
Approval process report

Medipro Limited, Paramedic, 2022-23

Executive Summary

This is a report of the process to approve a paramedic programme at Medipro Limited. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) are fit to practice.

We have:

- Reviewed the programme against our programme level standards and found we needed to further explore how standards are met in this area via quality activities.
- Reviewed the institution against our institution level standards and found we needed to further explore how standards are met in this area via quality activities undertaken as part of stage 2.
- Set conditions on approval of the programme, which need to be met before we can approve the programme.
- Visited the education provider to discuss the conditions, which need to be met before we can approve the programme.
- Recommended that not all standards have been met and the institution and programme are not approved.

Through this assessment, we have set conditions which must be met before the programme is approved, focused on:

- SET 1.1 - how, across the programme, the learning outcomes and assessments will be taught and measured at the appropriate academic level, to ensure learners can meet the SOPs for paramedics. We require the education provider to demonstrate how the programme will be delivered at, or equivalent, to the academic level required for entry to the Register (Bachelor degree with honours) as defined in the Framework for Higher Education Qualifications of UK Degree-Awarding Bodies published by the Quality Assurance Agency (QAA).
 - SETs 3.9 and 3.10 - the qualifications and experience of the current staff members to deliver and assess the programme at the required academic level for entry to the Register. We were unsure how the education provider process will ensure an adequate number of, appropriately qualified and experienced staff, would be in place as the programme develops.
 - SETs 4.1, 6.1 and 6.5 – linked to the condition against SET 1.1, we were unable to identify how the programme will deliver all the SOPs for paramedics, and how learners will be assessed to ensure all SOPs for paramedics are met through, and on completion of, the programme.
 - SET 4.8 – linked to the conditions against SET 1.1 and 4.1, 6.1 and 6.5, we were unclear how learners would be able to develop and successfully achieve the
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SOPs at the level required for entry to the Register. Registrants must ensure their practice is evidence-based, as required through SOP 11 which requires that registrants 'assure the quality of their practice'.

- SETs 5.5 and 5.6 – how the education provider demonstrates they ensure an adequate number of appropriately qualified individuals are in place as practice educators; and who is able to sign off the competences in the practice assessment document.

Through the assessment of the above conditions, we require additional evidence to demonstrate the conditions have been met, focused on:

- SET 1.1 - demonstrating how the programme will be delivered at or equivalent to the academic level required for entry to the Register (Bachelor degree with honours) as defined in the QAA Framework. This should include how and why the education provider has arrived at the decisions it has made, including clearly defining their own philosophical and pedagogical approach to designing the programme in line with the QAA Framework, and how this has been evaluated to be the case.
- SETs 3.9 and 3.10 - demonstrating how the planned and recruited staff would be able to teach and assess the learning outcomes so learners could successfully meet the SOPs. This was in relation to the numbers (capacity) of academic staff and their teaching qualifications.
- SETs 4.1, 6.1 and 6.5 – linked to the condition against SET 1.1, we were unable to identify how the programme will deliver all the SOPs for paramedics, and how learners will be assessed to ensure all SOPs for paramedics are met through, and on completion of, the programme. This includes the SOPs relating to the centralised understanding of the service user.
- SET 4.8 – linked to the conditions against SET 1.1 and 4.1, 6.1 and 6.5, we were unclear how learners would be able to develop and successfully achieve the SOPs at the level required for entry to the Register through the specific module and/or wider programme. Registrants must ensure their practice is evidence-based, as required through SOP 11 which requires that registrants 'assure the quality of their practice'.
- SETs 5.5 and 5.6 – how the education provider demonstrates they ensure an adequate number of appropriately qualified individuals in place as practice educators. This includes demonstrating the processes involved and the timeframes in relation to if, or when, these practice-based learning staff were/ would be in place for the start date of the proposed programme.

Through the visit to the education provider, we sought additional evidence to demonstrate the conditions had been met. These focused on:

- SET 1.1 - demonstrating how the programme will be delivered at or equivalent to the academic level required for entry to the Register (Bachelor degree with honours) as defined in the QAA Framework. This included how and why the education provider has arrived at the decisions it has made, including clearly defining their own philosophical and pedagogical approach to designing the programme in line with the QAA Framework, and how this has been evaluated to be the case.
 - SETs 3.9 and 3.10 - demonstrating how the planned and recruited staff would be able to teach and assess the learning outcomes so learners could successfully
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meet the SOPs. This was in relation to the numbers (capacity) of academic staff and their teaching qualifications.

- SETs 4.1, 6.1 and 6.5 – linked to the condition against SET 1.1, identifying how the programme will deliver all the SOPs for paramedics, and how learners will be assessed to ensure all SOPs for paramedics are met through, and on completion of, the programme. This included the SOPs relating to the centralised understanding of the service user.
- SET 4.8 – linked to the condition against SET 1.1 and 4.1, 6.1 and 6.5, we were unclear how learners would be able to develop and successfully achieve the SOPs at the level required for entry to the Register through the specific module and/or wider programme. Registrants must ensure their practice is evidence-based, as required through SOP 11 which requires that registrants ‘assure the quality of their practice’.
- SETs 5.5 and 5.6 – how the education provider demonstrates they ensure an adequate number of appropriately qualified individuals in place as practice educators. This includes demonstrating the processes involved and the timeframes in relation to if, or when, these practice-based learning staff were/ would be in place for the start date of the proposed programme.

Previous consideration This was a request to develop a new programme at the required level of a Bachelor degree with honours for paramedics.

The report, containing the conditions, was considered by the Education and Training Committee (Panel) in November 2023. The decision was the programme should be approved, subject to the conditions being met.

Decision The Education and Training Committee (Panel) is asked to decide whether to:

- approve the programme;
- commence non-approval proceedings; or
- direct the Executive to undertake any other course of action it deems necessary to inform its decision regarding the approval of the programme.

In reaching this decision, the ETC will:

- provide reasons for their decision; and
- provide the Executive with any necessary instructions to give effect to the decision.

Next steps We will contact the education provider as directed by the ETC.

If the ETC is minded to not approve the programme, the education provider will have a 28-day period to provide observations on this decision, which will then be taken to a future ETC meeting alongside the visitors’ report. At that future meeting, the ETC will make a decision about whether or not to approve the programme.

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Section 1: About this assessment

About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the approval process undertaken by the HCPC to ensure that the programme detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme approval.

Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The ETC takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

The assessment panel for this review

We appointed the following panel members to support this review:

Gemma Howlett	Lead visitor, Paramedic
Matthew Catterall	Lead visitor, Paramedic
Saranjit Binning	Education Quality Officer
Tracey Samuel-Smith	Education Manager

Section 2: Institution-level assessment

The education provider context

The education provider is based in the northeast of England and currently delivers one HCPC-approved programme in one profession. It is a private education provider and has been running the HCPC approved programme since 2019.

The education provider is a company that delivers a range of courses and qualifications aimed at the pre-hospital training arena in areas such as Level 3 Certificate: Emergency Response Ambulance Driving or Pre Hospital Trauma Management.

The only programme approved by the HCPC was the Medipro level 6 Paramedic Practice, full time programme validated by Qualsafe Awards Ltd. While this programme title states ‘Level 6’, we previously made the judgement that the programme aligned to a Certificate of Higher Education (CertHE), linked to our previous requirement for the qualification level required for entry to the Register.

The reference to ‘Level 6’ referred to the Office of Qualification and Examinations Regulation (Ofqual) educational framework rather than the Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies, where Level 6 refers to the Bachelor degree with honours¹. The last intake to this programme was in August 2021 and the last graduation is expected in August 2024. The closure of this programme was in response to the change to the level of qualification normally expected for entry to the HCPC Register. In September 2021, the level of qualification increased from a CertHE to a Bachelor degree with honours, meaning all paramedic programmes needed to be delivered at, or above, this level from this date.

The education provider recently changed their awarding body from Qualsafe Awards Ltd to Future (Awards & Qualifications) Ltd. Qualsafe Awards Ltd will continue to support the current learners on the programme until they complete. The purpose for this change was a business decision to protect future HCPC paramedic programmes at the provider, and to offer learners reduced qualification fees.

The education provider has an exclusive agreement with Future (Awards & Qualifications) Ltd to not develop any paramedic awards with other providers, which protects their business interests.

Qualsafe (Awards) Ltd and Future (Awards & Qualifications) Ltd are regulated by the Ofqual. Through clarification prior to receiving the submission, the education provider informed us there were no changes to how they will interact with their validating body as both bodies meet the same regulatory standards by Ofqual.

Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
Pre-registration	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2019

Institution performance data

¹ [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies \(qaa.ac.uk\)](http://www.qaa.ac.uk) – page 45

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution, and does not include the proposed programme(s).

Data Point	Bench- mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	54	30	2022	The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and/or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The benchmark figure represents the number of learners on the closing programme. The value figure represents the number of learners who will be on the proposed programme should it gain approval.
Learners – Aggregation of percentage not continuing	N/A	N/A	N/A	There is no data available for this data point.
Graduates – Aggregation of percentage in employment/ further study	N/A	N/A	N/A	There is no data available for this data point.
Learner satisfaction	N/A	N/A	N/A	There is no data available for this data point.

We asked the education provider to consider if they wanted to establish ongoing reporting for the data points above as part of this approval process. The education provider was keen to undertake this activity and we will be working together to establish a regular supply of data, should the programme gain approval.

The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

Admissions

Findings on alignment with existing provision:

- **Information for applicants**
 - Information related to admissions is available on the education providers website for the proposed programme, which includes entry requirements and processes.
 - Additional information is provided on open days where applicants can speak to the programme team.
 - These processes will apply to applicants on the proposed programme and align with the institution wide processes.
- **Assessing English language, character, and health**
 - The education providers website provides clear information on the International English Language Testing System (IELTs) requirements and English Language qualifications.
 - All applicants are required to complete health and Discloser and Barring Service (DBS) screenings.
 - These processes and requirements will apply to applicants for the proposed programme and aligns with institution wide policies and procedures.
- **Prior learning and experience (AP(E)L)**
 - The Recognition of Prior Learning (RPL) Policy is a generic policy that is applied to Accreditation of Prior Experience and Learning (APEL) requests.
 - This policy will apply to applicants on the proposed programme and aligns with the institution wide policy.
- **Equality, diversity and inclusion**
 - The Equality and Diversity Policy is an institution wide policy.
 - There is also an Annual Programme Committee who review equality, diversity and inclusion data from all programmes.
 - This policy will apply to the applicants on the proposed programme.

Non-alignment requiring further assessment: None.

Management and governance

Findings on alignment with existing provision:

- **Ability to deliver provision to expected threshold level of entry to the Register²**
 - The proposed programme is mapped against the Quality Assurance Agency's paramedic subject benchmark statements and against the College of Paramedics curriculum guidance.
 - The education provider is accredited by the validating body to deliver Level 6 education by Ofqual in England.
 - Due to the change in the level of academic delivery between the closing programme and the proposed programme (Bachelor degree with honours), we decided to undertake a review of this standard as part of Stage 2. This allowed us to consider this alongside the programme specific learning outcomes and assessment methods required for Bachelor degree with honours academic level.
- **Sustainability of provision**
 - A recent development to sustain the provision is the exclusive agreement the education provider has with their new validating body, Future (Awards & Qualifications) Ltd. As part of this contract, the education provider will not develop paramedic awards with other providers.
 - The business plan also ensures the sustainability of the provision and outlines clear strategies to develop the provision further.
 - In addition to this, employer engagement demonstrates a commitment to supporting practice-based learning and the education provider has long-term placement agreements with many of these employers.
 - These policies will apply at institution level and will apply to the proposed programme.
- **Effective programme delivery**
 - Programmes are supported by the Quality Team who are responsible for gathering and monitoring internal data and presenting the findings and any actions to the Senior Management Team. The data gathered includes learner feedback, financial data, incidents and complaints and tutor performance, which includes workload and capacity.
 - In addition to this programme specification, Mentor handbook and Practice placement handbook are available to support learners. These documents clearly outline the requirements of programme delivery.
 - These policies will apply at institution level and will apply to the proposed programme.
- **Effective staff management and development**
 - The education provider has Annual Personal Development Reviews and tutor observations and peer to peer reviews to support staff with their professional development.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Partnerships, which are managed at the institution level**
 - The Practice Placement Agreements cover responsibilities and provision for learners at an institution level.

² This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed

- As part of this, the Audit tool is used to ensure safe and effective practice.
- These agreements support partnerships and will apply to the proposed programme.

