CANDIDATE HANDBOOK

AHPRA Paramedic Competency Assessment

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Terminology and Abbreviations

AHPRA	Australian Health Practitioner Regulation Agency
ALS	Advanced Life Support. Resuscitation provided to Australian Resuscitation Council guidelines
ARC	Australian Resuscitation Council
Assessment Centre	An individual consortium members' location where assessments are conducted
Assessor	Also known as an examiner. An approved person conducting a candidate assessment.
Board	Paramedicine Board of Australia
CAA	Council of Ambulance Authorities
Candidate	An individual undergoing a competency assessment for registration as a paramedic with AHPRA
ECU	Edith Cowan University
FUSA	Flinders University
Institution Lead	The named individual from each University nominated as the lead for this RFP
Lead Assessor	Also known as lead examiner. The senior assessor responsible for timing, quality and equity of candidate assessments
LTU	La Trobe University
USC	University of the Sunshine Coast
WSU	Western Sydney University

Introduction

The Australian Health Practitioner Regulation Agency (AHPRA) provides support to the National Boards for each profession covered by the National Registration and Accreditation Scheme (NRAS). As part of the AHPRA role, the Paramedicine Board ('the Board') has adopted best practice approaches to regulation and registration functions, including deciding whether an individual applicant for registration as a paramedic is able to practice competently and safely.

As part of the registration process, the Paramedicine Board has determined that some applicants may be required to, or be given the option of, undertaking a competence assessment to demonstrate they are able to practice paramedicine competently and safely. The competency assessment is one aspect of their application for registration and passing a competency assessment does not automatically result in registration, which is a multi-faceted process.

Following a tender process, in January 2019 five Universities, forming a consortium, were selected by the Paramedicine Board to conduct competency assessments for the paramedicine profession.

The five universities, who form the consortium are

Edtih Cowan University	Flinders University	La Trobe University	University of the Sunshine Coast	Western Sydney University

This document outlines comprehensive information for competency assessment candidates. It should be read carefully prito or to visiting the Consotrium's website to book a competency assessment at your preferred consortium member.

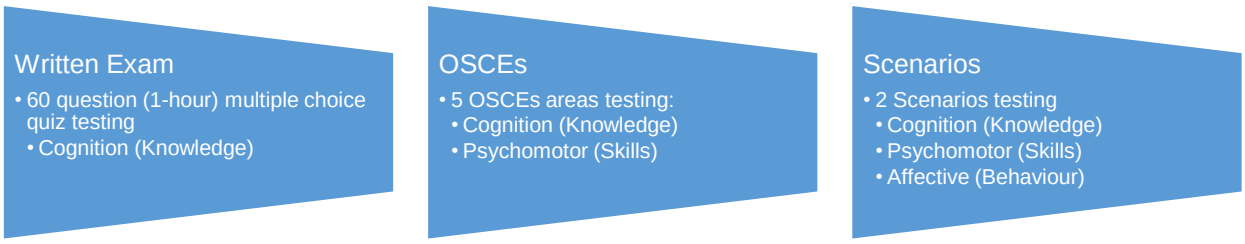
The standard of assessment is based on the Paramedicine Professional Capabilities and the assessment is for regulatory (i.e. public safety) rather than educational purposes. The competency assessment addresses two domains of practice, namely cognition (knowledge), and behaviour which is further devolved into affective (attitude and behaviour) and psychomotor (skills) in the context of paramedic practice, at the level of professional capability required by the Board for Registration as a Paramedic.

The consortium uses contemporary, evidence-based methods to assess competence across the three educational domains, with the assessment process consisting of a written examination, objective structured clinical examinations (OSCEs) and scenarios.

The assessments are conducted in a single day, at a venue agreed by the Paramedicine Board.

Assessment Overview

The approach to competence assessment uses current, evidence-based methods to assess candidates across the three educational domains, with overlap between the three. Assessment standards comply with expected paramedic competencies, as outlined by the Paramedicine Board.



The assessment suite reflects the Professional Capabilities for Registered Paramedics. A summary of the relationship between the Professional Capabilities and the assessment components is shown in the following table.

