the first time or making a major change to an existing program⁹ must make application for preliminary approval prior to commencement of teaching.

Universities must provide a self-assessment report based on the standards required in Guideline 3. The submission will be handled in accordance with confidentiality and disclosure provisions and is evaluated by the PEPAS.

Reporting

An educational institution that has received preliminary program approval must provide a report at the end of the first teaching year. The report must update information provided in the preliminary approval application and address any matters that have been drawn to its attention in relation to the granting of preliminary approval.

4.1.2 Provisional accreditation

The receipt of the report required from educational institutions that have preliminary program approval normally initiates provisional accreditation review. The PEPAS will determine the form of this review having regard to individual circumstances.

Review may take the form of:

- committee consideration of the report alone, or
- a site visit by one or two committee members, or delegates of the committee, to inspect facilities and discuss matters of concern with the head of the academic organisational unit, where the committee concludes that this is necessary to make a decision.

Provisional accreditation is granted subject to annual reporting requirements and may be subject to satisfaction of other conditions.

Provisional accreditation for a specified period of years may also be granted where conditions are attached following assessment for full accreditation. This may be when shortcomings are observed in the standards provided in Guideline 3, but which the educational institution is able to rectify within a specified period and has undertaken to so.

⁹ A major change in a paramedic program could be a

- change to the educational institutional setting
- significant change in objectives, or a substantial change in philosophy or emphasis
- change in the length of the course, especially any reduction of length
- major change in the format or overall sequence of subjects of the course
- major change in teaching, especially those involving changes to contact hours, or a major change to assessment methods.

Significant changes forced by a major reduction in resources leading to an inability to achieve the objectives of the existing course would also represent a major course change.

Reporting

The educational institution will be required to notify the PEPAS when those shortcomings have been rectified and must make annual progress reports if the period of time granted exceeds one year.

The PEPAS reserves the right to revisit an educational institution granted “provisional accreditation subject to conditions”. In the event of the required progress not being achieved, accreditation may be limited to a shorter period of time or withdrawn.

Entry-level paramedic education programs accredited with conditions require annual reporting to the PEPAS summarising the changes made to the course or significant changes to its resourcing in the preceding year.

4.1.3 Full accreditation

Accreditation for up to *five* years is granted when the entry-level paramedic education program successfully meets the educational standards of Guideline 3 following eligibility and the first cohort of graduates have at least twelve months of practice experience following graduation.

It involves:

- submission of an application including factual information and a self-assessment report;
- a site evaluation team (SET) visit;
- report and recommendations from the SET and feedback, and
- consideration and recommendation by PEPAS.

This is subject to there being no major changes to the program in this period of time or any significant diminution of resources available for its delivery. Educational institutions are obliged to notify the PEPAS if it plans any major change to its entry-level paramedic education course or if resources for its delivery have been significantly curtailed. (See footnote 12 for definitions of major changes).

Reporting

In addition, educational institutions offering an accredited course are required to make an annual report to the PEPAS summarising the changes made to the course in the preceding year and describing any significant changes to the resources allocated to its teaching in that year.

4.1.4 Failure to comply/failure to grant accreditation or approval

Accreditation will be refused when there are significant deficiencies and the PEPAS agrees that the educational institution does not have the capacity to remedy them or does not accept the need to make the changes required.

The PEPAS recognises that all Australian and New Zealand educational institutions aspire to the highest levels of quality and have a vested interest in ensuring that their professional courses meet the requirements and expectations of external stakeholders, including authorities maintaining standards for the profession. In view of this, the PEPAS will seek cooperative solutions where accreditation has been refused.

In the above case, the Chair of PEPAS will write to the Dean of the Faculty (or equivalent) drawing his/her attention to the concerns. The PEPAS will seek discussions with a view to both parties agreeing an action plan for addressing deficiencies within a reasonable period.

The Chair will draw to the attention of the Dean the educational institution's option to seek review of a decision not to grant course approval/accreditation in accordance with section 5.6. Should the institution wish to exercise this option, the PEPAS will defer further action until the independent review committee has reported.