Non-alignment requiring further assessment: Ensure the proposed programme delivers the learning outcomes, and therefore the Standards of proficiency (SOPs), at level required for entry to the Register (Bachelors with honours degree).

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality**
 - The Programme Operations Manual applies to the institution and outlines how the education provider monitors the quality of the provision.
 - Other quality assurance processes include RAG (red, amber, green) ratings, which is a status used by the quality assurance team to determine how much sampling is required.
 - Assessments are also reviewed by External Examiners to ensure an independent review.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Practice quality, including the establishment of safe and supporting practice learning environments**
 - The Practice placement audit tool is applied to all practice learning environments to ensure the environments are safe and supportive for learners.
 - In addition to this, the practice placement agreements identify the support available to learners.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Learner involvement**
 - The Programme Operations Manual and Programme Handbook encourage learner participation and they are invited to all programme committee meetings.
 - The education provider is in the process of developing a system to involve previous learners with the delivery of the programmes, which will enhance the teaching experience for new learners.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Service user and carer involvement**
 - The Patient Carer and Public Involvement policy (PCPI) and Operations Manual outline the process to recruit and involve individuals with programmes.
 - These policies and procedures apply at institution level and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:

- **Support**
 - The education provider has a range of policies in place to support learners with pastoral and academic needs, such as the Complaints Policy, Whistleblowing Policy, Student Grievance Policy and Supporting students with disabilities in placement policy.
 - In addition to this, learners have access to Occupational Health Support for advice on health matters.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Ongoing suitability**
 - The Student Code of Conduct Policy is an institution wide policy and outlines the expectations of learners.
 - Expectations are also outlined in the Student, Mentor and Programme handbooks and how by not meeting these expectations could impact on learners' eligibility to apply to the HCPC Register.
 - This policy will apply to the learners on the proposed programme.
- **Learning with and from other learners and professionals (IPL/E)**
 - Currently the education provider only offers IPL through an assignment, which is linked to an inter professional learning event with their practice-based learning providers.
 - The provider is in the process of developing an IPL strategy, which will be reviewed as part of stage 2 of this process.
- **Equality, diversity and inclusion**
 - The Equality and Diversity policy and Supporting students with a disability in placement policy are both institution wide policies. These demonstrate the education providers commitment to equality, diversity and inclusion.
 - These policies and procedures apply at institution level and will apply to the proposed programme.

Non-alignment requiring further assessment: The provider is in the process of expanding their IPL strategy and this document will be submitted and reviewed during stage 2 of this process.

Assessment

Findings on alignment with existing provision:

- **Objectivity**
 - To ensure assessments are objective, all programmes follow the guidance set out in the Assessment Policy.
 - The programme specifications further support this and provide details of the external examiner process.
 - These policies and procedures ensure objectivity and clear quality processes for assessment and marking and will apply to the proposed programme.
- **Progression and achievement**

- Programme handbooks, specifications and module descriptors specific to the individual awards outline the progression and achievement.
- All assessment processes comply with the Programme Operations Manual and apply at institution level and will apply to the proposed programme.
- **Appeals**
 - The Appeal Policy is an institution wide policy and allows learners to appeal their marks.
 - This policy applies at institution level and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Outcomes from stage 1

We decided to progress to stage 2 of the process without further review through stage 1. While the current programme is closing, the education provider demonstrated how the majority of the previous institution wide Stage 1 standards, were met in the same way for the new provision.

As part of the stage 2 process, we assessed whether the education provider and programme aligned to SET 1 requirements, the normal level of qualification for entry to the Register. In addition, we assessed the IPL strategy, how it will be reviewed and applied it to the proposed programme.

Section 3: Programme-level assessment

Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality)/ entitlement	Proposed learner number, and frequency	Proposed start date
Level 6 in Paramedic Science (validated by Future (Awards & Qualifications) Ltd)	Part time	Paramedic	15 twice a year	July 2024

Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for the programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

The proposed programme is a four-year programme, spending two years part time, per level. Individuals will undertake a programme the provider describes as ‘level 4’, before applying to the proposed programme. Successful applicants will join the

programme at 'level 5' (years 1 and 2) and then progress to 'level 6' (years 3 and 4). Through this assessment, we have considered what the provider means by the levels stated.

The programme is formed of academic and placement components offered via blended learning. The programme is delivered over a 4-year period so that learners, who are unable to undertake a full-time programme, have access to training. The education provider believes this will ensure future paramedics come from a 'wider pool'. The primary audience for the programme will be individuals already working in the ambulance service and who wish to train to become a paramedic.

Quality themes identified for further exploration

We reviewed the information provided, and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

Visitors reviewed the initial documentary submission and fed back the areas and reasoning to determine the first quality activity. The second review of documents was undertaken by the Executive. This resulted in a meeting with the education provider to discuss gaps in the submission and receive further information/evidence before a further visitor assessment. This was classed as the second quality activity.

Quality theme 1 – level of qualification for the programme to align with the requirement for entry to the Register

Quality Activity 1

Area for further exploration – the education provider intends that this programme will be delivered in line with our requirements that the level of qualification for entry to the Register for paramedics is Bachelor degree with honours. Requirements of this academic level are set out in The Framework for Higher Education Qualifications of UK Degree-Awarding Bodies published by the Quality Assurance Agency (QAA) (referred to through the remainder of this report as the QAA Framework). The QAA Framework outlines the Qualification Descriptors for a Bachelor degree with honours.

From the evidence provided by the education provider in their initial submission (assessment criteria ((learning outcomes)) and associated assessment methods), the visitors were unable to determine how the education provider considered learners could achieve the required academic level of learning for a Bachelor degree with honours as set out by the QAA Framework. As the Standards of proficiency (SOPs) are set with the level of qualification in mind, this has a direct link to learner achievement of the SOPs through the duration of the programme.

Quality activities agreed to explore theme further - we initially explored this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated SET 1. We asked the education provider to submit a

mapping document against the QAA Framework to demonstrate how the Bachelor degree with honours requirements would be met and therefore the Standards of proficiency for paramedics would be delivered and assessed to the level required.

Quality Activity 2

Area for further exploration – the education provider submitted a mapping against the QAA Framework. This stated that all the requirements of the QAA Framework would be met by learners through the Level 6 modules. We expect that knowledge, experience and understanding of topics would be established and built upon through the programme. We therefore asked the education provider to update the QAA Framework mapping document to show this development across the duration of the programme.

Outcomes of exploration – the education provider submitted an updated QAA Framework mapping document. This listed the assessment criteria numbers/modules and mapped to the QAA Framework descriptors. When the visitors reviewed this, and cross referenced the module descriptors, they noted the assessment criteria did not clearly show how learners would meet the descriptors from the QAA Framework. The education provider only supplied links to assessment criteria but did not provide any reasoning about how or why they considered each area from the framework was delivered by the qualification proposed.

The visitors were therefore unclear how the programme would deliver individuals with an equivalent qualification to a Bachelor degree with honours. As such, the visitors consider that the education provider does not meet the following SET at this time:

- SET 1.1 The Council normally expects that the threshold entry routes to the Register will be Bachelor degree with honours for paramedics

The visitors consider a condition linked to the above standard must be met before the programme is approved.

Quality theme 2 – entry and selection criteria outline the academic and professional entry standards

Area for further exploration - from the Programme Specification and Programme Operations Manual, we noted an entry requirement was the achievement of a 'Level 4 Diploma in Associate Ambulance Practitioner' (or equivalent). This meant all individuals would be joining the programme at Level 5, meaning the programme would be four years (part time) in duration, rather than a six-year programme as standard for part time undergraduate degree programmes. The visitors recognised there was a learning gap between the exit of the Level 4 programme and the expected level for applicants joining the programme. They were unclear of any additional resources or support in place to assist applicants bridge the gap between the Level 4 qualification required for entry and the start of the proposed programme. We therefore sought further information on the consideration which had been given regarding the learning gap for applicants exiting the Level 4 programme and applying to the programme.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting email evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Outcomes of exploration – the education provider outlined how all applicants, exiting the Level 4 programme, would be eligible to apply to the new programme. However, they would still need to complete an entry assessment to ensure they were prepared for the Level 5 modules. This is aimed to ensure the applicant is suitable and adequately prepared, both academically and clinically. The education provider also outlined how they intend to offer a number of open days so that applicants can gain a deeper understanding of the programme. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 3 – regular and ongoing collaboration between the education provider and practice placement providers

Quality Activity 1

Area for further exploration - we noted there was one yearly meeting with practice placement providers. However, we were unsure what the purpose of this meeting was. The submission also mentioned tripartite meetings between the learner, education provider and practice placement educators. The visitors understood these meetings were once the learner had commenced their practice-based learning and was to discuss progress and undertake monitoring of the site. The visitors recognised this collaboration was not at the strategic management level with practice education providers to help ensure ongoing quality and effectiveness of the programme. This type of meeting would also allow practice placement educators to influence the direction of the programme. We were unable to identify the policies/ processes which the education provider will use to collaborate and communicate with practice education partners effectively and regularly on an ongoing basis.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration – in response, the education provider outlined they had added a section to the Programme Operations Manual to explain in greater detail how practice-based education is managed. This was included in Section 5: Practice-based Education and included a process to manage the capacity of practice-based education, starting with the Practice Placement Facilitator (PPF). The first step of the process was for the PPF to arrange an initial meeting with the potential site. This did not take account of the steps/actions to communicate/liase with potential practice placement providers, at a strategic level, before reaching this point. We therefore sought evidence about the collaboration between the education provider and practice placement providers at the strategic level.

Outcomes of exploration - in response, the education provider submitted an updated Programme Operations Manual which expanded upon the strategic decision making

undertaken regarding the capacity of practice-based learning. For example, discussions about placement capacity, and other programme delivery considerations would take place. These would occur monthly at the Resource planning meeting which is attended by members of senior management from the education provider and practice placement providers. In addition, a clear process is in place should potential issues be raised about a practice-based learning site.

The education provider demonstrated regular and effective strategic level collaboration with practice placement educators. The visitors therefore had no further questions relating to this quality theme.

Quality theme 4 – ensuring there is sufficient capacity of practice-based learning for the number of learners proposed

Quality Activity 1

Area for further exploration - we received two Placement Agreements signed with practice education providers in the Northeast of England. The visitors noted, under the Obligations of the Placement Provider section, they must ensure there is appropriate and sufficient staff and facilities to provide an 'educationally relevant' experience with appropriate access and supervision. Under the Obligations of Medipro section, the visitors noted they would provide information to practice education providers about their planned numbers for each practice-based learning site. This did not outline how the education provider determined the capacity of practice-based learning, including who was responsible for undertaking this process at the education provider.

Quality activities agreed to explore theme further – we agreed to initially explore this area further by requesting email/documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated meeting standards in this area.

Quality Activity 2

Executive quality activity - in response, the education provider outlined they had added a section to the Programme Operations Manual to explain in greater detail how practice-based education is managed. This was included in Section 5: Practice-based Education and included a process to manage practice-based education once sites had been identified. The first step of the process was for the PPF to arrange an initial meeting with the site. We were unclear how the PPF or wider programme team determined the overall capacity of practice-based learning for the number of learners. We therefore sought evidence, about the process in place before the PPF contacted the sites.

Outcomes of exploration - the education provider submitted an updated Programme Operations Manual which expanded upon the process to identify the capacity of practice-based learning. This starts with the programme team identifying the range, duration and learning outcomes associated with each practice-based learning opportunity before meeting with the relevant stakeholders to determine feasibility. Discussions about placement capacity, and other programme delivery considerations, take place monthly as a Resource planning meeting which is

attended by members of senior management. In addition, a clear process is in place should potential issues be raised about a practice-based learning site.

The education provider demonstrated a clear process for determining the capacity of practice-based learning opportunities for the number of proposed learners on the programme. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 5 – adequate number of appropriately qualified staff, including specialist knowledge and expertise, to deliver an effective programme

Quality Activity 1

Area for further exploration - the curriculum vitae's (CVs) showed the staff who could potentially be made available to deliver the programme. There was no information about who would be delivering specific parts of the programme. For example, the CV of the Managing Director was supplied as part of this, but it was not clear what role they, or others, would undertake in management, delivery, teaching or assessment. We were therefore unclear about the number of staff members available for the programme, what they will lead and teach on and therefore, whether they had the relevant expertise. In the submission, the education provider outlined they planned to increase their learner numbers in the future. However, they did not outline the timescale for this.

It was also noted that practice educators are expected to play a fundamental role in the delivery of the programme. However, it was unclear how/when they would be involved, their qualifications and experience, and how they will be quality assured.

