

**Australian Resuscitation Council
Advanced Life Support Level 2
Provider Course Regulations - August 2016**

Reviewed and updated in November 2020

3.3	Candidate preparation: Course Centres should provide the following advice to candidates concerning pre-course preparation
3.3.1	Candidates are expected to be competent in CPR before attending the course. Candidates also need to prepare for the course by reading the manual and completing the pre-course MCQ paper.
3.3.2	Candidates have a professional responsibility to act with probity. For example, where candidates are given study leave to attend an ALS2 course and/or have their costs paid by their employer or educational provider, employers and education providers have a reasonable expectation that those candidates will prepare adequately for attendance at the face-to-face element of the course by reading the manual and completing the pre-course MCQ paper.
3.3.3	All candidates must be informed that they are to ensure a safe educational environment by safeguarding course confidentiality. It is an expectation that all candidates willingly participate in the course activities in a professional manner respecting all those present and giving consideration to the varied experience, skills, and knowledge of the course participants in a simulated environment. All those participating are believed to be capable, intelligent, and aiming to expand their own experience, knowledge, and skills.
3.3.4	Candidates on the ALS2 course must be informed that they are required to attend the face-to-face course in its entirety and that missing components will result in the inability to gain a successful pass on the course.
3.3.5	The pre-course MCQ paper should be completed before the start of the course. The resulting mark does not contribute to the final course result. To complete the course, candidates must have a score for the pre-course MCQ paper. It must be completed before attempting the assessment MCQ.

4.0	Faculty
4.1	Medical/Course Director requirements
4.1.1	Each ALS2 course must be led by a Course Director and must have a Medical Director (who may also act as the Course Director). The Course Director must have been approved by the ARC to direct ALS2 courses, must be present throughout the course. The Medical Director must be a full Instructor and also be present throughout the course. At least one other medical Instructor must be present throughout the course if the course participants exceed two groups or twelve candidates.
4.1.2	Applications to become an approved Course Director should be made on the ALS2 Provider Course Director application form. To be eligible, Instructors must have taught 5 courses as a full Instructor, 3 of which should be ALS2 courses approved by the ARC. The remainder may be APLS/EMST or RC(UK) ALS (or EPLS / NLS / GIC) or NZRC ALS (Core 6/7) courses. Four courses must have been in the last 3 years, and 2 of these courses must have been in the last year (with at least one of these being an ARC ALS2). A recommendation is required from a current ARC approved ALS2 Course Director. Developing Course Directors are advised to 'shadow' an active Course Director through an entire course. This "shadow" course may count towards the Director application. During the first course as Course Director, an experienced Course Director should be available to assist with any matters arising during the course from preparation to report/results submission.
4.1.3	The Course Director need not be medically qualified and is responsible for ensuring that the course complies fully with the ALS2 course regulations and for the smooth running of the course. If the regulations are not met, the ARC may withdraw course approval retrospectively.

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4.1.4	The Course Director must ensure that accurate records are kept during the course and are responsible for providing the Course Director's report at the end of the course. Any incident or concerns should be dealt with locally and must be documented fully.
4.1.5	The Medical Director must be medically qualified, (registered with Australian Health Practitioner Regulation Agency as a Medical Practitioner), and a Full Instructor to fulfil the position of medical lead on an ALS2 course. The Medical Director can be the Course Director on the same course. Doctors must be 2 years post-qualification to be eligible for the role of Medical Director and be willing/able to undertake the role of clinical lead for the course.
4.1.6	The Medical Director (if he/she is not also the Course Director) should work alongside the Course Director to ensure that the course is run per the regulations. The Medical Director has certain additional responsibilities as outlined in 'Guidance for managing a candidate whose performance raises serious concerns for patient safety' during ARC courses.
4.1.7	Instructors must be current (within the expiry date of their Instructor certificate) to undertake the role of Course Director. Instructors are not able to direct courses in the one-year 'grace' period following the expiry date of their Instructor certificate.