Professional Capability	Assessment Method		
	Written Exam	OSCEs	Scenarios
Practice in an ethical and professional manner, consistent with relevant legislation and regulatory requirements	✓		✓
Provide each patient/service user with an appropriate level of dignity and care		✓	✓
Assume responsibility, and accept accountability, for professional decisions	✓	✓	✓
Advocate on behalf of the patient/service user, when appropriate within the context of the practitioner's practice as a paramedic	Not assessed in competency assessment		
Communicate clearly, sensitively and effectively with patient/service user and their family or carers		✓	✓
Collaborate with other health practitioners		✓	✓
Makes informed and reasonable decisions	✓	✓	✓
Uses clinical reasoning and problem-solving skills to determine clinical judgements and appropriate actions	✓	✓	✓
Draws on appropriate knowledge and skills in order to make professional judgements	✓	✓	✓
Identify ongoing professional learning, development needs and opportunities	Not assessed in competency assessment		
Protect and enhance patient/service user safety		✓	✓
Maintain safety of self and others in the work environment		✓	✓
Operates effectively within a mobile environment		✓	✓
Maintains records appropriately			✓
Monitors and reviews the ongoing effectiveness of their practice and modifies it accordingly		✓	✓
Audits, reflects on and reviews practice	Not assessed in competency assessment		
Participates in the mentoring, teaching and development of others	Not assessed in competency assessment		
Use patient information management systems Appropriately			✓
Assess and monitor the patient/service user's capacity to receive care			✓
Understands the key concepts of the bodies of knowledge which are specifically relevant to paramedicine practice	✓	✓	✓
Conducts appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely		✓	✓
Demonstrates the requisite knowledge and skills to participate in mass casualty or major Incident situations	✓		
Formulates specific and appropriate patient/service user care and treatment actions		✓	✓

Competency Process and Standard

The standard to be met is one of a competent, safe-practising paramedic.

The competency assessment centre examiners do **not** determine whether or not the candidate receives registration

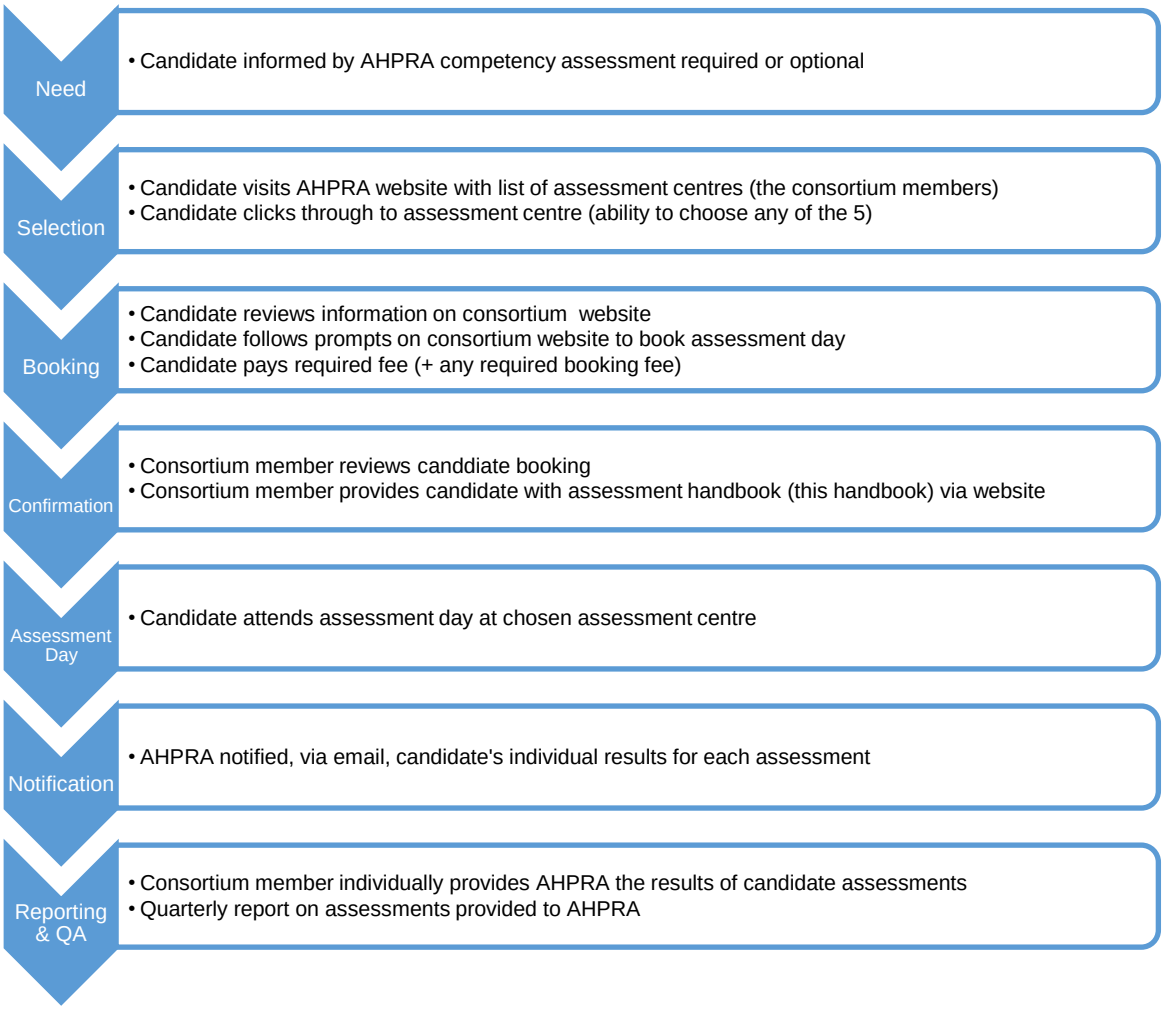
The role of competency assessment is not to 'educate' candidates as it is there solely for assessment purposes. As such feedback is not provided to candidates by assessors on the day of assessment. The Board will receive the marking rubric for each candidate's assessment.