We therefore sought further information about who would be directly involved with the teaching and delivery, and what areas they would be involved in. This included:

1. Which staff members would be leading/teaching on each module.
2. How staffing levels will be managed to demonstrate sufficient resources to support this programme.
3. The wider administration of the programme, such as practice co-ordination and quality assurance of the programme.
4. How these resources will be increased as the programme grows in learner numbers over the next few years.
5. How practice educators will be involved in the academic delivery of the programme.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration - in response, the education provider included a revised programme team structure. This focussed on those who would be working on delivering the programme. In addition, the module descriptors were updated to show the named module leads. The Practice Assessment Documents (PADs) were updated to outline the role of practice educators and how they will be involved in the

delivery of the programme and can be involved in its development. The visitors were therefore satisfied with the information about the wider administration of the programme (question 3 above).

However, this elicited further questions relating to areas outlined above.

- Questions 1 and 2
 - The module descriptors showed a number of the module leads were practice educators or clinical experts. It was unclear how their contribution/capacity/availability would be managed to ensure sufficient resources.
 - Modules descriptors were received indicating the involvement of individuals who were not outlined as delivering aspects of the programme. We were unsure of the role of these individuals.
- Question 4
 - The Programme Operations Manual had been updated to include the staff:student ratio (SSR). The education provider stated this had been added to ensure consistency as the programme numbers grow. However, this did not include, or define, the process to show how the education provider will resource the programme with increasing numbers. For example, how they ensure an appropriate capacity of adequately qualified and experienced staff, nor how this would be increased as learner numbers grew.
- Question 5
 - References in the Practice educators handbook, indicated the education provider would like practice educators to be involved in delivering the programme. We were unsure if this meant they had already committed to being involved or were being sought.

Outcomes of exploration - the education provider provided clarity about who would be teaching on the programme, their roles (including teaching and support) and whether they were full time employees or externally sourced individuals.

The visitors cross referenced the information about staff with the CVs submitted. In the submission of documentation, they identified thirteen CV's. From these, they noted that only two held a teaching qualification and there was a range of paramedic qualifications. These ranged from the Institute of Health Care Development (IHCD) qualification through to Masters programme in subjects outside of the paramedic field. The IHCD qualification was previously delivered by ambulance trusts and was an approved HCPC programme at a Certificate of Higher Education level. They were therefore unclear how these tutors would be able to teach/assess the learning outcomes and assessment methods to the required academic level (Bachelor degree with honours). Nor were they clear whether the individuals, due to teach specialist themes, had the appropriate subject specific knowledge and experience at the right academic level. This meant they were unclear about whether there was an adequate number of appropriately qualified and experienced staff to deliver an effective programme.

In addition, the Programme Operations Manual outlined the process for ensuring growth and contingency planning relating to staff requirements. However, as the visitors remained unclear about the qualifications and experience of the current staff

members, they were unsure how the process would ensure an adequate number of, appropriately qualified and experienced staff, would be in place as the programme develops.

The visitors were therefore unclear about how the education provider met the following SETs:

- SET 3.9 – There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective practice.
- SET 3.10 – Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

The visitors consider a condition linked to the above standards must be met before the programme is approved.

Quality theme 6 – availability of resources to support learning in all settings

Quality Activity 1

Area for further exploration - the education provider directed us to the Programme Handbook regarding information about health and fitness. We were also referred to the Programme Operations Manual which included a list of the library resources and a reading list. The visitors considered the resources listed in these documents were appropriate. However, there was no clear information about the learning platform, library, systems etc, that the learners would have access to either while on site at the education provider or in practice-based learning. We therefore sought further information about the range of resources available to learners in all settings, including the virtual learning environment (VLE).

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting email evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration - the education provider outlined the Programme Operations Manual had been updated to include the range of journal databases available to learners. They also outlined that the VLE is an e-portfolio system called Quads-Direct. This provides learners with access to a range of materials, including handbooks. It also allows learners to submit academic material and receive feedback.

We noted from the second page of the Programme Operations Manual this was a legal contract between the education provider and their validating body. It was therefore not a document which would be readily available to learners. As such, we consulted the Programme Handbook and were unable to identify information about the resources or VLE available to learners in all settings. We therefore remained unclear about how learners were made aware of the resources available to them.

Outcomes of exploration - the education provider outlined how learners are made aware of the resources available to them across the programme, in the Programme Handbook. The visitors reviewed the updated version submitted and were satisfied

that information about appropriate resources was available, and learners will be made aware of how to access them while in the academic and practice-based learning environments. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 7 – learning outcomes and assessments must ensure achievement of the standards of proficiency (SOPs) for paramedics

Quality Activity 1

Area for further exploration – The education provider supplied a SOPs mapping document in the submission. The SOPs were mapped to individual modules and specific learning outcomes. When the visitors checked the relevant modules, it became apparent these learning outcomes were framed as assessment criteria. In addition, it was apparent these were the statements from the relevant section of the College of Paramedics (CoP) curriculum guidance³. We expect education providers to outline how they meet the relevant regulatory requirements in their documentation. Through the programme documentation, the education provider needs to demonstrate how it ensures HCPC SOPs for paramedics are delivered through the programme, and how they assess that those who complete the programme meet the SOPs.

The COP curriculum guidance comprises of outcome focussed statements of what an individual should be able to demonstrate upon completion of the programme. This meant that not all statements presented by the education provider were assessment criteria. For example, C2.3.6 in the SPS5-1 Clinical Practice Application module, stated the assessment criteria was 'Emergency Ambulance'. A narrative, explaining how the environment would enable learners to develop their skills in urgent and emergency care, was included. However, this did not outline the objective of this area, or how the learner would be assessed.

In some modules, the visitors noted a large number of assessment criteria. Again using module SPS5-1 as an example, there were 24 assessment criteria mapped. This also referenced which SOPs were covered in this module. However, this listed the SOP number only and included a total of 80 SOPs. These were not linked to the individual learning outcomes.

In the SPS5-1 module, these assessment criteria were to be assessed via:

- a Level 5 final exam (three hour short essay)
- four practical Objective Structured Clinical Examinations (OCSEs)
- practice placement document
- Inter-professional learning Professional Discussion

At the end of the SPS5-1 module descriptor, there was a table containing a mapping of Assessment learning outcomes for the four assessments. These were also linked to the CoP curriculum guidance rather than the HCPC SOPs.

The examples provided above are illustrative only, the visitors considered this applied across all module descriptors.

³ [Paramedic Curriculum Guidance \(collegeofparamedics.co.uk\)](http://collegeofparamedics.co.uk)

We did not liaise directly with the CoP during this assessment. Through the submission, there were references to contact the education provider had had with the CoP. However, we were provided with no evidence to support these references.

Due to the number of assessment criteria and lack of clear information about where the SOPs would be appropriately taught and assessed, we were unclear how a learner would learn about, and demonstrate they meet, all the HCPC SOPs at the required level of proficiency.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration – the education provider submitted a mapping against the QAA Framework. This stated that all the requirements would be met in the the Level 6 modules. From this information, the visitors were unclear how learners would be taught or assessed against the HCPC SOPs.

It appeared there were seven modules across the programme. We were unsure about this due to the possibility of modules stretching across more than one year.

The education provider submitted module roadmaps in the Programme Operations Manual and Programme Handbook. These roadmaps did not match, and we were unclear which one was the correct version. We also recognised the Programme Operations Manual was not a learner facing document as outlined earlier in this report.

Outcomes of exploration – the visitors recognised the clarification provided said there were no modules stretching across more than one year, and that the roadmaps now matched. The visitors had no further queries about this technical aspect of programme design.

The education provider submitted revised module descriptors to identify the assessment criteria and assessment methods. They also outlined that learners would be made aware of the assessment methods through the Programme Handbook. The visitors considered the revised module descriptors and recognised there had been a reduction in the number of assessment criteria for some modules. For example, module SPS5-1 had reduced from 24 to 19 assessment criteria. However, there remained a query about how 19 assessment criteria could be taught and assessed in one module.

When comparing the revised module descriptors for SPS5-1 and SPS6-1 (Advancing Clinical Practice), they both contained the assessment criteria C1.3.24. This stated, 'Conduct a comprehensive and detailed physical examination of service users across the lifespan'. The assessment for both modules was the PAD. The module descriptors did not differentiate between the learning/assessment across the academic levels. The visitors were therefore unclear about how the learners and

practice educators would be able to easily differentiate between what they needed to do in each year.

In addition, the visitors noted the assessment criteria continued to relate to the CoP curriculum. As outlined above, this meant that assessment criteria were replicated without adapting them to the relevant academic level. This meant that some of the Level 5 assessment criteria used language normally associated with Level 6 learning outcomes. For example, when considering the taxonomy of learning levels and their associated language, the word 'demonstrate' is normally associated with Level 6. However, in Level 5 modules, (e.g. in module SPS5-1) learners are asked to 'Demonstrate capacity to safely administer therapeutic medications, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes' (assessment criteria C1.1.15). The visitors were unclear how learners would be taught and assessed on this topic at Level 5.

The visitors were therefore unclear about how the education provider met the following SETs:

- SET 4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
- SET 6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.
- SET 6.5 – The assessment methods used must be appropriate to, and effective, at measuring the learning outcomes.

The visitors consider a condition linked to the above standards must be met before the programme is approved.

Quality theme 8 – centralising understanding the service user in learning and teaching, to enable delivery of the SOPs

Quality Activity 1

Area for further exploration – due to the revised SOPs becoming effective in September 2023, we asked the education provider to map their programme against these standards. One key thematic change within the revised SOPs was further centralising the service user within the standards. This included a focus on valid consent and effective communication. These SOPs were updated due to the evolving service user consent and to reflect the wider circumstances when consent is required. Within the initial submission, the education provider submitted mapping documents and module descriptors. From these, the visitors were unable to identify where the learning and assessment would take place relating to the revised central role of the service user. We therefore sought further information about how these competencies were delivered and assessed through the programme.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration – in their response, the education provider outlined how their Patient, Carer and Public Involvement (PCPI) members are involved in delivering or supporting the modules. For example, they provide formative and summative feedback to learners. They are also involved in the annual committee meetings. The visitors recognised this explained how PCPI members are involved in the delivery of the programme. However, there was no further information about how learners would be taught/assessed against the revised SOPs in this theme.

Outcomes of exploration – in response, the education provider explained how the Assessment Briefs demonstrated how the learners are challenged relating to their patient interactions, assessments and management. The visitors reviewed the updated module descriptors and, as before, were unable to specifically identify where learners would be taught and assessed against the revised SOPs in this theme. These include the following standards around centralising the role of the service user:

SOP 2. practise within the legal and ethical boundaries of their profession

- 2.2: promote and protect the service user's interests at all times
- 2.5: respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and/or therapeutic process
- 2.6: recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances

SOP 6. understand the importance of and maintain confidentiality

- 6.4: understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)

SOP 7. communicate effectively

- 7.1: use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others
- 7.4: work with service users and/or their carers to facilitate the service user's preferred role in decision-making, and provide service users and carers with the information they may need where appropriate
- 7.5: modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible
- 7.6: understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter
- 7.8: understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions

SOP 8. work appropriately with others

- 8.1: work in partnership with service users, carers, colleagues and others
- 8.5: identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate

SOP 11. assure the quality of their practice

- 11.2: gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care
- 11.5: evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary

SOP 13. Draw on appropriate knowledge and skills to inform practice

- 13.11: engage service users in research as appropriate

In addition, as outlined in [Quality Theme 7](#), the visitors remained unclear how the assessment criteria would ensure learners were taught and assessed at the relevant academic level across the programme.

As both these areas impact the assessment criteria and assessment of the enhanced service user role, the visitors were unclear about how the education provider met the following SETs:

- SET 4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
- SET 6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.

The visitors consider a condition linked to the above standards must be met before the programme is approved.

Quality theme 9 – ensuring learners are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics

Quality Activity 1

Area for further exploration - we noted the delivery and assessment of this subject matter was focussed within the dissertation module at the end of the programme. The visitors were unable to identify where this learning was delivered or assessed earlier in the programme. We also recognised that practice-based learning was occurring before the dissertation module and therefore before learners had been made aware of these subject areas. The visitors were therefore unclear how learners were able to meet expectations of professional behaviour through the programme.