4.2	Instructor requirements
4.2.1	Each course must have a multidisciplinary faculty.
4.2.2	There should be at least one faculty member to every three candidates for each day of the course. For example, a course running with 24 candidates requires a minimum of eight faculty members.
4.2.3	<p>For all courses with more than 12 candidates attending a minimum of two of the faculty must be medically qualified, (one of whom may be the Medical Director).</p> <p>For Courses up to 12 candidates, one medically qualified full instructor must be present for the entire course. This medically qualified instructor must be the course Medical Director.</p> <p>In the event of a course consisting of 12 or fewer candidates, the Medical Director may be the only medically qualified Instructor. Should the Medical Director be absent from all or part of the course, that course would not meet the approval requirements and the Australian Resuscitation Council reserves the option to remove course approval at any point.</p> <p>Where only one medically qualified instructor is present for courses of between 7 and 12 candidates, there is a limit of one non-medically qualified Instructor Candidate. A second Instructor Candidate must be medically qualified.</p>
4.2.4	The Australian Resuscitation Council strongly encourages all centres to reflect the constituency make-up of the candidate group within the faculty (e.g. 50% of a single profession within the candidate group supported by strong faculty representation from the same professional group). The benefits of multidisciplinary learning are maximised when this is achieved.
4.2.5	<p>The number of instructors undergoing assessment (Instructor Candidates and Recertifying Instructors) is limited by candidate numbers. This limit is one per group, plus one Recertifying Instructor. The number of Instructor Candidates (IC) on the faculty must not exceed one per candidate group.</p> <p>The first Recertifying Instructor may be added to the maximum number of IC's, (e.g. if 4 groups are planned there can be four IC's and one Recertifying Instructor).</p> <p>Additional Recertifying Instructors may replace an IC if the IC allocation is not filled, (or undertake the course instead of an IC).</p> <p>Recertifying Instructors above this number may be added to the faculty following request being made to the ARC and approval confirmed. Course Directors can not recertify while in the role of Course Director.</p>

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4.2.6	<p>If the Full Instructor faculty has not had sufficient ALS2/ALS course experience to provide development support, (Instructors with less than two ALS2/ALS Courses completed as a Full Instructor), the maximum of number Instructor Candidates may be reduced before course approval.</p> <p>Approval from the ARC may be sought to include additional recertifying instructors and more than one RC(UK) recertifying instructor, not less than 8 weeks before the course.</p>
4.2.7	At least 50% of the faculty should be present throughout the course.
4.2.8	<p>Resuscitation Council (UK) ALS, European Resuscitation Council ALS, and New Zealand Resuscitation Council (CORE 6/7) Instructors are eligible to instruct on ALS2 courses. The minimum requirement is that the first course will be a recertification course before being considered an ARC ALS2 Instructor.</p> <p>There may be additional requirements for these Instructors to undergo a development pathway before them being able to be classified as full instructors.</p>
4.2.9	<p>Resuscitation Council (UK) ALS must be treated as Recertifying Instructors on their first ARC Course to ensure support is provided.</p> <p>To ensure support in transition, European Resuscitation Council ALS and New Zealand Resuscitation Council ALS (CORE 6/7) Instructors must complete their first course as an Instructor Candidate and may be recommended to proceed to a second IC or towards Full Instructor status with the ARC.</p>
4.2.10	Instructors should teach at least three courses every two years. It is recommended that one of these should be outside their home centre. Teaching on the 1-day recertification course is equivalent to one full course. One course in every 2 years can be an ARC HYBRID Instructor Course.
4.2.11	If an Instructor does not teach for a prolonged period due to other commitments but then wants to recommence, he/she should apply to the National Course Coordinator. He/she may be asked to complete an Instructor summary form and return this to arc.courses@resus.org.au .
4.3	Instructor recertification
4.3.1	<p>Instructors wishing to recertify may attend the entire 2-day ALS2 course, modular course, or 1-day recertification course. Recertification involves being assessed as an Instructor Candidate during delivery of a skill station and a CASTeach and being involved in an assessment-station.</p> <p>Instructor Course Instructors may also recertify during a Hybrid Instructor Course where they are assessed by the Educator and other Instructor Course faculty.</p>
4.3.2	The skill station and CASTeach should be assessed formally using the appropriate forms
4.3.3	<p>Instructors who have not recertified within one year of the expiry date of their Instructor certificate must attend 2 ALS2 Provider courses to be assessed as an Instructor Candidate, (completing two courses as an IC). Once this has been completed successfully, their ALS2 Instructor status will be re-instated and is valid for 4 years from the date of completion of their second assessment.</p> <p>Instructors must be aware that their provider status is only valid as long as their Instructor certificate is in date. Once the Instructor certificate is out of date, provider status is no longer valid.</p>
4.3.4	Instructors should keep a professional development record (PDR). Section 2 of the PDR document must be presented to the Course Director when the Instructor attends for recertification.
4.3.5	Instructors may recertify on the RC (UK) ALS or the European Resuscitation Council (ERC) ALS Provider courses. Instructors wishing to recertify on the ARC or the ERC courses must notify the Australian Resuscitation Council before their recertification.
4.3.6	Course Directors may not recertify as Instructors whilst acting in this capacity unless a Regional Representative assesses them.
4.3.7	ALS1 Instruction does not contribute to the ALS2 recertification or minimum instructed course requirements.