- Written exam — Assessment result, up to 60 questions
- OSCE — Marking rubric for each of the 5 OSCEs
- Scenario — Marking rubric for each of the 2 scenarios

A recommendation on registration or overall competency is not made by the assessment centre. Assessment centres provide the Paramedic Board with the competency results in order to support the Board's decision-making process.

In line with Board requirements, candidates are **not** told of their result on the day of assessment. Candidates may be informed of the results for each of their competency assessments by AHPRA. Assessment centres will inform AHPRA of the results of candidate assessment no more than 7 working days after assessment day.

An overview of the competency process and notification process is shown in the following diagram.



Competency Assessments

Written Examination

Overview

The written examination, consisting of up to 60 multiple-choice questions (MCQs) assesses knowledge and application of knowledge across the 5 paramedicine domains of practice. The MCQs may be cased based, and some will be multi-step requiring a correct sequence of answers. This approach ensures that this task provides evidence of the candiates ability to interpret information required to inform safe and effective clinical and operational decisions..

Domain	Area
1	Professional & ethical conduct
2	Professional communication & collaboration
3	Evidence based practice & professional learning
4	Safety, risk management & quality assurance
5	Paramedicine practice

Examination Length

The MCQ examination is 1-hour in length.

Format of Examination

The written examination will be provided either online (completed at the assessment centre), or in written format. If written, it will be provided in approved fonts and in black text on white paper.

The examination is closed book, and reference material, mobile phones, calculators, tablets etc are be required to be secured prior to the examination.

Should an individual candidate require special requirements for their examination, such as large font, they must inform the relevant consortium member in advance, supported by medical evidence of the need. Special examination conditions will be included in the exam report provided to AHPRA.

Objective Structured Clinical Examinations

Overview

Objective Structured Clinical Examinations (OSCEs) are task focussed assessments, which test a candidates competence in specific paramedic skills.

Number of OSCEs

The OSCE process will involve 5 OSCE areas with a number of skills within each OSCE area. Candidates are run through in one 'session' with the use of task trainers to demonstrate skills. The standard expected can be seen in 'expert in my pocket' project skills sheets (See http://expertinmypocket.com.au/), acknowledging variations in clinical practice which remains safe and effective. The OSCEs which may be assessed include:

OSCEs	List of Skills
1. A – Airway	Triple Airway Maneouvre Oropharyngeal Airway Nasopharyngeal Airway Suction Airway Obstruction Supra-glottic Airway (LMA or iGEL)
2. B – Breathing	Chest Auscultation (stethoscope sounds audible to candidate) Respiratory Status Assessment Ventilation (BVM) (PEEP)
3. C – Circulation	Giving Set Preparation (0.9% Normal Saline) Vascular Access (IV Cannulation) Manual or Automatic Defibrillation 12-Lead ECG Application Arterial tourniquet application (Windlass tourniquet)
4. D – Drugs / Disability	Blood Pressure (auscultation) Blood Glucose Temperature (Tympanic) Medication Checks IM Injection IV Delivery
5. E – Examination / Environment	Primary Survey (Adult & Paediatric) Secondary Survey Neurological Assessment (CNS Survey) Patient Handover (ISBAR / IMIST-AMBO) Infection Control

OSCE Length

OSCEs will be conducted over a 12-minute period per OSCE including briefing, followed by the actual OSCE. OSCEs will take approximately 1 hour per candidate. Time for equipment familiarisation has been built into the day to ensure candidates can review the equipment used by each of the consortium members.

Marking Rubric

For each of the paramedic skills/procedures:

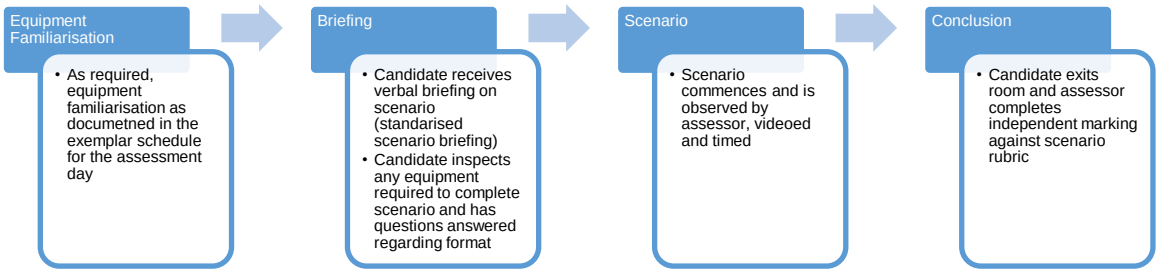
- Was the procedure performed with adherence to best practice infection control principles?
- Was it performed in a way that is safe for patient and paramedic?
- Was it performed in manner that would have optimised likelihood of success?
- Was it performed in a timely manner commensurate to the context in which it is being performed?