Notwithstanding the above, the PEPAS may revoke or deny program accreditation or approval in the event of their being unable to be satisfied as to the institution's commitment and capacity to remedy deficiencies within a reasonable period. Written notification of such actions will be provided to key stakeholders.

4.1.5 Appeals process and independent review

An educational institution may seek independent review of recommendations and decisions concerning accreditation of a paramedic programs at two stages:

- within ten working days of receipt by the Dean of a draft assessment team report; or
- within ten working days of receipt by the Vice-Chancellor's office of a letter of notification of failure to grant accreditation.

The review committee will be nominated by PEPAS and agreed by the institution. It should include at least one Head of School/Department/Discipline or senior academic in Paramedic Studies from a department currently teaching an accredited paramedic program, one senior academic of another institution offering an accredited paramedic program and one other person with experience in the practice of paramedicine. Members of the review committee shall not have been involved in the accreditation process to this stage.

The review committee will review the submission and relevant reports and documentation. It will have discretion to interview staff, students and other relevant people, and to inspect facilities, where it concludes that such actions are necessary for it to make an informed judgement.

The costs of review must be met by the educational institution concerned. A report prepared by the review committee will be forwarded to both the institution and PEPAS. The institution will be given opportunity to respond to any issues raised in the report, before PEPAS makes a final decision on accreditation status.

4.2 Administration of the accreditation process

The PEPAC (Paramedic Education Programs Accreditation Committee), a committee reporting to the Council of Ambulance Authorities through the national AEC, oversees the accreditation process.

The Committee:

- develops and reviews standards, policy and procedures relating to the accreditation of entry-level paramedic education programs;
- oversees the process of accreditation of entry-level paramedic education programs; and
- encourages improvements in entry-level paramedic education in Australia and New Zealand that respond to evolving health and health workforce needs and practices, and educational and scientific developments.

The membership of the PEPAC consists of:

- up to four (4) members of the CAA including ambulance jurisdiction heads of ambulance education,
- up to two (2) representatives of paramedic professional bodies;
- up to two (2) representatives with a university background and expertise in accreditation and/or related program quality assurance; and
- external advisor/s to the committee as required with expertise in accreditation and/or related program quality.

Additional members may be invited to the Committee by the PEPAC Chair as may be required from time to time.

The PEPAC is chaired by the Chair of the CAA Ambulance Education Committee.

The accreditation process is administered by a Secretariat provided by the CAA.

4.2.1 Site Evaluation Teams

The site evaluation team (SET) will be authorised by the Director PEPAS and will consist of suitably qualified people with experience in the organisation and structure of entry level health related education programs and / or accreditation processes along with an understanding of the current professional requirements for paramedic practise:

As a general rule a SET will comprise a combination of the following members noting that a member may fulfill more than one role:

- a member of the AEC or PEPAC will be appointed as the SET Chair or as appointed by the Director PEPAS;
- an industry member;
- a member of paramedic professional body; and
- a member who has experience of university program accreditation and/or related quality assurance processes.

The educational institution to be assessed will be given an opportunity to lodge an objection to any individual advised to be part of a SET. The reasons for the objection must be clearly set out in writing to the Chair of PEPAC, and received by the Chair no later than fourteen days prior to the assessment taking place. The final decision on the composition of SET will be with the Chair of PEPAC.

Observers are permitted, subject to the approval of the team and of the institution whose program is being assessed. Paramedic students must have opportunities to contribute to the accreditation process.

The educational institution will be responsible for funding the airfare and accommodation costs of the site evaluation team visit, if required and for all internal costs associated with the accreditation process.

4.3 Final Decision on Accreditation

After considering all the material received, PEPAC makes its accreditation decision, and reports to the Ambulance Education Committee, which will ratify the decision. A final report including any recommended actions where applicable is then released to the educational institution advising the level of accreditation.