We sought more information about when this subject matter is covered and assessed. Alternatively, we sought understanding as to why the education provider feels it is appropriate to focus this learning and assessment in the dissertation module.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting email evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration – in response, the education provider outlined how this learning was delivered across the duration of the programme. However, we were unclear from the revised module descriptors where this was outlined. We therefore remained unclear about where professional behaviour was specifically taught and assessed during the programme.

Outcomes of exploration - in response, the education provider specifically outlined how professional behaviour was taught and specifically assessed within a variety of modules across the programme. In addition to assessment via the PAD, the visitors were directed to updated module descriptors which outlined how this was assessed via an exam (module SPS5-1) and essays in the second year of the Level 5 modules. They also identified how sessions would be held before each practice-based learning opportunity to ensure learners were aware of, and could demonstrate, the expectations of being a registered professional at the end of the programme. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 10 – how the programme remains relevant to current practice

Quality Activity 1

Area for further exploration - the mapping document outlined Annual Programme Monitoring (APM) will gather information on a regular basis. The visitors recognised this quality assurance process focussed on a review of how the programme has performed. However, they were unclear about how the education provider takes account of, and reflects, current practice. This is so the programme remains relevant and effective in preparing learners for practice. For example, how the programme reacts to, and subsequently reflects, changes in legislation, practice or services. We therefore sought more information about this process.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting email/documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration - the education provider outlined how the Programme Operations Manual had been updated to show when programme data would be collected and how this would feed into the APM. They outlined how this would allow the Programme Committee to consider changes to the programme. However, this did not demonstrate how the education provider works with intelligence or changes in legislation, practice or services to ensure currency of the programme.

Outcomes of exploration – the education provider outlined their wider processes and, stakeholders they work with, to ensure the programme remains relevant to current practice. For example, they clarified how data and feedback from a range of stakeholder's feeds into the APM. In addition, they outlined how members of the programme team attend NHS England Workforce, Training and Education Directorate (formally Health Education England (HEE)) workshops and work with other education providers in the region, to share best practice. This also allows them to work together around shared issues, particularly around practice-based learning.

The education provider recently established a Clinical Advisory Group (CAG) to support, and advise on, legislative changes and/or practice or service changes. The Terms of Reference were included for this newly formed group. Across the quality activities, the visitors were satisfied with how the education provider ensured the programme will remain relevant to current practice. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 11 – programme delivery support evidence-based practice

Quality Activity 1

Area for further exploration - in the mapping document, the education provider outlined evidence-based practice was in both levels of the programme and that learners would build upon their knowledge through the duration of the programme. From the documentation, the visitors noted the Introduction into Evidenced based research module at the end of the first year. They also identified elements of evidence-based practice being taught and assessed in the dissertation module.

This standard of education and training is about helping learners use evidence to inform and systematically evaluate their practice as a key part of meeting the SOPs required for registration. This is specifically linked to 'SOP 11. assure the quality of their practice' (effective from 1 September 2023) and applies across the professions. As such, we sought further information about how evidence-based practice is developed to the level required for registration.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration – the education provider submitted an updated QAA mapping document as part of their evidence to meet [Quality Theme 1](#). As part of this, the education provider identified that all the QAA framework descriptors were demonstrated in the final year of the programme. The visitors were directed to this evidence in response to the additional documentary request for this theme.

Outcomes of exploration - in response, the education provider outlined how evidence-based practice was delivered across both levels of the programme. Revised module descriptors were also received. From this, the visitors identified where evidence-based practice would be delivered and assessed throughout the programme. However, as outlined in [Quality Theme 7](#), they were unable to determine how learners would be able to develop and successfully achieve the SOPs at the level required for entry to the programme.

Without understanding how the education provider is delivering and assessing the SOPs across the programme, we were unable to determine how the programme will support and develop evidence-based practice at the appropriate academic level. As such, the visitors were unclear how the education provider met the following SET:

- SET 4.8 The delivery of the programme must support and develop evidence-based practice.

The visitors consider a condition linked to the above standard must be met before the programme is approved.

Quality theme 12 – practice-based learning is integral to the programme.

Quality Activity 1

Area for further exploration - the mapping document clearly outlined the required practice-based learning hours for the programme. We were also referred to the Programme Operations Manual. These, and other documents, described the academic delivery of the programme but lacked detail about when practice-based learning would be delivered and how this was incorporated into the overall learning and assessment of the programme. Visitors therefore requested further information about how the education provider ensures the practice element of the programme is clearly integrated with the academic element to ensure effective delivery and assessment of the learning outcomes.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration - the education provider updated the Programme Operations Manual to provide information about the tripartite meetings (learner, practice educator and education provider) which occur every thirteen weeks. This demonstrated to the visitors how the practice-based learning opportunity was monitored. The purpose of this standard is to demonstrate how practice-based learning is used effectively, in association with the academic context, to prepare learners for future practice.

In addition, the education provider outlined that the PADs had been updated to provide information to learners and practice educators about what each practice-based learning site involved.

Outcomes of exploration - the education provider submitted updated module documentation and PADs which provided greater clarity about the requirements relating to the academic content and how practice-based learning would be incorporated into this. Based on this, the visitors were confident that practice-based learning was integral to the programme. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 13 – structure, duration and range of practice-based learning supporting delivery of the learning outcomes

Quality Activity 1

Area for further exploration - as outlined in [Quality theme 7](#), we noted the large number of assessment criteria (learning outcomes) for some modules on the programme. This applied to academic and practice-based learning modules. In

addition, as outlined in [Quality theme 12](#), we noted we were unsure how academic learning and practice-based learning were integrated.

In terms of the structure, duration and range, we were unable to identify where the learning outcomes were outlined for learners or practice educators within practice-based learning materials. We were therefore unsure how the groups would know what learning outcomes they needed to demonstrate/assess in each area. We therefore sought further information for practice educators and learners, which identified the relationship between academic and clinical elements of the programme. This was so we could understand how the structure, duration and range of practice-based learning supports the learning outcomes and achievement of the SOPs.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting email/documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration - the education provider outlined how each module descriptor states the assessment criteria, which are linked to the practice-based learning area. The education provider went on to outline how these are linked to the assessment criteria in each PAD. The PADs also outlined how learners should 'navigate' their practice-based learning. This helps learners and practice educators understand the purpose and expectations of each site.

The visitors noted the roadmap in the Programme Operations Manual. On page 11, the roadmap showed the delivery of module and practice-based learning across the programme. This indicates that teaching in the first year of the programme is one week and two weeks of practice-based learning in January and February. This amounted to three weeks of learning across the two months. We were unsure whether learners were employees of the local NHS Trusts. We sought clarification about this to better understand the timings, and any possible restrictions on the roadmap.

Outcomes of exploration: The education provider outlined they had updated the roadmap to provide learners and practice educators with further information. They also confirmed that learners would not be employees and therefore there were no associated restrictions on meeting the roadmap timings. The visitors noted the intention of the roadmap was to illustrate teaching and practice-based learning could be across January and February. The visitors therefore understood the academic learning point was fixed and then learners could undertake the practice-based learning at any point during these two months. The education provider confirmed the specified element of practice-based learning must be completed within this timeframe. This would mean that all learners would start the next teaching block with the same knowledge and understanding. The visitors therefore considered they had no further questions relating to this quality theme.

Quality theme 14 – adequate number of appropriately qualified and experienced staff in practice-based learning including relevant skills and knowledge

Quality Activity 1

Area for further exploration - we noted the Clinical Practice placement Audit Tool and the Placement agreement stated there must be enough practice educators to support the learners. The Programme Handbook included the contact details for the education provider Practice Placement Facilitator. However, we were unable to identify how the education provider ensured an adequate number of appropriately qualified and experienced practice educators. This included the qualifications/ experience expected by the education provider and how practice educators are selected, supported and updated at appropriate times.

As outlined earlier in [Quality Theme 5](#), the visitors were unclear how practice educators would be involved in the programme. For example, in the delivery of the academic element of the programme and who would be responsible for signing off competences. From the Programme Handbook, the visitors noted that all practice educators 'are professional clinicians and qualified within their role as a practice educator'. The visitors were unclear whether this meant only paramedics or other registered professionals. Therefore, they were unclear what the education provider requirements were for practice educators around their knowledge, skills and experience to ensure they were appropriate as practice educators for the programme. The visitors sought information about this to help determine whether the qualifications/experience expected of the practice educators, were appropriate.

Quality activities agreed to explore theme further - we agreed to initially explore this area further by requesting documentary evidence from the education provider. We considered this would be the most effective method to understand how the programme demonstrated this area.

Quality Activity 2

Area for further exploration - the education provider outlined how the Programme Operations Manual and/or the PADs had been updated to:

- Outline what the education provider expects from practice educators.
- Outline how the education provider inducts practice educators to prepare for learners.
- Include a section about who can sign off competences.

From these documents, we remained unclear about the process in place to determine there was an adequate number of appropriately qualified practice educators or other professionals to sign off the competences. Further questions were raised, as follows:

- How the education provider was planning on developing the practice educator workforce.
- Inductions were mentioned for the practice educators. As we remained unclear who could sign the competences, we were unsure who the inductions would be for and whether this was generic/programme/Tier (level) specific training.
- From the PAD, we identified that the competences for both levels could be signed off by any professional. We remained unclear about the qualifications/ experience required of practice educators.

Outcomes of exploration – the education provider outlined how they had a ‘number of strategies’ to support these areas. These were outlined in a range of documentation, such as the Programme Handbook, PAD and Practice Educator Handbook. In addition, the Programme Operations Manual outlined how the education provider would induct practice educators. The education provider went on to outline the range of support and meetings they use to monitor the performance of, and support to, the learner and practice educator. For example, the four monthly tripartite meetings. The education provider also confirmed they had removed the system relating to the Tier system in their approach to competency sign off.

The visitors noted these documents were available to stakeholders once on the programme or already signed up as a practice educator. They also outlined the process once a learner had started the practice-based learning site. As such it did not address the process for ensuring an adequate number of appropriately qualified and experienced practice educators prior to learners attending practice-based learning.

The visitors noted the removal of the Tier system regarding assessment in practice-based learning. However, there was continued reference to other professionals being able to sign off competences in the PAD. They therefore remained unclear about who could supervise and/or sign off the competences, for example, in terms of qualifications and experience.

The visitors were therefore unclear about how the education provider met the following SETs:

- SET 5.5 – There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.
- SET 5.6 – Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

The visitors consider a condition linked to the above standards must be met before the programme is approved.

Section 4: Findings

This section details the visitors’ findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

Conditions

Conditions are requirements that must be met before education providers or programmes can be approved. We set conditions when there is an issue with the education provider’s approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider’s planned approach is not suitable.

The visitors recommend that the following conditions are met before the programme can be approved.

1.1 The Council normally expects that the threshold entry routes to the Register will be bachelor degree with honours for paramedics

Condition: The education provider must demonstrate how the proposed programme meets the academic qualification level for a Bachelor degree with honours, as set out in section 4.5 of the QAA Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies⁴.

Reason: Through [Quality Theme 1](#), we explored how the education provider considered the proposed programme was delivered at the level of qualification as required by our standards (Bachelor degree with honours for paramedics). Descriptors for this level are set out in the QAA Framework. We identified concerns with the education provider's approach which are summarised below:

- The education provider linked descriptors from the QAA Framework to assessment criteria within modules. These assessment criteria are outcome focused, and nowhere in the education provider's submission was the learning an individual would need to undertake in order to meet each criterion adequately or clearly described.
- The mapping appeared to be a technical exercise, rather than critical reflection of how the programme delivers high-level and at times philosophical descriptors. This was demonstrated by the education provider not giving any rationale as to why or how descriptors would be met by learners through and on completion of the programme.
- Even if the above two points are ignored, descriptors were only partially covered by the assessment criteria mapped.

The below is provided as an example of how the education provider mapped their assessment criteria to the QAA descriptors. The education provider noted the module and assessment criteria numbers only in the mapping. For clarity, this has been expanded upon in this report.

QAA framework descriptor	Indicated module/assessment criteria
Critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to	Module SPS6-2 – Health Care Systems and organisational Structures <ul style="list-style-type: none">• C1.5.4 Develop a contextual understanding of the role of the paramedic in health education and promotion working in the spirit of a multi professional approach.