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4.3.8	<p>The Course Director of any course where Instructors who are unsuccessful in their assessments will be required to make a recommendation from the following options in the Course Directors report with an explanation for the decision:</p> <ul style="list-style-type: none"> • They should be offered the opportunity, at their own cost, to repeat the instructor course • Attend 2 ALS2/ALS provider courses at two different centres to be assessed as an IC. They may not be advanced to Instructor status following one course. • Attend 2 ALS2/ALS provider courses at the same centre, with one of the 2 courses in presence of Australian Resuscitation Council nominated representative and assessors. • Repeat the provider course and seek nomination as an IC. <p>They may not be advanced to Instructor status following one course.</p>
4.4	Instructor (Code of) Conduct
4.4.1	<p>All who instruct, or otherwise assist, on Courses held under the auspices of the Australian Resuscitation Council:</p> <ul style="list-style-type: none"> • Have a full understanding that individual (and organisational) accreditation and continuing accreditation is dependent on observing the regulations as well as completing the requirements for re-certification. • Ensure that courses approved by the Australian Resuscitation Council are run per its regulations currently in force using the manuals, slides, and other materials to ensure that consistent standards of knowledge, skills, and consistent assessment standards are achieved. When concerns are identified the first point of contact is the Course Director. In the event this does not lead to a satisfactory resolution any Instructor or faculty member may contact the Australian Resuscitation Council directly. • Behave, at all times, while participating in courses, or social events related to the courses which are run under the auspices of the Australian Resuscitation Council, in a responsible manner, and observe any applicable professional codes of conduct. • Co-operate with other instructors, educators, and administrators (of the faculty and Australian Resuscitation Council) and recognise and respect their individual contributions. • Avoid any abuse of their position.
4.4.2	<p>Any conduct that brings the Australian Resuscitation Council into disrepute, either through instructional or professional error or misconduct (whether amounting to gross misconduct or otherwise), may result in the loss of accreditation.</p> <p>Likewise, conduct which results in the loss of professional or other accreditation will automatically result in the loss of accreditation. A right of appeal, to the Australian Resuscitation ALS Sub-committee, is possible. The decision of this committee is however final.</p>
4.4.3	<p>An ALS instructor must declare any actual or potentially perceived conflict of interest. This is concerning all potential conflicts but particularly when relating to the assessment of candidate(s) with which the Instructor may have a personal or professional relationship.</p> <p>Instructor relationships with candidates should be disclosed to the Course Director or whole faculty as appropriate. This can be achieved at the commencement of the course.</p>

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5.0	Program
5.1	The course can be delivered in the following formats: 2-day or modular. The recertification course is delivered as a 1-day course.
5.2	Timing for the faculty meeting and registration at the beginning of the course should be decided locally.
5.3	The program for the course model being used must be adhered to ensuring all sessions are delivered.
5.4	Within the program, the number of groups for each station is given as a guide. Centres may increase the number of groups if they have sufficient faculty, space, and equipment up to the maximum number of 5 or 6 groups for 30 candidates.
5.5	The CASTeach sessions must be run sequentially so that all candidates work through the simulations in the order designated in the standard program.
5.6	An ALS2 Instructor or an ALS2 Instructor Candidate under the direction of a full Instructor must lead the skill stations, workshops, and CASTeach stations.
5.7	The Australian Resuscitation Council provides the course materials. Course centres should present the materials in the most appropriate presentation format. Presentation/slide backgrounds must not be altered. Additional logos or badging must not be added to the standard supplied materials. Course Centres may add a presentation slide at the commencement of the course identifying their course centre.
5.8	Limited additional teaching material may be provided by course centres/Instructors on the understanding that it is appropriate and clinically relevant.
5.9	The course centre must supply, as a minimum, the equipment detailed in the equipment list. If facilities allow, centres are encouraged to supply additional sets of equipment (e.g. airway station, associated skills station) to increase candidates' exposure to the skills.