	Triple Airway Maneouvre	Oropharyngeal Airway	Nasopharyngeal Airway	Airway Obstruction	Supra-glottic Airway (LMA or iGEL'	Chest Asculitation	Ventilation (BVM) (PEEP)	Vascular Access (IV Cannulation)	Manual or Automatic Defibrillator	Arterial tourniquet application		
Was the procedure performed with adherence to best practice infection control principles?												
Was it performed in a way that is safe for patient and paramedic?												
Was it performed in manner that would have optimised likelihood of success?												
Was it performed in a timely manner commensurate to the context in which it is being performed?												

If No, provide detailed notes on the reasons why the particular skill did not meet the required standard

OSCE Process

The process for each OSCE is provided in the following diagram.



Scenarios

Scenario Overview

As the penultimate assessment of competency, candidates will undergo two competency scenario assessments. Scenarios test a candidates' overall competence across the Paramedic Domains of practice in a mock treatment setting.

Scenarios

Scenarios assist determining competency across the five Paramedic practice domains. In particular the non-specifically unwell patient will examine the candidate's competency in relation to testing capacity, decision making and selection of appropriate care pathways. Scenarios may be video taped for quality assurance.

Scenarios will be performed using manikins and the assessor will act as the 'voice' of the manikin and respond to questioning by the candidate. Scenarios may be run across the lifespan from paediatric to geriatric.

There will be two scenarios for each candidate, which may include:

- **Acutely unwell patient**
  - Respiratory
  - Cardiac
  - Neurological
  - Endocrine
  - Trauma

- **Non-specifically unwell patient**
  - Medical

Scenario Length

Scenarios will not exceed 25 minutes including 5 minutes for briefing and 20 minutes for the actual scenario. At the end of 20 minutes actual scenario time, the scenario will cease. There is 5 minutes set aside for reset, making a total of 1 hour of scenario testing per candidate.

Marking Rubric

Scenarios will each be assessed against a common rubric.

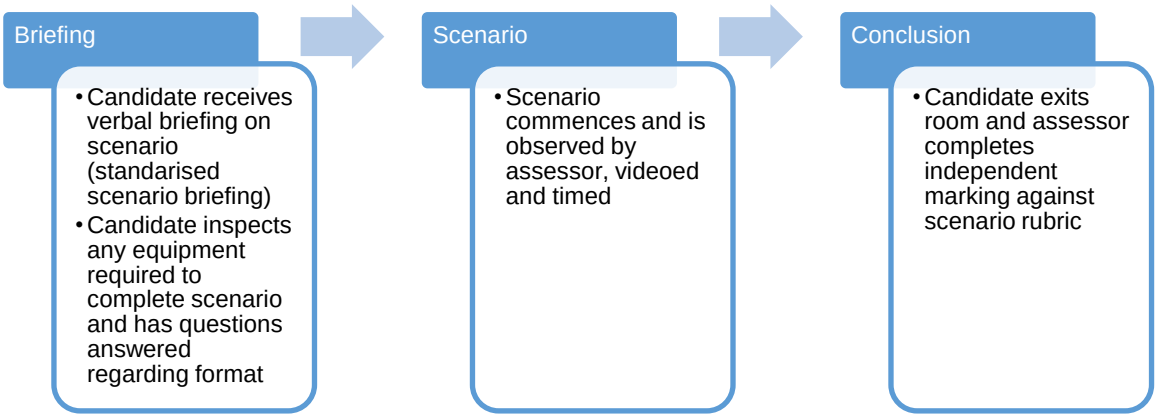
Criteria	Not Competent	Competent
Scene management and teamwork	Little or no recognition of issues/concerns/events that may impact negatively on provision of treatment Limited capacity to manage environmental or situational factors Limited teamwork	Demonstrates scene management evidenced by recognition of issues/concerns/events that may impact negatively on provision of treatment or scene safety. Able to manage environmental or situational factors without impacting on quality of patient care. Demonstrates effective teamwork with appropriate task/procedural delegation
Patient assessment	Key aspects of patient assessment not performed Failure to identify important history as part of assessment	No omissions of key history or physical examination components Patient questioning included appropriate follow up enquiries
Decision-making	Poor decision-making that would impact patient outcome No decision-making No clear provisional diagnosis or treatment priorities	Demonstrates appropriate decision-making Clear provisional diagnosis and determination of all treatment priorities
Procedural skills and clinical treatment	Treatment not performed when indicated Treatment performed using incorrect techniques Treatment performed with multiple errors that affects patient outcome	Performed all relevant treatment when indicated to a satisfactory level. Multiple minor errors that would not impact on the safety or effectiveness of the procedure. Performed with adequate time sensitivity commensurate to the nature of the scenario.
Communication	Poor verbal AND nonverbal communication with patient OR partner Poor effort to establish rapport or reassure patient/bystanders/partner	Appropriate verbal and non-verbal communication with all parties Establishes rapport and provides meaningful reassurance to patient/bystanders
Safety	Scenario performed in a manner that had potential to cause harm to patient, self or partner, including (but not limited to) inappropriate use of PPE, lack of provision of time-sensitive care, inappropriate delegation of tasks.	Scenario performed in a safe manner that posed no risks of harm to patient, self or others. PPE used appropriately, and care provided in a time sensitive manner commensurate to specifics of scenario