⁴ [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies \(qaa.ac.uk\)](http://qaa.ac.uk)

<p>make judgements, and to frame appropriate questions to achieve a solution – or identify a range of solutions – to a problem</p>	<p>Module SPS6-3 – Ethics and Professional Standards For the developing Health care Professional</p> <ul style="list-style-type: none"> • C1.4.9 Evaluate ethical issues associated with paramedic practice and apply ethical principles to practice. • C[1].8.11 Demonstrate a critical and contextual understanding of the ethical frameworks surrounding health research • C1.8.8 Understand how a research question or hypothesis is formulated.
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Using the above as an illustrative example of the concern, nowhere in the assessment criteria listed is the learner required to demonstrate critical evaluation. They are expected to ‘evaluate ethical issues associated with paramedic practice’. This is a specific outcome linked to ethical issues that learners would need to demonstrate, but its inclusion does not show how learners would be able to think critically regardless of the situation. In their evidence, the education provider did not explain how the ‘evaluation’ in this specific context would enable a learner to meet the QAA Framework descriptors.

Continuing with this example, individuals who gain a qualification equivalent to a Bachelor degree with honours need to be able to undertake critical evaluation to be able to meet the descriptor at this level. For clarity, this is an example of the gap in the education provider’s evidence and reasoning. Visitors had concerns across all the QAA Framework descriptors as the education provider had not reasoned through how each would be demonstrated by learners through, or on completion of, the programme.

The visitors considered a fundamental issue remained that the education provider was unable to demonstrate how the programme aligns with QAA Framework descriptors for a Bachelor degree (with honours).

This links to concerns identified in quality themes [5](#), [7](#), [8](#), [11](#), and [14](#) that the visitors were unable to identify how, across the programme, the learning outcomes and assessments would be taught and measured at the appropriate academic levels, to ensure learners can meet the SOPs for paramedics.

The visitors therefore require the education provider to demonstrate how the programme will be delivered at or equivalent to the academic level required for entry to the Register (Bachelor degree with honours) as defined in the QAA Framework.

3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective practice.

3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

Condition: The education provider must demonstrate how they ensure there is an adequate number of appropriately qualified and experienced staff to deliver and assess learning outcomes at a Bachelor degree with honours level.

Reason: As explored through [Quality Theme 5](#), the education provider provided information about who would be teaching on the programme, their roles (including teaching and support) and whether they were full time employees or externally sourced individuals. Alongside this, the Programme Operations Manual outlined the process for ensuring growth and contingency planning relating to staff requirements.

The visitors cross referenced the information about staff with the CVs submitted. From the thirteen CV's, they noted only two held a teaching qualification and there was a range of paramedic qualifications. These ranged from the IHCD qualification through to Masters programme in subjects outside of the paramedic field. They were therefore unclear how these tutors would be able to teach/assess the assessment criteria to the required academic level (Bachelor degree with honours). Nor were the visitors clear whether the individuals, due to teach specialist themes, had the appropriate subject specific knowledge and experience at the right academic level.

In addition, the Programme Operations Manual outlined the process for ensuring growth and contingency planning relating to staff requirements. However, the visitors remained unclear about the qualifications and experience of the current staff members. The visitors were therefore unsure how the process would ensure an adequate number of, appropriately qualified and experienced staff, would be in place as the programme develops.

The visitors therefore require that the education provider demonstrates how they ensure an adequate number of staff/educators who are appropriately qualified and experienced to deliver and assess a programme equivalent to a Bachelor degree with honours.

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.

6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.

6.5 The assessment methods used must be appropriate to, and effective, at measuring the learning outcomes.

Condition: The education provider must demonstrate that the learning outcomes are appropriately set, and assessed, to enable learners to achieve the SOPs for paramedics.

Reason: Through [Quality Theme 7](#) and [Quality Theme 8](#), we explored how the education provider intended to deliver and assess the revised SOPs for paramedics. We identified concerns with the education provider's approach which are summarised below:

- They had used the College of Paramedics (COP) curriculum framework to define what learners would learn and be assessed against. This did not enable understanding of how the HCPC SOPs would be delivered and assessed through the programme.
- There was lack of clarity about how learner knowledge and understanding would be developed through the programme, with the education provider appearing to consider learning as a set of skills to be delivered, rather than knowledge to be developed over time by a future autonomous professional.
- Linked to the above point, the assessment criteria were not specific to the academic level of relevant modules, which would make it difficult for those undertaking the programme and assessing competence to understand what needs to be achieved.
- The number of assessment criteria was high for some modules, meaning (similarly to the above) that it would be difficult for those undertaking the programme and assessing competence to understand what needs to be achieved.
- As per [Quality Theme 8](#), it was not clear where learners would develop, and be assessed on, the centralised understanding of the service user to enable achievement of the SOPs.

This condition links to SET 1, as the academic level of the programme is relevant to the delivery of the SOPs to the required level of competence. Where this should be considered in the education provider's response, they should consider and respond to this condition separately as there are different and more technical issues with their approach in this area. By this, we mean that we are unclear how the programme delivers and assesses the SOPs for paramedics through the programme. The required level of detail specific to what the education provider intends to teach and assess, and how that links to the SOPs, has not been provided.

The visitors therefore require the education provider demonstrates how the programme will deliver all the SOPs for paramedics, and how learners will be assessed to ensure all SOPs for paramedics are met through, and on completion of, the programme. This should include clear descriptors of learning, assessment methods, and how these link to the SOPs for paramedics, and updated documentation which supports learners and staff to ensure this is the case.

4.8 The delivery of the programme must support and develop evidence-based practice.

Condition: The education provider must demonstrate that evidence-based practice is delivered and assessed at the academic level required to deliver the standards of proficiency (SOPs) for paramedics.

Reason: Through [Quality Theme 11](#), we explored how evidence-based practice was delivered across all years of the programme. We identified where the education provider intended that evidence-based practice would be delivered and assessed throughout the programme. However, linking to the issues remaining as referred to in the conditions for SET 1.1, 4.1, 6.1 and 6.5, we were not clear how learners would be able to develop and successfully achieve the SOPs at the level required for entry

to the Register. Registrants must ensure their practice is evidence-based, as required through SOP 11 which requires that registrants 'assure the quality of their practice'.

As such, the visitors require the education provider to demonstrate how the programme supports the development of evidence-based practice to deliver learners who meet requirements for registration.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate how they ensure there is an adequate number of appropriately qualified and experienced staff to deliver and assess learning outcomes in practice-based learning.

Reason: Through [Quality Theme 14](#), we explored staffing arrangement for practice-based learning. We identified concerns with the education provider's approach which are summarised below:

- The education provider has not defined what they consider as the 'relevant' knowledge, skills and experience that practice educators must have to support learners in practice, whether these individuals must be paramedics, or whether other professionals/roles can act as practice educators.
- There is not a clear mechanism to ensure individual practice educators, or groups of practice educators, within practice learning environments meet the knowledge, skills and experience required (once this is set out by the education provider).
- Some information (e.g. the Programme Handbook) about practice-based learning expectations is set out too late to stakeholders to have the intended impact.

As such, the visitors require the education provider to demonstrate how they ensure an adequate number of appropriately qualified individuals are in place as practice educators; and who is able to sign off the competences in the practice assessment document (PAD).

Conditions not met – additional evidence required

We ask for additional evidence following the setting of conditions when the evidence provided in the initial response is insufficient to demonstrate the condition, and therefore the associated standard, is not met at a threshold level.

The visitors recommend that the following conditions remain to be met before the programme can be approved.

1.1 The Council normally expects that the threshold entry routes to the Register will be bachelor degree with honours for paramedics.

Condition: The education provider must demonstrate how the proposed programme meets the academic qualification level for a Bachelor degree with honours, as set out in section 4.5 of the QAA Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies⁵.

Reason condition not met at this time: Through the conditions, we required the education provider to consider how the proposed programme was delivered at the level of qualification required by our standards (Bachelor degree with honours for paramedics), in line with the QAA Framework. In response, the education provider submitted fully redrafted module descriptors and completed mapping documents, including to the HCPC SOPs.

The visitors noted the increased use of language in line with the QAA Framework. However, they recognised the inclusion of such terminology, in and of itself, did not demonstrate how the programme learning outcomes and assessment methods, demonstrated the required academic level. In the original condition, the visitors used the example of critical evaluation. From reviewing the learning outcomes and assessment methods across the fully redrafted programme, the visitors noted five instances of learning outcomes requiring learners to demonstrate critical evaluation or critical appraisal. One of these learning outcomes was in a first year module.

According to the [QAA Framework](#), upon completion of a programme, learners would “typically” be able to:

- “Critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution – or identify a range of solutions – to a problem”.

The five learning outcomes identified as linking to this requirement of the QAA Framework are outlined below:

Module number/title	Learning Outcome
SPS5-3 – Patient centred care	1 – Critically evaluate the processes associated with safeguarding, safety netting, referrals, planning and evaluating care and patient centric interventions.
SPS6-2 – Sociodemographic determinants of health	1 – Critically appraise the sociodemographic determinants of health and the contributory factors which influence health, illness, and injury.
SPS6-2 – Sociodemographic determinants of health	5 – Critically appraise the role of the MDT, social care services, social prescribing, statutory and voluntary sector in the provision of sociodemographic support across the lifespan
SPS6-3 – Leadership and Management in Paramedic Practice	2 – Critically appraise leadership theory and the healthcare leadership model, drawing conclusions for practice.

⁵ [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies \(qaa.ac.uk\)](http://www.qaa.ac.uk)

SPS6-3 – Leadership and Management in Paramedic Practice	4 – Critically appraise the facets of leadership and management in relation to professional conduct, fitness to practice, equality, diversity and antidiscriminatory practices, demonstrating an understanding of interrelated systems and practices.
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Of the learning outcomes above, two (in modules SPS5-3 and SPS6-2, learning outcome 5) do not fall within the definition of the QAA Framework around critical evaluation. Processes related to referrals, and the role of the multi-disciplinary team (MDT), are not arguments, assumptions, abstract concepts or data which can be critically evaluated, as defined through the QAA Framework.

For clarity, this is an example of the gap in the education provider’s evidence and reasoning. The education provider has not reasoned through how each would be demonstrated by learners through, or on completion of, the programme.

From their review, the programme was a series of modules with limited interaction between them. This meant learning and knowledge was not introduced and developed across the programme. From the condition’s response, the visitors were unable to identify any philosophical underpinning which influenced the design and focus of the curriculum and assessment. The paramedic role is wide reaching (and growing) and programmes are required to deliver the SOPs at a threshold level. The level of qualification is an important consideration in ensuring this is the case.

The visitors were unclear about whether the programme team and/or external advisors, had the required pedagogical skills to design programmes which demonstrated the SOPs at Level 6, as per the QAA Framework. From their review of the programme, there was no evidence of internal/external oversight or quality assurance during the development, and finalisation, of the learning outcomes and assessment methods.

The programme documentation is lacking clarity about how the learning outcomes, and therefore the programme, is delivered and assessed at the academic level required of Level 6 of the QAA Framework. This links to concerns identified in the following requests for additional evidence.

The visitors therefore remained unclear about how the education provider met the following SETs:

- 1.1 The Council normally expects that the threshold entry routes to the Register will be bachelor degree with honours for paramedics

The visitors therefore require the education provider to demonstrate how the programme will be delivered at or equivalent to the academic level required for entry to the Register (Bachelor degree with honours) as defined in the QAA Framework. This should include how and why the education provider has arrived at the decisions it has made, including clearly defining their own philosophical and pedagogical approach to designing the programme in line with the QAA framework, and how this has been evaluated to be the case.

The visitors therefore consider the condition linked to the above standard has not been met. The HCPC will visit the education provider to meet with a range of stakeholders to discuss how these standards are met. Following these meetings, updated documentation will be required to provide written evidence.

3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective practice.

3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

Condition: The education provider must demonstrate how they ensure there is an adequate number of appropriately qualified and experienced staff to deliver and assess learning outcomes at a Bachelor degree with honours level.

Reason condition not met at this time: The visitors received a Breakdown of the Education Delivery Team outlining how many individuals across the roles, are required in the first 4 years (Full Time equivalent ((FTE)) of delivery. In the first year, this includes:

- academic staff (two module leads and one tutor);
- administrative staff (practice facilitator and support); and
- guest lecturers (such as midwives, doctors and mental health nurses).

In total, this confirmed there will be three FTE teaching staff for 30 learners. The education provider also submitted a document summarising the staff and their expertise. This included a total of eight individuals. From the brief information in the summary document about the expertise of these individuals, the visitors were unable to tally the two documents to understand whether there was an adequate number of staff for the number of learners. At a basic level, there was a lack of clarity about the number of academic staff required, or available, to effectively deliver the programme.