6.0	Assessment
	There are four assessment components on the ALS2 Provider course: airway management, high-quality CPR and defibrillation, CASTest, and MCQ.
6.1	Airway management and high-quality CPR and defibrillation:
6.1.1	These skills are assessed using summative assessment during the respective skills stations and also throughout the rest of the course. At least one ARC ALS2 Instructor, and one other member of faculty, who is either a full Instructor or an Instructor Candidate, must supervise these skill stations.
6.1.2	If a candidate fails to demonstrate competency in either of these skill stations, the candidates will require feedback detailing the reasons, the appropriate documentation is to be completed and the Course Director made aware. Opportunities for additional practice and assessment should be provided where practical during the course.
6.1.3	If a candidate has failed to achieve the competencies in either skills station by the time of the CASTest, the candidate will fail the course and cannot re-sit these individual assessment components. In this situation, the candidate will not undergo the CASTest.
6.2	CASTest
6.2.1	<p>CASTest: Formative assessment is made of all candidates using the standardised scenarios provided. All candidates must be tested initially using the same simulation as decided by the Course Director. Re-tests must use a different simulation (e.g. all candidates are tested using CASTest 2, all re-tests use CASTest 6).</p> <p>No single CASTest may be used as an initial test or retest option for consecutive courses at the same venue. CASTests must be rotated to avoid being repeated in consecutive courses by the same centre. Where the Course Centre conducts courses in multiple states or territories, rotation must occur by each State or Territory/venue.</p>

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6.2.2	The minimum number in the testing environment for a CASTest is three, (in addition to the candidate). At least one ARC ALS2 Instructor, and one other member of faculty, who is either a full Instructor or an Instructor Candidate, must supervise this assessment station. At least one additional helper, who may be another Instructor/IP/IC or trained assistant, is required. Only a qualified ALS2 Instructor or Instructor Candidate (under supervision) may lead the simulation and assess the candidate.
6.3	CASTest re-test
6.3.1	Each candidate who fails their initial CASTest is entitled to a re-test. A different Instructor pair/group should assess the re-test. These are conducted using a different CASTest simulation selected in advance by the Course Director.
6.3.2	If a candidate fails the re-test they may be permitted to continue with the MCQ assessment if this has not been completed already.
6.3.3	If a candidate passes all other assessments but fails the CASTest despite re-testing they may be offered the opportunity of taking a third and final CASTest within 4 months . Rarely, the faculty may recommend that a candidate would benefit from taking the entire course again rather than a third attempt at the CASTest. The third CASTest may or may not be on a future course and the location of this should be determined locally.
6.3.4	If such a third CASTest is undertaken at a different course centre the original centre must be notified of the results so they can update the candidate's final results. The testing course centre must inform the ARC of any results.
6.3.5	Course centres undertaking a third CASTest for candidates are not obliged to offer the opportunity for further remediation. In the event retesting is occurring on a subsequent course, remediation may be offered only in the event it has no impact upon the delivery of that course or educational opportunity of those courses current candidates.
6.4	MCQ
6.4.1	MCQ papers must not be loaned or copied.
6.4.2	A total of 60 minutes is allowed for the MCQ paper and the pass mark is 75%. The MCQ paper must be undertaken under exam conditions with an invigilator supervising.
6.4.3	Answers must be confined to the answer sheet provided and all question papers must be handed in.
6.4.4	Course centres must mark the MCQ answer sheets.
6.4.5	Candidates may leave the room before the 60 minutes but cannot re-enter
6.4.6	The MCQ is a 'closed book' exam from candidate knowledge. Candidates may not take prepared notes, manuals, or use other resources to assist in answering questions into the test.
6.5	MCQ re-tests:
6.5.1	If a candidate passes all other assessments and fails only the MCQ paper they are entitled to re-sit a different MCQ paper under invigilated conditions within four months . If the candidate fails to achieve the pass mark on this occasion they have failed the course.
6.6	Candidate recertification as an ALS2 provider:
6.6.1	The ALS2 Provider certificate is valid for four years.
6.6.2	Providers may recertify in two ways, either by undertaking a full ALS2 provider course successfully or attending the ALS2 recertification course successfully. To attend the one-day recertification course candidates must hold a current ARC ALS2 certificate (within four years).
6.6.3	Recertifying providers can be considered for Instructor Potential when attending the 2-day ALS2 Provider course, or the 1-day recertification course but cannot do so until at least one year has elapsed after their initial Provider certification.
6.7	Candidate certification as an ALS1 provider:
6.7.1	Candidates who are not demonstrating performance expected of an ALS2 provider must be given feedback during the course to alert them of their standing and offered the opportunity to remediate.