Adapted from Walter Tavares, Sylvain Boet, Rob Theriault, Tony Mallette & Kevin W. Eva (2013) Global Rating Scale for the Assessment of Paramedic Clinical Competence, Prehospital Emergency Care, 17:1, 57-67, DOI: 10.3109/10903127.2012.702194

If not competent, provide detailed information on reasons for this assessment

Scenario Process

The process for each scenario is provided in the following diagram. It should be noted that in addition to the equipment for each scenario, the timing for the assessment day also includes specific equipment familiarisation time prior to scenarios commencing.



Facilities and Equipment

Infrastructure

In order to support competency assessment, each consortium member has the following infrastructure which may be used for assessments.

- Tutorial rooms to hold written examinations
- Flat floor laboratories which can be used for scenario assessments
- Skills rooms which contain tables for task trainer skills
- Mock or real ambulances should these be required for scenarios
- In addition, each consortium member has access to simulation areas which may include mock or real:
    - 'Emergency department'/clinical area
    - Bedroom/ Bathroom
    - Lounge area/ GP surgery
    - Immersive simulation space/ Outdoor areas

Clinical Equipment

In order to support competency assessment, each consortium member has the following commonly used paramedic equipment which may be used for assessments.

- Advanced life support mannikins with the abliity to inset advanced airways, monitor rhythms, and cannulate
- Skills trainers to support OSCEs including:
    - Airway heads
    - Cannulation arms
    - Cardiac Monitors
    - Traction splints
    - Patient monitoring equipment
        - Stethoscope
        - Blood pressure cuff
        - Tympanic thermomter
        - Torches to test pupil reaction

Standard paramedic bags such as trauma bags, airway kits, paediatric kits etc. Familiarisation time has been built into the assessment day.

Assessment Governance

Each of the consortium members has appointed an institutional lead, lead assessors, and assessors.

Institutional Lead

The institutional lead is responsible to the Paramedicine Board for the overall competency assesssment process as well as the quality of assessments at their instutition.

The institutional lead is responsible for lead assessors and assessors at their institution, and ensuring that all required reports are completed for the Board in line with this proposal response. Institutional leads will ensure their institution engages with the consortium and contributes in a positive manner to continuous improvement in the competency assessment process.

Lead Assessor

The role of the lead assessor is to oversee individual assessment set-up, ensure quality and be available to answer candidate queries or concerns. The lead assessor may not be physically present for all assessments but be availble 'on site'. The lead assessor will, if required, be the arbiter should an assessor require discussion on a candidates level of competence as part of their OSCE or scenarios.

Assessor(s)

The role of the assessor is to facilitate candidates and assess them against the documented assessment rubrics.

Assessment Fee & Refunds

Assessment Fee

Assessment fees are outlined on the Consortium's website. Payments are processed from this website.

Note that the candidate must bear all travel and incidental costs to attend their chosen examination centre. All equipment for the assessment is provided.

Refunds

Refunds are available to candidates who cancel at least 30 days prior to their assessment. Within 30-days no refunds will be available (except on the basis of medical condition supported by a medical practitioners medical certificate (pharmacy certificates are not acceptable)).

The fee payable for assessments or resits is non-refundable should a candidate fail an assessment.

Assessment Dates and Locations

Assessment Dates

Assessment dates are available on the Consortium's website.

Location of Assessments

The location for assessments is shown in the table below.

Unviersity	Location for Examinations
ECU	Building 21, Medical Sciences Building, 270 Joondalup Drive Joondalup WA 6027
Flinders	Paramedic Unit, Sturt Campus Room W250, Flinders University, Bedford Park SA 5042
La Trobe	Health Science 2 Building, Room HS2 253, Sharon Street Entrance, Flora Hill Vic 3551
USC	Building M, 90 Sippy Downs Drive Sippy Downs, QLD 4556
WSU	Building 28, Campbelltown Campus, Cnr Narellan Rd and Gilchrist Dr, Campbelltown NSW 2560

For information on travdl options, parking and food outlets on campuses please visit the relevant consortium member's website.

Assessment Day Timing

An indicative assessment day timetable is outlined in the following table. The exact timetable may differ on the day depending on the number of candidates.