In addition, two of the indicated staff in the summary document, were not in FTE roles and one of these, appeared to be a nurse guest lecturer. The remaining six individuals were in FTE posts and were module leads, and in many cases, also practice educators. This summary did not show who the module leads for SPS5-3 (Patient centred care) and SPS5-4 (Evidence Based Paramedic Practice) are. Both these modules are in the first year and there was a lack of clarity about when these roles would be filled. In addition, there was no indication the current academic staff had the knowledge, skills and capacity to teach across the full programme and be a practice educator.

The education provider also provided a Paramedic Programme Workforce People Plan 2024-2030. This included a Skills matrix/Development of tutor team chart. This outlined there will be a Senior Tutor (Programme Lead), HCPC Paramedics and Tutors along with the minimum and desirable requirements for the roles. In addition, continuing professional development (CPD) was outlined for each role.

The visitors noted that none of these roles had a minimum requirement of a formal Level 5 or Level 6 teaching qualification upon appointment. The Senior Tutor and

HCPC Paramedic roles required experience of teaching or a lower teaching qualification level. For example, the Senior Tutor role required 12 months tutor experience delivering Level 7 rather than requiring a teaching qualification. The desirable criteria stated “working towards significant experience of L6 curriculum development (5 years FTE +)”. The minimum requirement for the HCPC Paramedic role was a Level 4 teaching qualification with 12 months Level 6 experience. The table outlined it is essential for this role to achieve a Level 5 teaching qualification in the first year. Tutors are required to gain a Level 4 teaching qualification in the first year of employment. At no point in this table, is the teaching qualification level required of tutors expected to increase to the level to effectively deliver and assess a BSc (Hons) qualification as set out by the QAA Framework.

Specifically relating to guest lecturers, it was clear they would be involved in the programme. The Breakdown of the Education Delivery Team table outlined, that in the first year, there will be 5 FTE guest lecturers. There is no reference to them in the skills matrix and only one nurse was outlined in the summary document of the eight academic staff (equalling 0.1 FTE). While there is an outline of this individuals experience, there is no reference to how they, or other potential guest lecturers, will be involved in the delivery of the programme. The visitors were also unclear about what the education provider expected their experience to be and how they would be supported to assist in the effective delivery of the programme.

In summary, there was a lack of clarity about how the planned and recruited staff would be able to teach and assess the learning outcomes so learners could successfully meet the SOPs. This was in relation to the numbers (capacity) of academic staff and their teaching qualifications.

The visitors therefore remained unclear about how the education provider met the following SETs:

- 3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective practice.
- 3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

The visitors therefore consider the condition linked to the above standards has not been met. The HCPC will visit the education provider to meet with a range of stakeholders to discuss how these standards are met. Following these meetings, updated documentation will be required to provide written evidence.

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.

6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.

6.5 The assessment methods used must be appropriate to, and effective, at measuring the learning outcomes.

Reason condition not met at this time: The education provider must demonstrate that the learning outcomes are appropriately set, and assessed, to enable learners to achieve the SOPs for paramedics.

Reason: The visitors received the fully redrafted module descriptors and mapping documents in response to the condition. They recognised the reduction in the number of learning outcomes within each module. The visitors also noted the increased use of language (for example, critical evaluation) as used by the descriptors in the QAA Framework for a Bachelor's degree.

The following areas were highlighted in the original condition:

- There was lack of clarity about how learner knowledge and understanding would be developed through the programme, with the education provider appearing to consider learning as a set of skills to be delivered, rather than knowledge to be developed over time by a future autonomous professional.
- Linked to the above point, the assessment criteria were not specific to the academic level of relevant modules, which would make it difficult for those undertaking the programme and assessing competence to understand what needs to be achieved.
- The number of assessment criteria was high for some modules, meaning (similarly to the above) that it would be difficult for those undertaking the programme and assessing competence to understand what needs to be achieved.

There remained limited evidence of how learners would develop and demonstrate their knowledge across the Level 5 modules of the programme. For example, knowledge and understanding contained within Level 5 modules was not developed further in Level 6 modules. This meant that learning was solely introduced and assessed within the same module. The visitors therefore considered the programme was a series of modules that had limited interaction with each other. Therefore, it did not deliver a programme of study for a future autonomous professional.

For example, SOP 4.4: Make and receive appropriate referrals, where necessary. The table below outlines the modules and learning outcomes which the education provider had mapped SOP 4.4 to.

Module title	Learning outcomes
SPS5-1 – Foundations of Paramedic Practice	1 - Apply and evaluate a range of evidence-based communication and clinical assessment strategies required for the safe and effective assessment, diagnosis and management of a variety of acute, chronic and undifferentiated diagnoses 2 - Demonstrate the ability to utilise clinical judgement, reasoning, and critical decision making skills for safe and effective care to diverse communities, individuals and families across the lifespan

	<p>3 - Provide safe and effective evidence based emergency and critical care to patients in a variety of unpredictable situations, maintaining excellence in communication, clinical assessment and management</p> <p>5 - Demonstrate a holistic, reflective and proactive model of care required for professional practice, recognising, respecting and applying the evidence-based principles of human factors, professionalism, law and ethics</p>
SPS5-3 – Patient centred care (or Patient centricity in paramedic practice)	<p>1 - Critically evaluate the processes associated with safeguarding, safety netting, referrals, planning and evaluating care and patient centric interventions</p> <p>2 - Evaluate the communication strategies required for responsive, pre-emptive and patient centric clinical management in a range of situations across the lifespan, maintaining confidentiality and responding appropriately to the capacity of the patient</p> <p>3 - Understand the multifaceted role of the paramedic in MDT communication., teamwork, resource management and coordination of care</p>
SPS6-1 – Paramedic Practitioner	<p>1 - Demonstrate readiness for autonomous practice as an HCPC registered paramedic practicing within their scope of practice and within professional, legal and ethical frameworks for practice</p> <p>2 - Demonstrate the ability to perform autonomous clinical assessment and interpretation of diagnostic data, to plan, deliver and evaluate evidence based clinical interventions across the lifespan</p> <p>3 - Demonstrate clinical judgment, reasoning, and decision-making skills. Applying evidence based clinical guidelines and protocols and providing safe and effective care in situations which range from minor and simple to complex and uncertain</p> <p>4 - Demonstrate knowledge and skill in the clinical and operational management of major illness, injury, and incidents, applying the relevant technical and specialist skills to facilitate appropriate pre-hospital care</p> <p>5 - Provide situational leadership to coordinate care, manage clinical incidents and coordinate the clinical team in response to situations in practice requiring professional intervention</p>
SPS6-2 – Sociodemographic determinants of health	<p>1 - Explain the evidence based impact of culture, equality, diversity and complex societal influences on health, illness, and injury together with the relevant professional communication strategies needed to support a range of clinical scenarios</p> <p>2 - Demonstrate a practical and theoretical application of legislation, law, morals, ethics, and professionalism in relation to the provision of holistic care in paramedic practice</p>

From the example above, the visitors considered referrals would be taught, developed and assessed via learning outcome 1 of module SPS5-3. It was unclear to them how referrals would be delivered and assessed in the other indicated modules. As such, the visitors were unable to identify how learners would be

introduced to and start to develop knowledge about referrals earlier in the programme. The visitors recognised this was a Level 5 module which required learners to “critically evaluate” the processes associated with referrals. Critical evaluation is a descriptor of Level 6 learning and knowledge (as per the QAA Framework). This does not restrict this knowledge level being developed earlier in a programme. However, there was a lack of clarity about how learners would be able to demonstrate appropriate knowledge, understanding and experience in this area without demonstrable prior learning.

Continuing to use the learning outcomes in the example above, the visitors noted the scope of some learning outcomes was broad. This meant they were unable to determine the specific knowledge and understanding being taught, developed and assessed by the learning outcome and associated assessment method. For example, module SPS6-1 which is a Level 6 practice-based learning module. Specifically referring to learning outcome 1, the visitors were unclear how practice educators (signing the Practice Assessment Document ((PAD)) would understand the exact requirements of the module to understand how to appropriately assess the learners demonstrating the learning outcomes, and therefore the SOPs. This could mean that two learners demonstrated and are measured against different competences while in practice-based learning. The visitors were therefore unclear about how the learning outcomes and assessment methods would guarantee the achievement of the SOPs.

The centralised understanding of the service user to enable achievement of the SOPs was also covered in the original condition. In response to this, the visitors highlighted SOP 5.3 - recognise the potential impact of their own values, beliefs and personal biases (which may be unconscious) on practice and take personal action to ensure all service users and carers are treated appropriately with respect and dignity.

They appreciated this SOP was not highlighted in the original condition. Due to the redrafting of the module descriptors and learning outcomes, the visitors reassessed the learning outcomes and assessment methods of the full programme and identified this example.

For this SOP, the visitors were directed to some of the same learning outcomes in the table above – for example learning outcome 1 of modules SPS5-3 and SPS6-1. The commentary relating to SOP 4.4 also applies to the centralised understanding of the service user (appropriateness, and broad nature, of the learning outcomes respectively). As such, across the programme, the visitors were unable to identify how learners would be taught, developed and assessed on their recognition of personal biases and beliefs in order to take personal action to avoid these in practice.

As the above areas impact the learning outcomes and assessment of SOPs, the visitors remained unclear about how the education provider met the following SETs:

- SET 4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.

- SET 6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.
- SET 6.5 The assessment methods used must be appropriate to, and effective, at measuring the learning outcomes.

The visitors therefore consider the condition linked to the above standards has not been met. The HCPC will visit the education provider to meet with a range of stakeholders to discuss how these standards are met. Following these meetings, updated documentation will be required to provide written evidence.

4.8 The delivery of the programme must support and develop evidence-based practice.

Condition: The education provider must demonstrate that evidence-based practice is delivered and assessed at the academic level required to deliver the standards of proficiency (SOPs) for paramedics.

Reason condition not met at this time: The visitors noted the module SPS5-4 (Evidence Based Paramedic Practice). This contained five learning outcomes for learners to demonstrate/discuss research and evidence-based practice.

Elsewhere in this request for additional documentation to meet the conditions, it has been noted:

- Academic staff do not have the teaching qualifications to deliver learning at the level required for a BSc (Hons) programme and Level 6 of the QAA Framework.
- There was no module leader indicated for this first year module.
- It is unclear whether the currently appointed academic staff have the skills, knowledge or capacity to deliver this module to the required academic level.

As such, the visitors were unable to determine whether evidence-based learning would be delivered and assessed at the academic level required of the SOPs. The visitors therefore remained unclear about how the education provider met the following SET:

- 4.8 The delivery of the programme must support and develop evidence-based practice.

The visitors therefore consider the condition linked to the above standard has not been met. The HCPC will visit the education provider to meet with a range of stakeholders to discuss how these standards are met. Following these meetings, updated documentation will be required to provide written evidence.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate how they ensure there is an adequate number of appropriately qualified and experienced staff to deliver and assess learning outcomes in practice-based learning.

Reason condition not met at this time: The visitors received a Paramedic Programme Workforce People Plan 2024-2030. The document clearly stated the minimum skills and knowledge required by practice educators. Within this document, they could also clearly see the numbers of practice educators (per placement location) the education provider plans to have in place over the first 4 years of the proposed programme. In addition, the plan outlined how many Clinical support staff (per placement location) would be required. This indicated Clinical support staff can sign off the Practice Assessment Document (PAD).

However, the visitors were unclear of the process in place to ensure there were sufficient individuals in place who had the required knowledge, skills and experience. For example, they were unable to identify the reasoning why the education provider had determined:

- Five practice educators (per placement location) would be sufficient for Year 1. This figure would increase by five (per placement location) each year.
- Practice educators must be a “Registered HCPC Paramedic, NMC Nurse or GMC Doctor post and preceptorship AND formal mentorship training”.
- Clinical support staff must be a “Registered HCPC Paramedic, NMC Nurse or GMC Doctor post and preceptorship”.

As part of this plan, the education provider outlined desirable criteria and continuing professional development (CPD) for practice-based learning staff. For example, for practice educators it was desirable for them to have a “Cert Ed/PGCE or assessors award” and for clinical support staff to have “Mentorship training”. In terms of CPD, both roles were outlined as undertaking a range of human resources courses, such as line management skills development and diversity and inclusion awareness. This continuing development did not include programme specific development. From this the visitors were unclear about how the education provider ensured practice-based learning staff had the knowledge and understanding of the proposed programme. For example, how the practice educators had the necessary knowledge and understanding to assess and sign the PAD in module SPS6-1 and learning outcome 1.