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6.7.2	<p>Should the faculty unanimously assess that a candidate is unlikely to be successful in completing the summative assessments they may offer the candidate the opportunity to opt-out of testing. The final decision will be the candidates.</p> <p>Candidates must also have successfully completed the assessments as per the ALS1 course before being offered the option. This may be guided by any in-course scoring or assessment undertaken.</p>
6.7.3	<p>In the event, a candidate opts not to undertake the final MCQ and CASTest assessment on day two, and they have successfully completed the required ALS2 airway management, high-quality CPR and defibrillation formative assessments successfully, and the ALS1 ABCDE approach formative assessment, they may be certificated as an ALS1 provider.</p>
6.7.4	<p>The option to certificate as an ALS1 provider is not available to any candidate following undertaking any part of/or completing summative testing of MCQ and/or CASTest assessment.</p> <p>Any candidate that embarks on CASTest and/or MCQ cannot be awarded ALS1 provider status. This includes those candidates that are unsuccessful in achieving a pass mark in the summative assessment(s).</p>
6.7.5	<p>The Course Director must make comments in the final report of any candidate considered, counselled, or opting out of the summative assessment testing.</p>

7.0	<p>Instructor Potential (IP) regulations Nomination process</p>
7.1	<p>Candidates who show exceptional ability and aptitude may be considered for Instructor training (see IP appraisal form).</p>
7.2	<p>Candidates are eligible for consideration for Instructor training only after being nominated and seconded by Instructors at the final faculty meeting. The whole faculty should then discuss each nominated candidate's performance using the IP appraisal form and guidance.</p>
7.3	<p>All candidates that self identify as seeking nomination for IP are to be appraised via the IP scoring system and results given in feedback to that candidate. Any candidate that self nominates for IP must also be nominated and seconded by Instructors at the final faculty meeting to achieve IP as per 7.2.</p>
7.4	<p>Any candidate that self nominates for IP should be offered feedback on their progress towards that goal during the course.</p>
7.5	<p>Recommendations for IP should ideally be unanimous, but if only one faculty member is opposed, the Course Director may make the final decision.</p>
7.6	<p>IPs should be encouraged to attend a HYBRID Instructor Course as soon as practicable after nomination but are eligible to undertake the HYBRID Instructor Course as long as they have a valid provider certificate (i.e. within four years of the date of the course where they gained IP recommendation).</p> <p>In the event, this period expires the candidate will be required to complete another provider course and be re-appraised to be awarded an IP recommendation.</p>
7.7	<p>It is strongly recommended that IPs gain experience by observing one ALS2 Provider course before undertaking the HYBRID Instructor Course.</p>
7.8	<p>IP status may be offered to candidates at ALS1 or ALS2 level depending on the demonstrated performance on the provider course.</p>
7.9	<p>Candidates who are considered for IP status on an ALS2 course must hold a healthcare professional registration (e.g. AHPRA or GMC UK)</p>
7.10	<p>All IP Appraisal Forms must state the candidate's professional healthcare registration number where available.</p>

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7.11	Those candidates who are already Instructors on another recognised provider course should be identified by the Course Director at the earliest opportunity. Should they express a wish to become an ALS2 Instructor they also need to be nominated and seconded and must be assessed using the IP appraisal form.
7.12	Those recommended as having IP should be informed immediately after the course and issued with guidance letters for progression to the HYBRID or ALS1 Instructor Course. This may be completed by issuing the IP a hard or soft copy.
7.13	All recommendations for IP must be marked clearly on the result sheet and named individually in the Course Director's report. Their names, contact email and AHPRA registration number must be included in the post-course documentation to ensure that their details are added to the IP listing.
7.14	There is no limit to the number of candidates on a course that may be identified as IP.
7.15	Those recommended as having IP and who have successfully completed an approved RC (UK) GIC, EMST, APLS, and ERC may proceed directly to Instructor Candidate status. These candidates must also be included within the Course Director's report and details must include the candidate's professional registration number and email address. Full instructors of other courses are assessed on a case-by-case basis for the need to complete the Instructor course. Instructors of other courses may be required to demonstrate they are current and have instructed within 12 months of the ARC ALS2 course identified as an IP to move directly to IC status.
7.16	The AHA ACLS or ACCCN Instructor certificate is not valid for entry at the Instructor Candidate level.
7.17	If a candidate is IPd on an ALS2 course and has previously completed (successfully) a HYBRID Instructor Course for a different provider course, he/she does not need to repeat the HYBRID Instructor Course. They move directly to Instructor Candidate status.
7.18	Candidates unsuccessful in gaining IP on the course have 9 months following the course in which they may submit an appeal using the IP Appeal Form .