Time	Activity	
0830 – 0845	Registration	
0845 – 0900	Briefing	
0900 – 1000	Written Exam	
1010 – 1030	Equipment Familiarisation	
1030 – 1230	OSCEs	Scenarios
1230 – 1300	Lunch	
1300 – 1500	Scenarios	OSCEs
1500 - 1515	Feedback Survey	

Candidate Behaviour

We understand that undertaking a competency assesment is a stressful experience for candidates. It is important to remember that the Consortium members are acting on behalf of the Paramedicine Board, and did not have any input into the request that the candidate undertake a competency assessment.

Candidates are expected to display appropriate professional conduct throughout the assessment day, in line with the Paramedicine Board's Code of Conduct.

Candidates who do not display appropriate behaviour will be referred to the Board as part of the assessment report. Those candidates who display unacceptable conduct during the assessment process may be removed from the assessment by the assessor, and will be referred to the Board. If this occurs no refund will be available to the candidate.

Quality Improvement

At the end of the assessment day, each candidate will be invited to complete a feedback 'survey'. Completed online, each consortium member will have access to the results and will be able to compare feedback from candidates across all consortium members.

Resits

Should a candidate fail one or two of the competency assessments (as advised by AHPRA subsequent to the assessment day), they will be entitled to resit that particular assesment within 3-months for a reduced price. Should the candidate fail all three assessments they will be required to pay the full-price.

A candidate undertaking a resit assessment is required to undertake all elements of that assesssment again. ie. If the candidate passed 2 out of 5 OSCEs they are required to complete all the OSCEs again, not just a single one. If the candidate fails 1 scenario but passes the other, they are required to undertake both scenarios again. If they failed only 1 section of the written examination, they are required to undertake the entire written examination again.

Should a candidate receive a 'not competent' in a resit assessment, they would be required to undergo the full assessment at the full price should they wish.

Appeals

Any candidate who, once notified of their results, wishes to lodge an appeal they will be required to notify AHPRA. If AHPRA accepts the appeal then the candidate will complete an appeals form, and email the Insitutional Lead, having paid the required fee for an alternate assessor to review their assessment.

Candidates should note that OSCEs and scenarios may be video-taped. If a candidate is deemed not competent this is confirmed by a second assessor prior to notification to AHPRA.

There are limited reasons for appeal. These are:

- Faulty equipment which is not corrected during the assessment or which materially affected the result (and which was not taken into consideration by the assessor)
- Material unfamiliarity with equipment which impacted the candidates ability to perform in the scenario/OSCE (material unfamiliarity is equipment which is very new or experimental; or that which a paramedic could not reasonably be expected to be familiar)
- Incorrect advice from the asessor in relation to the assessment which affected the outcome / result

Grounds which are **not** accepted for appeal include (but are not necessarily limited to):

- The standard of competence as evaluated by asessors (ie. Assessor judgement)
- Marking rubric disagreement
- Perceived level of experience of the assessor
- Insufficient equipment familiarisation time
- Assessment centre location or rooms used for assessment
- Illness on the day of assessment

Once the appeal form is received, and the fee paid, an alternate assessor will review the candidate's written examination, or OSCE/scenario videos and make a determination. The outcome of the appeal will be either that the appeal is upheld, or the appeal is rejected. In an extreme circumstance, such as video failure, a candidate may be recommended for reassessment at no cost to them. The consortium will not be liable for any personal costs (such as travel/accommodation) incurred by the candidate in that instance.

Appeals must be lodged within 7-days of AHPRA notifying the Instututional Lead that a candidate wishes to appeal, and the fee for review applies per assessment section. ie. If a candidate failed two out of five OSCEs, the fee applies to have all OSCEs reviewed. If they failed OSCEs and Scenarios then the higher fee would have to be paid to review both. Fees are outlined on the Consortium's website.

Should a student wish to appeal, all sections of the assessment in question will be reviewed and all may be subject to amendment upon such review.

Complaints

In the first instance complaints should be brought to the attention of an assessor or the lead assessor. If the complaint remains unresolved then the candidate may lodge a complaint with AHPRA. If a candidate wishes they have the right to put in a formal complaint to AHPRA as per the requirements for any healthcare professional.

Record Keeping and Privacy

Records of individual assessments will be kept by each consortium member for 12-months post assessment day. This timing is in line with the standard University process for assessment record keeping. Security of assessment material, and individual candidate information will be secured in line with relavent Privacy Legislation.

Candidate Identification

Each candidate is required to show photographic identification at the time of registration on the day of their assessment. The photographic identification used will be recorded on the registration form at the start of the day.

Acceptable forms of identification are a drivers licence, passport, or government-issued identification showing the candidates photograph, name and date of birth.

Candidate Illness or Injury

Should a candidate become ill or be injured during their assessment, their assessment will cease in order for them to seek medical attention. Each Consortium member has clear internal procedures for such circumstances. Pathways for candidate illness may include referral to an on-site medical practitioner, or in severe circumstances the attendance of emergency services.

Should the candidate fall ill during an examination (and be supported later by a medical certificate issued by a medica pracitioner) they will be invited to attend the entire assessment at a later date, but no more than 12-weeks after their initial selected date of assessment. They will be required to complete those elements of the assessment not already completed.