In addition, the visitors were cognisant this information was contained within a plan for 2024-2030. This, together with the lack of clarity around the process, meant the visitors were unclear about the timeframes in relation to if, or when, these practice-based learning staff were/would be in place for the start date of the proposed programme.

The visitors therefore remained unclear about how the education provider met the following SETs:

- 5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.
- 5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

The visitors therefore consider the condition linked to the above standards has not been met. The HCPC will visit the education provider to meet with a range of stakeholders to discuss how these standards are met. Following these meetings, updated documentation will be required to provide written evidence.

Reason for visit

Our quality assurance model allows us to undertake different quality activities based on the level of risk attached to the areas for investigation. When areas for investigation are determined to be higher risk (such as when conditions have not been met through documentary means), we must consider how best to gather the evidence needed to demonstrate how the standards are met.

As such, we undertook a visit to:

- speak to multiple participants, in a back and forward exchange to allow good triangulation of information.
- ensure we gain a 'sense' of issues which might not come out from virtual meetings or documentary evidence.
- seek and gain assurances about how the programme meet our standards.

Face-to-face meetings were the most appropriate activity method to allow open and transparent conversations relating to the outstanding conditions.

Conditions not met – recommendation for non-approval

During the visit we met with the following stakeholders, face to face and/or through hybrid meetings:

- Senior team.
- Programme team, including the Internal Quality Assessor and External Examiner.
- Practice educators, including the Placement Facilitator.
- Learners from the previously approved programme.

We did not receive any additional documentary evidence prior to the visit or revised module descriptors at the visit. Therefore, the terminology, learning outcomes and assessment methods remain the same as the last documentary submission ([outlined above](#)).

From a review of all available information, including discussions at the visit, the visitors were not satisfied that the following conditions on approval were met.

1.1 The Council normally expects that the threshold entry routes to the Register will be bachelor degree with honours for paramedics.

Condition: The education provider must demonstrate how the proposed programme meets the academic qualification level for a Bachelor degree with honours, as set out in section 4.5 of the QAA Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies⁶.

Reason condition not met: Through the conditions and visit, we required the education provider to demonstrate how the proposed programme will be delivered at, or equivalent to, the level of qualification required by our standards (Bachelor degree with honours) as defined by the QAA Framework. We required the education provider to demonstrate why they had arrived at the decisions it has made, including clearly defining their own philosophical and pedagogical approach to designing the programme in line with the QAA framework, and how this has been evaluated to be the case.

At the visit, the senior team explained their philosophy. They outlined how their previously approved programme had successfully been approved by the HCPC. They recognised this qualification was equivalent to Level 4 on the QAA Framework. They had received positive feedback from learners about the journey they had been on and could identify individuals who successfully completed the programme, and who had gone on to achieve Band 7 or 8 in the NHS pay scale. Due to the change to SET 1 of the HCPC standards which enhanced the level of entry to the Register from a Certificate of Higher Education (Level 4) to a Bachelor degree with honours (Level 6), the previous programme could not continue to be delivered or approved by us. However, they believed there remained a market in the region and the proposed programme would develop paramedics who would be capable to move into other areas wider than the traditional paramedic role. The senior team outlined why they wanted to develop the proposed programme. However, they did not identify their underpinning philosophy which influenced the design and focus of the curriculum. The visitors therefore remained unclear about the reasoning behind the learning outcomes and assessment methods, and how these were equivalent to a Level 6 programme defined by the QAA Framework.

The senior team also outlined the process they had undertaken to develop the proposed programme. During the initial design process, they considered the requirements of the Office of Qualifications and Examinations Regulation (OFQUAL) and HCPC. After the first round of quality activities, they sought external support from an individual with experience within a Higher Education Institute (HEI). They stated this was to help them benchmark the proposed programme to the equivalent of a Level 6 programme in the QAA Framework.

The External Examiner attended the programme team meeting. They outlined their background as a nurse and work in a HEI. They explained how they had been working with the education provider. They were responsible for oversight from a quality assurance perspective. This included ensuring that a robust plan was in place

⁶ [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies \(qaa.ac.uk\)](http://qaa.ac.uk)

to address any educational gaps and to operationalise the quality assurance mechanisms. For example, this included reviewing scripts, setting up study boards and ensuring the learning outcomes/experience were commensurate with local provision. Going forward, they would be involved in the programme in a more traditional External Examiner role. The visitors were unclear how, and the extent to which, the External Examiner had been involved in the design of the programme. For example, in the development, and finalisation, of the learning outcomes and assessment methods. They were therefore unclear about if the External Examiner had provided external oversight within this development phase.

Across the meetings, we learnt about the following new quality assurance mechanisms which were either in development or had been developed and were waiting for the programme to be approved;

- Education Advisory Group – made up of occupational psychologists, doctors, nurses, dentists and midwives. The group will provide advice and guidance to keep the programme up to date with current practice. There was uncertainty about how often this group would meet.
- Module Lead meeting – to provide internal scrutiny through peer review.
- Module Boards – internal meetings to ensure learners can progress on to the next module.
- Assessment Boards/Progression Boards – to ensure learners can progress between the Level 5 and 6 academic learning. Also, to determine if the learners can be awarded the programme upon successful completion.

The visitors recognised these developments could help to ensure ongoing quality of a programme and the effective delivery of the learning outcomes and assessment methods. However, none of these meetings/quality assurance activities had been in place during the development of the programme. The visitors remain unclear how the education provider had evaluated the proposed programme to ensure it delivers the learning required to meet the equivalent of a Level 6 qualification.

In summary, the education provider did not demonstrate how the learning outcomes, and therefore the programme, will be delivered and assessed at the academic level required of Level 6 of the QAA Framework. From a review of all available information, including discussions at the visit, the visitors were not satisfied that the following standard was met:

- 1.1 The Council normally expects that the threshold entry routes to the Register will be bachelor degree with honours for paramedics.

3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective practice.

3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

Condition: The education provider must demonstrate how they ensure there is an adequate number of appropriately qualified and experienced staff to deliver and assess learning outcomes at a Bachelor degree with honours level.

Reason condition not met: We met with the programme team, which included three module leaders. These individuals are responsible for the following modules:

- SPS5-1 – Foundations of Paramedic Practice
- SPS6-3 – Leadership and Management in Paramedic Practice
- SPS6-4 – Contemporary issues in Paramedic Practice

Adequate number

In the last documentary submission, we received the curriculum vitae's (CVs) of the above module leaders. These stated each module leader was employed in a 1.0 Full Time Equivalent (FTE) capacity for the education provider, while also being employed as a practice educator and/or at another HEI. The module leaders explained how, for the previously approved programme, they had delivered the academic content in blocks. This meant they could deliver the programme around their other commitments. As this would be the same delivery model for the proposed programme, they did not anticipate there being any difficulties in doing this again.

We heard from an ambulance trust there would be quarterly tri-partite meetings with each learner. These meetings would be between the education provider, learner and practice educator. From discussions between the module leaders, it was clear the frequency and timing of the tri-partite meetings, had not been finalised, though there was a suggestion that three meetings would be held. There was no indication of the timescale over which these would be held. The ambulance trust stated there would be 25 learners across the four years of the programme. However, the programme documentation, stated there would be 15 learners per cohort, twice a year. Considering the delivery model of academic learning, the visitors were unclear how the module leaders would be available to support the tri-partite meetings, irrespective of how many meetings were agreed upon and how many learners these were for. The visitors therefore remained unclear about whether there was an adequate number of academic staff to effectively deliver the programme.

As outlined within the original condition, we did not know who the module leaders were for the SPS5-3 (Patient centred care) and SPS5-4 (Evidence Based Paramedic Practice) modules. We did not receive clarification or CV's relating to these modules prior to, or during, the visit. Both are Level 5 modules and would be delivered within the first two years.

In the original condition, we noted guest lecturers would be involved in the programme. We did not meet with any guest lecturers during the visit. The practice educators confirmed they had a long-established relationship with the education provider and would be able to provide practice-based learning opportunities. They also confirmed they would not be involved in teaching. The programme team explained external experts would be involved. For example, researchers and librarians would support evidence-based practice teaching/learning. Other experts would be brought in as and when they were needed. However, these arrangements had not been finalised. The visitors were unable to determine how guest lecturers would be involved in the delivery of the programme. The visitors also remained unclear about what the education provider expected their experience to be and how they would be supported to contribute to the effective delivery of the programme.

Appropriate qualifications and experience

We discussed with the senior team how the module leaders would be able to deliver learning outcomes which required learners to “critically evaluate” within the first year of the proposed programme (SPS5-3 – Patient centred care). Demonstrating critical evaluation is a Level 6 qualification outcome with the QAA Framework. The senior team stated that “scaffolding” would be in place to support module leaders. This included the spiral curriculum to underpin knowledge and close 121 support. They did not expand further upon what was meant by “scaffolding” and how this would support module leaders in delivering a Level 6 learning outcome in the first year of the proposed programme. The senior team stated the module leaders have the pedagogical skills to deliver the learning to the appropriate academic level.

From the Paramedic Programme Workforce People Plan 2024-2030 and CVs received in the last documentary submission, none of the module leaders had a formal Level 5 or Level 6 teaching qualification upon appointment. The senior team confirmed the delivery model of the programme would be part-time over four years. They recognised the learners and programme team were “on a journey” to achieve Level 6 knowledge and the programme team had two years to do this before needing to deliver the relevant Level 6 modules. This message was repeated by the programme team. The module leaders confirmed that, subject to HCPC approval of the proposed programme, they were due to start Pg Certificates or Pg Diploma’s in September 2024. These teaching qualifications could be completed before the delivery of the Level 6 modules, thus providing the module leads with sufficient opportunity to gain appropriate teaching knowledge to deliver the Level 6 modules. However, the education provider did not define how the module leaders would be able to deliver the first-year modules to the necessary Level 5 academic level considering none currently have higher than a Level 4 teaching qualification. The visitors were therefore not satisfied that module leaders would have the necessary knowledge and skills to deliver Level 5 modules. This evidence demonstrates, the module leaders do not have the pedagogical skills necessary to start teaching the programme when it is planned to commence. This reinforced that the programme was a series of modules which developed a series of skills rather than linking learning across modules to develop knowledge across the programme.

In summary, the education provider did not demonstrate how the planned and recruited staff would be able to teach and assess the learning outcomes so learners could successfully meet the SOPs. This was in relation to the numbers (capacity) of academic staff and their teaching qualifications. From a review of all available information, including discussions at the visit, the visitors were not satisfied that the following standards were met:

- 3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective practice.
- 3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.

4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.

6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.

6.5 The assessment methods used must be appropriate to, and effective, at measuring the learning outcomes.

Condition: The education provider must demonstrate that the learning outcomes are appropriately set, and assessed, to enable learners to achieve the SOPs for paramedics.

Reason condition not met: The most recent documentary submission, including updated module descriptors, was received in response to the last round of conditions. We did not receive any additional or updated information relating to the module descriptors, immediately prior to, or at, the visit. The following areas were highlighted in the original condition:

- There was lack of clarity about how learner knowledge and understanding would be developed through the programme, with the education provider appearing to consider learning as a set of skills to be delivered, rather than knowledge to be developed over time by a future autonomous professional.
- Linked to the above point, the assessment criteria were not specific to the academic level of relevant modules, which would make it difficult for those undertaking the programme and assessing competence to understand what needs to be achieved.
- The number of assessment criteria was high for some modules, meaning (similarly to the above) that it would be difficult for those undertaking the programme and assessing competence to understand what needs to be achieved.

From discussions at the visit, there remained limited evidence of how learners would develop and demonstrate their knowledge across the two years (four years part-time) of the programme. For example, the senior team confirmed they were discussing the learning outcomes and assessment methods with the module leaders so that it “looks and smells like a degree”. When speaking to the module leaders, we learnt they had recently been assigned the modules and had not been involved in the design or development of the proposed programme. They clarified that some initial discussions had taken place with the senior team. For example, the Level 5 module leader stated discussions had been held about bridging the gap between academic and practice-based learning and how they develop evidence-based practice.

From the programme team meeting, there remained uncertainty about how the academic content would be delivered and assessed across the proposed programme. For example:

- For the Level 6 SPS6-3 module, the module leader confirmed, that in the previous approved programme, there had been some flexibility about when the assessments would be undertaken. The dates had been agreed in negotiation with the learners. They were unclear if this would be the same for the proposed programme.