8.0	Instructor Candidate (IC) regulations
8.1	General IC regulations
8.1.1	Instructor status requires a candidate to: <ul style="list-style-type: none"> complete successfully a provider course and be nominated as having Instructor Potential complete a HYBRID Instructor Course (or recognised equivalent) successfully complete two teaching practices as IC successfully.
8.1.2	Candidates/instructors in development must undertake their Provider, HYBRID Instructor Course (Host Centre), and teaching practices at more than one centre. A maximum of two of the three elements should be completed at the same centre. In the event a candidate has been nominated from a provider course and attends the instructor course at the same (host) centre, they must complete at least one IC placement at another centre. Those with prior recognition for Instructor Course: An Instructor candidate cannot complete the provider course and both IC courses at a single centre when prior recognition is given for the Instructor Course. This includes ALS1 instructors who have previously completed a Hybrid Course and later identified as ALS2 Instructor Potential. Please note that teaching practices (Instructor Candidate courses) count as one element.
8.1.3	After successful completion of the HYBRID Instructor Course, all ICs must register to attend as IC on a maximum of three ARC accredited Provider courses and teach satisfactorily on two before full Instructor status is granted and a certificate issued.

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8.1.4	<p>If the provider Course Director and faculty recommend unanimously after the first teaching practice that a second assessment is unnecessary, full Instructor status will be approved by the ARC on receipt of the Course Director's report. The recommendation can only be made if:</p> <ul style="list-style-type: none"> • There is no recommendation from the Instructor Course to complete two instructor candidate courses • The original provider course and current instructor candidate course must have been undertaken at more than one-course centre • The provider course on which the instructor candidate is instructing has 10 or more candidates <p>If the Instructor Candidate has undertaken all elements, at a single centre, they cannot advance to full instructor status following a single teaching practice as an IC.</p> <p>The Australian Resuscitation Council and ALS Sub-committee may choose to request the Instructor Candidate to undertake an additional course following a review of the recommendation.</p>
8.1.5	All ICs have two years after successful completion of the HYBRID Instructor Course or the period of their provider course certification in which to undertake their IC placements. Where there are exceptional circumstances that prevent this the IC should complete the IP/IC/Instructor Summary Form and email to arc.courses@resus.org.au .
8.1.6	The precise nature of the two IC courses undertaken may consist of 2-day courses, modular, or a mix of both, but the inclusion of at least one 2-day course is mandated to ensure that Instructors have exposure to the full range of teaching materials. ICs may NOT teach on the recertification course.
8.1.7	The IC must attend the entire ALS2 provider course and must lead a skill station and CASTeach station and be involved in an assessment station. They must not lead a session unsupervised. They may give a lecture but this is optional and should not be included as part of their formal assessment. If the IC gives a lecture, feedback should be given using the lecture evaluation form and matrix. Feedback should also be given informally to the IC on their delivery of workshops.
8.1.8	The IC assessment forms must be completed for the skill station and CASTeach station by ALS2 Instructors nominated by the Course Director. These assessments must be discussed with the IC and a copy of the forms retained by the course centre.
8.1.9	In exceptional circumstances, it may be possible for the IC to complete one teaching practice on an RC (UK) ALS provider course. ICs wishing to do this must contact the Australian Resuscitation Council before making any arrangements.
8.1.10	Mentors assigned to Instructor Candidates should have completed two or more ARC ALS2/ALS courses as a Full Instructor.
8.2	Named centres
8.2.1	Only a HYBRID Instructor Course faculty may direct an IC to teach on the ALS2 course(s) at named centres, or a set number of IC teaching practices or with specific mentors. The teaching practice centre cannot revoke this decision.
8.2.2	If an IC has been given one or two named centres the faculty on the first course is not permitted to allow the Instructor Candidate to become a full instructor after only one teaching practice.
8.2.3	The Instructor Candidate may be allocated one or two named centres, which will usually be centres where members of the HYBRID Instructor Course faculty will be teaching and able to offer extra support for the IC.
8.2.4	Course centres will include all IC's on the approval form for confirmation 4-6 weeks before the course face-to-face component and notify the ARC immediately changes occur.
8.2.5	The Instructor Candidate is responsible for communicating to Course centres when booking placements of any recommendation made at the Instructor Course.