Each candidate must confirm, prior to assessment and as part of the booking process, that they are fit enough to participate fully in the assessment, including lifting and moving, working at ground level and performing commonly accepted paramedic procedures.

Should a candidate have specific needs (for example large print) they will be asked to identify this at the booking stage with medical evidence of the need. Should a candidate identify physical injury or limitations at booking, they will be required to provide medical evidence of their fitness to undertake the assessment. This will minimise the risk of injury to the candidate and ensure that there is documented evidence of their fitness to practice.

Relationship with the Paramedicine Board and Registration

It is important to note that the Consortium members are reporting to the Board on an individual's level of competency for each of the areas assessed. Candidates will not be informed of their assessed level of competency on the day of assessment, and the level of competency is reported directly to the Board. Undertaking a competency assessment is not a guarantee of registration.

Conflict of Interest

Should a candidate know or believe they have a conflict of interest with one of the assessors on the day they must bring this to the attention of the lead assessor in a timely manner. Any conflicts identified and managed on an assessment day will be reported to the Board.

Health and Safety

All consortium members have comprehensive health and safety plans, approved by their institutions. Candidates must abide by all reasonable requests of the assessment centre and assessors in order to minimise risk. All consortium members hold comprehensive insurance.

Clothing and Footwear

Candidates should dress with long trousers and enclosed boots/shoes. Steel capped boots are not required. Uniform (if used by the candidate) should not be worn. Ideally, clothing should not be branded with the candidates employer. No offensive slogans or graphics should be worn.

Fitness to Practice

Candidates confirm, by attending the assessment, that they are fit to undertake the competency assesment. These standards include, but are not limted to:

- Knowledge of, and enaging in ethical behaviour in practice.
- Emotional maturity and behavioural stability to work constructively in a diverse and uncontrolled, stressful, multi-professional clinical environment.
- Knowledge of and compliance with Australian Law, professional regulations and scope of practice.
- Effective and efficient verbal communication, in English.
- Effective non-verbal communication needs to be respectful, clear, attentive, empathetic, honest and non-judgmental.
- Effective written communication.
- Consistent and effective knowledge and cognitive skills.
- Competent literacy skills.
- Competent and accurate numeracy skills.
- Adequate visual acuity.
- Adequate auditory ability.
- Sufficient tactile ability.
- Physical demands and requirement for fine and gross motor function and strength.
- Manual dexterity
- Physical, mental and emotional performance at a consistent and sustained level over time.

Disclosure of Information

By participating in a competency assessment candidatres authorise the administering University to disclose information contained in assessment reports to regulatory authorities. Candidates acknowledge:

“I understand that my personal information will be collected, used and disclosed in accordance with the requirements of the Contract with AHPRA. My personal information may during the course of my competency assessment and subsequently:

- be provided to the Commonwealth as required under Commonwealth funding agreements and that Commonwealth officers may disclose this information to other agencies, organisations, bodies or associations for the purposes of improving the provision of higher education or VET and research relating to the provision of higher education or VET, including through surveys;
- be disclosed to regulatory authorities, registration boards, or similar third parties, where this is necessary to facilitate competency assessment or other related activities; and
- be disclosed to third parties, including third parties overseas, where this is necessary for the provision of information technology services to me.”

In acknowledging the requirements to disclose information, candidates also acknowledge that they have read the Fitness to Practice requirements as outlined above.

The competency assessment process may include elements which may not be readily achievable or appropriate for persons with certain disabilities or medical conditions. Whilst the assessment centre will endeavour to make reasonable adjustments, all candidates must be able to meet the fitness to practice requirements as outlined in this document.

Candidates are encouraged to discuss any concerns these matters may create with the relevant assessment centre prior to booking.

Resource Emergencies

All consortium members have sufficient assessors. Should one assessor become ill or be unable to perform an assessment, an alternate assessor will most likely be available. In extreme circumstances the lead assessor is able to step in and assess. Should no alternate assessor be available, an alternative day for assessment will be provided for the candidate at no cost to them. If this occurs the consortium will not be responsible for any incidental costs experienced by the candidate.

Appendix 1: Example Written Examination Questions

Domain	Area
1	Professional & ethical conduct
2	Professional communication & collaboration
3	Evidence based practice & professional learning
4	Safety, risk management & quality assurance
5	Paramedicine practice

DO1: Professional and ethical conduct

Q: You are called to a patient who appears to be intoxicated outside a nightclub at 0200hrs. With obvious slurred speech and decreased motor coordination, the patient is abusive and yells at you to leave. Which answer best describes a paramedics' obligations:

a) Paramedics only have a duty of care to the patient if he has called the ambulance

b) The patient has verbally refused therefore we must leave the scene

c) This patient can be left to care for himself as he has demonstrated capacity

d) Paramedics have a duty of care to assess this patient further

Q: A 45 year old male ingested a large amount of alcohol and several different medications. His wife tells you that he has locked himself in the bedroom and has a gun. Your immediate priority is to

a) Attempt to talk to him.

b) Obtain a medical history from his wife.

c) Examine his medicine bottles.

d) Remove yourself and others from the house.

