

Executive Brief: Volunteer Ambulance Officer Training

Rationale

Following the attempt to transition volunteer training to a Cert II program last March, a project team was formed to work collaboratively across the College and Country Ambulance Service to determine the wants and needs of volunteers and internal stakeholders, and use this information to develop a new model of training delivery.

One of the key findings of this consultation was that the majority of respondents believed that “necessary skills” are the most important element of becoming a competent ambulance volunteer. Amongst volunteers the second most popular response was “recognized qualifications”.

The Proposed Model

Our training model will focus on producing competent volunteers while acknowledging that there is a real demand to have access to recognized qualifications.

To control the quality of training outputs we will require skilled facilitators and assessors. By focussing our efforts here rather than tightly controlling training content and delivery we can:

- Remove barriers to training
- Decrease the burden to sub centres
- Respect the existing skills of our volunteers
- Get on road faster
- Improve the St John Experience for our volunteers

In order to achieve this we will need to increase the level of support provided to those doing the assessment and training.

Once we have achieved a robust system to deliver competent volunteers we can then turn our efforts to developing a number of optional accredited pathways. These will align with the AQTF and create the pathway to paramedic study (dependant on meeting academic criteria) that many of our volunteers are looking for. Creating these pathways will

- Add value to the experience for our volunteers
- Increase volunteer recruitment and retention



- Further develop the skills and competence of our people

How do we achieve this?

- Deliver training via a range of channels and media – electronic, video, podcast
- Allow volunteers to select which training they require and assess competence annually rather than insist on a minimum attendance. Create training that is compelling, not mandatory.
- Allow our training to be delivered by any suitably qualified person – the minimum standard would be a competent volunteer
- Develop rigorous assessment criteria
- Modularize training for flexibility
- Allow sub centre trainers to choose to train only and source assessment elsewhere
- Revitalize our training packages
- Develop a new training package to develop our internal facilitators
- Program regionally and state wide to maximize opportunity

All of the above can be achieved very quickly and deliver tangible benefits to our volunteers within 2 – 3 months. Although some work is required to determine accurate costs it is anticipated that all costs will be offset by the reduction in the use of paramedic trainers.

Next Steps

- Engage with the volunteers quickly via teleconference to tell them what is coming.
- Take the idea out to the sub centres and launch with a challenge to the volunteers to develop some of the multimedia training packages. This will generate excitement and encourage them to own and embrace the new model.
- Remove the accredited components of our current training and identify potential new trainers
- Coordinate training schedules state wide so that on any given day a volunteer can access the module they require somewhere in the state.
- Create new and attractive lesson plans.



- Develop training for our internal facilitators

Conclusion

Our locations have been telling us for many years that limited access to training is the single biggest obstacle they face in delivering ambulance services. By eliminating barriers and embracing alternative modes of delivery we can eliminate this issue in a very short time.