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8.2.6	<p>When Course approval is submitted the ARC may communicate to the Course Centre and Director any recommendations made for an IC from an Instructor Course.</p> <p>When the ARC provides Course approval it will communicate to the Course Centre and Director any Instructor Course conditions/recommendations that have been made for Instructor Candidates. Instructor Candidates and Course Directors must comply with these conditions/recommendations.</p> <p>Instructor Candidates must have completed the Instructor Course prior to being added as faculty on the approval form as an IC.</p> <p>The Instructor Candidate will be advised in person during the Instructor Course and then in writing of any conditions/recommendations regarding their Instructor status.</p> <p>Course Directors/Course Centre administration may resubmit an amended faculty list when IC placements can be confirmed.</p>
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9.0	Post-course requirements
9.1	The candidates' results should be uploaded to the ARC within 1 week of the course date. Delays in providing certificates to candidates should be minimised.
9.2	The final faculty list is submitted as a component of the results sheet is submitted on behalf of the Medical Director and Course Director and will be considered to have been approved by them.
9.3	The Course Director must complete the Course Director's report in the standard format and this should be uploaded to the ARC within one month of the course date.
9.4	The Course Centre must enter any re-test results on a separate/new results sheet when needed.
9.5	After the course, candidates must complete their course evaluation form. If this is completed via the electronic survey the course centre will be able to access and export anonymised analysis to keep for reference.
9.6	<p>The course centre must retain, and keep for the period of certification (4 years), all of the following:</p> <ul style="list-style-type: none"> • program (including full details of Instructor and IC allocations for assessment stations) • instructor candidate forms • IP appraisal forms for all those recommended • post-course MCQ answer sheets. <p>This can be in soft copy (electronic/scanned) or hard copy formats.</p>
9.7	If the final faculty, course requirements, and administration do not comply with the criteria set down in these regulations and no reasonable explanation is given, future course registrations and course centre status will be reviewed.
9.8	The duration of long-term storage of course records beyond certification is a local decision.
9.9	The course centre should forward summaries of candidate feedback scores to the Instructors for them to include in their PDR

10.0	Health and Safety
10.1	<p>All course centres are responsible and maintaining for providing a safe environment in which to deliver the course. Course centres are under a legal duty to ensure that the workplace is kept safe at all times, that the health and wellbeing of candidates and faculty are protected. Visiting faculty and candidates are to be covered for all health and safety requirements by the course centre.</p> <p>Any incident must be recorded following the local policy and state/federal legislation.</p>

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10.2	<p>All faculty and candidates must be reminded that they are responsible for maintaining safety whenever possible. All are to be reminded that any incident or injury requires immediate reporting to the course director so local policy and practice may commence promptly.</p> <p>Any unsafe practices are to be referred to the Course Director and managed appropriately. Continuation of unsafe practices by candidate or faculty despite intervention by the Course Director may lead to the individual being ejected from the course.</p> <p>Performing repeated kinesthetic tasks such as chest compressions is physically demanding and has the potential to fatigue or injure the candidate. Other candidates should take over CPR about every two minutes to prevent fatigue and injury or the instructor/faculty should manage the scenario such that the risks are minimised.</p>
10.3	<p>Workers Compensation Law refers to the laws and regulations that establish liability of employers for injuries, harm, or illnesses to employees while on the job or within the workplace. All course centers are to provide adequate protection for all faculty and candidates under the local policies, state and federal law.</p>
10.4	<p>All medications including those that have expired or used for demonstration retain their scheduling and must be stored per legislation requirements. It is recommended that no expired medications are used in the simulated teaching environment.</p>

11.0	Disabled Candidates
11.1	<p>Candidates with disabilities are eligible to undertake Australian Resuscitation Council life support courses.</p> <p>All course centres must abide by appropriate federal and state legislation and with local policy and procedures.</p>
11.2	<p>Various acts have been introduced to end discrimination against the disabled including but not limited to the federal Disability Discrimination Act (1992). They place duties on service providers not to discriminate against, and to make reasonable adjustments to their policies and procedures, for those with disabilities to avoid any discriminatory impact.</p> <p>The ARC recognises its obligations in this field and will do everything it can to assist those with a disability, and will ask its course providers to do the same and offer as close to normal clinical practices as is possible/practical in the educational environment.</p>
11.3	<p>Candidates should notify the course director of any disability before the start of the course and the course director should then make reasonable efforts to accommodate the candidates' requirements. For example, the course provider may be able to make changes to the physical surroundings or, if a disabled candidate is physically unable to undertake a task, it may be possible to allow the candidate to instruct a proxy instead. However, any such changes made by the provider should not cause any deterioration in the experience or training of the other candidates.</p>
11.4	<p>The award by the ARC of a Certificate of Qualification (whilst not a certificate of competence nor a licence to practise) indicates that a candidate has successfully completed a course and by inference has undertaken active participation. In some situations a disabled candidate might successfully pass all of the theoretical aspects of a course but, due to a disability, be unable to complete all of the physical course requirements.</p>
11.5	<p>Employers are themselves directly responsible for establishing that their staff have the capabilities required for their clinical setting – this is essential in the interests of patient health and safety.</p>
11.6	<p>Accordingly, they must not rely to any extent on the holding by an individual of a Certificate of Qualification from the ARC as lessening their responsibility in that respect.</p>