DO2: Professional communication and collaboration

Q: Which of the following statements regarding the clinical handover is untrue?

a) Communicates clinical tasks and patient information

b) Occurs between paramedics as well as paramedics and other health professionals

c) Is always clearly understood as all parties to the handover have medical training

d) Paramedics can use a mnemonic so that information is not missed, but this may sometimes lead to too little information or be too prescriptive

DO3: Evidence-based practice and professional learning

Q: A recommended 6-step framework for effective decision making in the out-of-hospital setting involves:

a) Reacting using heuristics, reading the drug label, reading the protocol book, revising the decision, retreating from danger, and re-attending after non-transporting.
b) Reading the protocol book, reacting to the protocol, reviewing the protocol, recreating the scene, revising your approach, and re-attending after non-transport
c) Reading the scene, reading the patient, reacting, re-evaluating, revising, and reviewing
d) Reacting to the scene, reacting to your bias, re-attending, re-negotiating, reviewing and reading the patient.

DO4: Safety, risk management and quality assurance

Q: What is the purpose of the National Service Standards for Healthcare services?
a) Promote participation in healthcare service practice
b) For licensing and accreditation
c) Ensure standards, quality of care and patient safety in healthcare
d) Ensure patient and family understand hospital policies

Q: You have been asked by your clinical manager to assist in the audit of patient care reports. Which of the following calls would require further review?
a) a) Application of a traction splint to a patient who had deformity and bruising to the right upper leg.
b) b) Assisting ventilations for a patient breathing at 16 breaths per minute with poor tidal volume and low oxygen saturations.
c) c) Spinal immobilisation of a patient who slipped on the stairs and is bleeding from the scalp.
d) d) Placement of a patient who is complaining of chest pain in the prone position on the stretcher.

DO5: Paramedicine practice

Q: According to the Australian Resuscitation Council recommendations, during a cardiac arrest the paramedic should stop compressions:

a) As soon as the defibrillator begins to charge
b) During the attempted insertion of an LMA
c) When IV medications are being inserted
d) On rhythm analysis and defibrillation

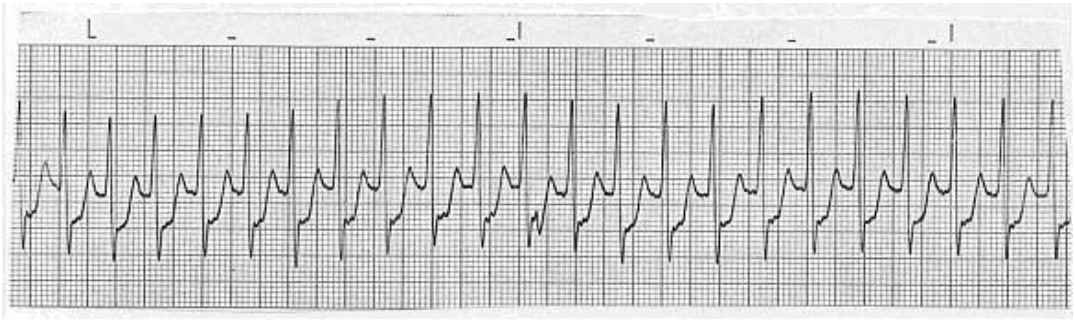
Q: A 42 year old female is in cardiac arrest after choking on a piece of food. You see nothing in her oropharynx but are unable to ventilate her. You should

a) Perform a series of back blows
b) Immediately check for a carotid pulse
c) Perform a finger sweep
d) Begin chest compressions

Q: Which of these arrhythmias would not be considered a supraventricular tachycardia (SVT):

a) Rapid atrial fibrillation
b) Multifocal atrial tachycardia
c) Torsades de Pointes
d) Atrio-ventricular re-entry tachycardia

Q: A 60 year old female complains of palpitations. Vital signs are BP 118/76, R 18. Her pulse matches the ECG rhythm below. You should



a) Perform synchronized cardioversion.
b) Administer adrenaline.
c) Administer amiodarone.
d) Perform vagal maneuvers.

Q: In acute cardiogenic pulmonary oedema (ACPO):

a) Hypoxia is caused by gas-trapping in the alveoli
b) Left ventricular failure leads to low pulmonary circulation pressure
c) Excessive surfactant in the alveoli leads to their collapse
d) Excessive fluid pressure within the pulmonary circulation leads to fluid shifts into the alveoli

Q: You are called to an 80-year old patient who has woken up in the early hours of the morning with dyspnoea and acute chest discomfort. On auscultation you can hear coarse crackles in bilateral lower lobes. The patient is most likely suffering from:

a) A chest infection
b) Exacerbation of COPD
c) Left ventricular dysfunction
d) Ascities