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12.0	Financial
12.1	Payment to the Australian Resuscitation Council
12.1.1	The course centre should complete payment of invoices for manuals within 4 weeks of the date of dispatch. In the event, more than one invoice remains outstanding future courses may not be registered.
12.1.2	Course centres may be requested to provide the name of the individuals processing payment of invoices in the event the four-week post-course period elapses.
12.1.3	The ARC reserves the right to request advance payment for manuals and materials in the event of continually or excessively delayed completion of financial responsibilities by course centres.
12.1.4	Where payments from individual course centres have been continually or excessively delayed (greater than 90 days from the course dates) or remain unpaid, the ARC reserves the right to revoke course centre validation.
12.2	Payment of faculty
12.2.1	<p>Any agreement of expenses payment for travelling faculty must be disclosed before the course to the faculty to ensure they are fully understanding of what will be covered.</p> <p>The model from the Australian Resuscitation Council includes:</p> <ul style="list-style-type: none"> • Economy airfare • Ground travel (taxi/parking) • Accommodation • Breakfast and evening meals (excluding alcohol) <p>All expenses should be paid in a timely manner within 28 days of submission of copies of receipts or expenses report as requested.</p>
12.2.2	<p>Any agreement entered into over expenses is between the course centre and individual(s) or organisation concerned.</p> <p>The Australian Resuscitation Council will not financially support or subsidise any payments or expenses for course centres or instructors.</p> <p>Regrettably, there is always the possibility of allegations about financial irregularities, which would lead to disciplinary and/or legal action within healthcare organisations. Any dispute regarding such irregularities is a matter for the organisation concerned. If the organisation's findings uphold breaches of probity, the Council reserves the right to revoke its approval for the course centre.</p>
12.2.3	Course centres may stipulate a timeframe for acquiring expenses claims from faculty of not less than six weeks following the individual or organisation obtaining the final receipt.

13.0	Probity
13.1	Course Performance Confidentiality
13.1.1	<p>It is to be understood that the scenarios to which the course exposes candidates and faculty to may induce lapses and errors in performance. Because of these issues, all present must maintain strict confidentiality regarding individual performance and the performance of others to within the course.</p> <p>While free to discuss in general terms the technical and behavioural skills acquired and maintained during the course, there is a requirement to maintain strict confidentiality regarding the specific candidate and faculty performance to which you are both directly and indirectly exposed.</p>

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	<p>Discussion and documentation of candidate performance by faculty is for the purposes of the course and professional purposes only.</p> <p>Failure to maintain confidentiality may result in unwarranted and unfair defamation of the character of the participants. This could cause irreparable harm to individuals and colleagues and would seriously impair the effectiveness of any simulation-based training program. Breach of this confidentiality may also lead to further action by those potentially impugned.</p> <p>All simulation sessions or scenarios, regardless of their outcome, and all debriefing sessions should be treated in a professional manner. All participating in any simulation session or debriefing session should have everyone's respect and attention.</p> <p>Simulated situations, workshops, skill stations and other sessions are to be used as a learning tool and not to be used for the humiliation or ridicule of other candidates, instructors, or other participants.</p>
13.2	The candidate whose performance raises serious concerns for patient safety
13.2.1	<p>This situation is likely to be <i>extremely</i> rare and must be distinguished from a candidate's mere failure either to qualify or re-qualify.</p> <p>All actions that should be taken concerning a candidate on an Australian Resuscitation Council course who is considered to present a serious potential concern to patient safety must include any statutory reporting required by legislation (state and federal) and other mechanisms such as registration bodies, professional governance and code of conduct.</p> <p>The Course Director should refer to the 'Guidance for managing a candidate whose performance raises serious concerns for patient safety' and must complete the Record of Serious Concern.</p> <p>The Australian Resuscitation Council National Course Coordinator must be informed as soon as practical.</p> <p>This guidance describes the actions that should be taken only concerning a candidate on an Australian Resuscitation Council course who is considered to present a serious potential concern to patient safety.</p>