- For the Level 6 SPS6-4 module, the module leader stated the first week of academic learning would be “intense” and had not been “specifically planned as yet”.
- In general, the module leaders confirmed there was some flexibility to create their own assessments. These would have to be verified by the External Examiner to ensure all the learning outcomes were met. The development of assessments was in the early stages.
- The External Examiner confirmed that bi-annual quality assurance processes would be reviewed, and if necessary, rectify assessments. As this was a proposed new programme, more time would be needed to determine if the assessments demonstrated what was needed.

The visitors recognised two of these examples were from the Level 6 modules of the proposed programme, and therefore would not be delivered until two years after the first intake. We also heard how the programme team “will be implementing a spiral curriculum” so the modules would link together. This demonstrated to the visitors, there was uncertainty across the programme and amongst the delivery team. When approving a programme, we must assess the programme which will be delivered. We therefore require the programme learning outcomes and associated assessment methods, to be finalised across the duration of the programme. It was clear, this was not the case for this programme, and therefore, the visitors were unable to determine the specific assessment methods, number and timing of assessments, to ensure they were effective at assessing the competences to the academic level required.

We were unable to explore how the programme would deliver the knowledge necessary to demonstrate the equivalent of a BSc (Hons) degree with the module leaders. This was because the module leaders currently have a Level 3 or 4 teaching qualification, we were unable to explore in detail how they would deliver learning and assessment at a level commensurate with Level 5 and Level 6 of the QAA Framework. As outlined against SETs 3.9 and 3.10, the module leaders confirmed that, subject to approval of the proposed programme, they would be starting Pg Certificates or Pg Dip qualifications in September 2024. These would provide them with the teaching qualifications necessary to deliver Level 6 learning and assessment. However, the education provider did not define how the module leaders would be able to deliver the first-year modules to the necessary Level 5 academic level. The visitors were therefore unable to determine how module leaders would have the necessary knowledge and skills to deliver Level 5 modules. This evidence therefore demonstrates, the module leaders do not have the pedagogical skills necessary start teaching the programme. This reinforced that the programme was a series of modules which developed a series of skills rather than linking learning across modules to develop knowledge across the programme.

As outlined against the SETs 4.1, 6.1 and 6.5, we noted learning outcome 1 for module SPS6 -1. This stated “Demonstrate readiness for autonomous practice as an HCPC registered paramedic practicing within their scope of practice and within professional, legal and ethical frameworks for practice.” This learning outcome is wide reaching. From a review of all available information, including discussions at the visit, the visitors were not satisfied that practice educators would understand the exact requirements within the Practice Assessment Document (PAD) to appropriately assess learners against the competences and therefore the SOPs.

Through the approval process, we asked the education provider to map their programme against the revised standards of proficiency (SOPs). Through the quality activities and conditions response, we sought clarification about the centralised understanding of the service user. We asked the senior team about how they had introduced the revised SOPs into their programme, as we were cognisant the SOPs had changed during this approval process. They outlined how they ensured safeguarding teams and policies were in place. Through discussions, we clarified the revised SOPs required learners to be taught about, and assessed upon, the SOPs relating to the centralised understanding of the service user, rather than ensuring policies and processes are in place.

The education provider did not demonstrate how learners would develop and demonstrate their knowledge across the proposed programme. The visitors therefore continued to consider the programme was a series of modules that had limited interaction with each other and which did not deliver a programme of study for a future autonomous professional.

From a review of all available information, including discussions at the visit, the visitors were not satisfied that the following standards were met:

- 4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.
- 6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.
- 6.5 The assessment methods used must be appropriate to, and effective, at measuring the learning outcomes.

4.8 The delivery of the programme must support and develop evidence-based practice.

Condition: The education provider must demonstrate that evidence-based practice is delivered and assessed at the academic level required to deliver the standards of proficiency (SOPs) for paramedics.

Reason condition not met: The most recent documentary submission, including updated module descriptors, was received in response to the last round of conditions. The visitors did not receive additional documentation or evidence either immediately prior to the visit, or at the visit.

Elsewhere in this report, it outlines:

- There is uncertainty about how learning outcomes and assessment methods will be delivered. It is clear the curricula and assessments have not been finalised across the full programme. For example, the module leaders stated they will be introducing a “spiral curriculum” to develop and build upon knowledge, skills and experience throughout the programme.

- Academic staff do not have appropriate teaching qualifications to deliver the Level 5 modules at the start of the proposed programme. Currently, no module leader has higher than a Level 4 teaching qualification.
- Academic staff do not have appropriate teaching qualifications to deliver learning at the level required for a BSc (Hons) programme and Level 6 of the QAA Framework. Subject to successful approval of the proposed programme, academic staff would undertake the required teaching qualifications over the first two years of the part-time delivery.
- There remains no module leader for the first-year module (SPS5-4 ((Evidence Based Paramedic Practice)).
- It remained unclear whether the currently appointed academic staff have the skills, knowledge and capacity to deliver module SPS5-3 to the required academic level. For example, if it is not possible to appoint an appropriately qualified and experienced module leader in time.

The education provider did not demonstrate how evidence-based practice would be delivered and assessed at the academic level required of the SOPs. From a review of all available information, including discussions at the visit, the visitors were not satisfied that the following standard was met:

- 4.8 The delivery of the programme must support and develop evidence-based practice.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Condition: The education provider must demonstrate how they ensure there is an adequate number of appropriately qualified and experienced staff to deliver and assess learning outcomes in practice-based learning.

Reason condition not met: We met with representatives from a local Ambulance trust and an Acute trust, plus the Practice Facilitator. It was clear from discussions that both organisations had long-standing relationships with the education provider. They provided practice-based learning opportunities for the previously approved programme. These organisations also offer practice-based learning opportunities for two other HEIs in the region. Both organisations confirmed they had not had any problems hosting learners from the education provider previously. This was in terms of numbers/capacity and learner knowledge going into the practice-based learning site.

The Ambulance trust outlined they had a service level agreement (SLA) in place regarding the capacity of practice-based learning which included access to an appropriate number of practice educators. The Acute trust outlined there were “lots of skilled practice educators and supervisors” available and through discussions with the education provider, they ensured capacity of sites and practice educators. The Practice Facilitator outlined how they managed the spreadsheet to monitor practice-

based learning sites and any pinch points. This potentially required ongoing adjustments and they held monthly meetings practice-based learning sites, if necessary. While both organisations had not previously had any problems hosting learners from the education provider, we received limited clarification about the formal process used by the education provider to ensure an adequate number of appropriately qualified and experienced individuals.

The Ambulance trust outlined how their practice educators are required to be a Paramedic at Band 6 of the NHS pay scale and have completed their internal mentor programme. The Acute trust confirmed their practice educators meet the Nursing and Midwifery Council (NMC) requirements for supervisors/mentors. This information partially supported the education providers statement in their Programme Workforce People Plan 2024-2030 statement:

- Practice educators must be a “Registered HCPC Paramedic, NMC Nurse or GMC Doctor post and preceptorship AND formal mentorship training.

However, we received no further information about the internal mentor programme offered by the Ambulance trust. For example, if it had been assessed/validated by the education provider to ensure practice educators would meet their expectations. The visitors were unclear what the education provider considered to be formal mentorship training.

In the last documentary submission, we learnt that Clinical support staff could sign competences in the practice assessment document (PAD). Throughout the discussions at the visit, practice educators and supervisors were discussed. Clinical support staff were not mentioned. In the education provider’s Programme Workforce People Plan 2024-2030, this role is a key part of the support available for practice-based learning at each site and was notable by its absence during conversations. The visitors were unable to determine how this role would be involved and what the expectations were of them in terms of ensuring safe and effective learning within practice-based learning.

The condition discussed how the continuing development for practice educators does not include references to programme specific development. Across the meetings, there was limited information about how the education provider ensured practice educators understood the specific requirements of the proposed programme. It was clear two HEIs operate within the same geographical region and both organisations host learners from these HEIs. Therefore, it is necessary for the education provider to clearly set out what they expect from practice educators in terms of their proposed programme. Both organisations confirmed the practice educators had received a copy of the handbook for the programme. This would be supplemented by an online portal (hosted by the organisation not the education provider) where appropriate information could be viewed, such as the Ambulance trust specific newsletters.

The programme team confirmed they might have to do a “little induction” for the practice educators to the programme, though it was a PAD. The programme team stated there would be a drop-in day for practice educators quarterly. No further information was received. We therefore did not receive information about how the education provider ensured practice educators had the programme specific

information and knowledge to be able to assess learners effectively and appropriately.

As an example, module SPS6-1 Paramedic Practitioner, learning outcome 1. This learning outcome is wide reaching, and the visitors remained unable to determine how practice educators would understand the exact requirements within the PAD to appropriately assess learners against the competences and therefore the SOPs.

The education provider did not demonstrate the process in place to ensure an adequate number of practice educators. Nor the timeframe in relation to if, or when, these practice-based learning staff would be in place for the start date of the programme. From a review of all available information, including discussions at the visit, the visitors were not satisfied that the following standards were met:

- 5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.
- 5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

Additional issues linked to our standards identified at the visit

During the stakeholder meetings, we received information about the following standards. We have outlined these areas as we now have further concerns linked to these standards being met, based on our conversations at the visit. We have not explored these areas in detail in this section, and this is not a formal further review request. We are providing information linked to these standards to help illustrate problems with the readiness of the proposed programme.

3.2 The programme must be effectively managed.

From the senior and programme team meetings, we heard how the modules had recently been assigned to the module leads. The module leaders confirmed some discussions had taken place with the senior team to understand how to deliver the modules. They also confirmed they had not had sufficient time yet to understand and design the modules and assessments across the proposed programme.

As outlined earlier in the report (SETs 3.9 and 3.10), the module leaders did not have the appropriate teaching qualifications to deliver a Level 5 or Level 6 academic qualification. Across the programme, we heard about policies and processes which were in draft form, waiting for approval of the proposed programme. Some of these related to quality assurance, progression, support for practice educators and learners, and assessments. When approving a programme, we must assess the programme which will be delivered. We were therefore concerned that the policies and processes to ensure effective management of the proposed programme, were not in place.

3.4 The programme must have regular and effective monitoring and evaluation systems in place.

As outlined earlier in the report (SET 1.1), we learnt about four new quality assurance mechanisms which were either in development or had been developed and were waiting for the proposed programme to be approved. These are directly linked to how the programme would ensure quality and effectiveness on an ongoing basis. When approving a programme, we must assess the programme which will be delivered. We therefore require the policies and processes, which ensure monitoring and evaluation systems are regular and effective, to be in place.

From the programme team meeting, it was clear the External Examiner had been involved in the operationalisation of the quality assurance mechanisms. We understood the External Examiner would be moving towards a more traditional External Examiner role and would no longer be involved in the detail of the quality assurance processes. The delivery team were unable to provide finalised information about:

- how they would work together to ensure learner knowledge is built across the programme.
- how the internal quality assurance mechanisms would work to allow appropriate assessment and progression between modules/years.

We were therefore concerned that the policies and processes to ensure regular and effective monitoring and evaluation of the proposed programme, were not in place.

3.5 There must be regular and effective collaboration between the education provider and practice education providers.

From the practice educator meeting, we heard differing views of how involved they had been in the development of the programme. The Ambulance trust outlined they had been consulted before the development of the proposed programme. They had not been consulted during the ongoing design and development. This standard requires education providers to have regular and effective collaboration with practice education providers. This includes partnership working to influence the way the programme, as a whole, is designed and delivered. We were therefore concerned that the policies and processes to ensure regular and effective collaboration of the proposed programme, were not in place.

3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

The Placement Facilitator attended the practice educator meeting. They stated their full-time role was to manage the relationship with the practice education providers. They outlined how they managed a spreadsheet to monitor practice-based learning sites and any pinch points. This potentially required ongoing adjustments and they held monthly meetings with practice-based learning sites, if necessary.

Practice educators talked about there being “some flexibility” which meant learners could have an individual “tailored” journey through practice-based learning and therefore the proposed programme. We were unclear about how the process manages different learner journeys through practice-based learning and how this ensures capacity for all learners and across the geographic context. We were

therefore concerned that the policies and processes to effectively ensure the availability and capacity of practice-based learning for the proposed programme, were not in place.

3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

The programme team outlined how learners would have access to the Apprenticeships Management System (APTEM) platform. Through this platform they would have access to the presentations and articles associated with their learning. In addition, learners would have access to Athens, which is a generic NHS library resource for individuals in England. Learners from the previous programme, confirmed they had been required to do a large amount of self-directed learning as they did not have access to journal databases. This meant they did a lot of “googling”. This standard requires programme resources are readily available to learners and educators and are appropriately utilised to support learning and teaching. We were therefore concerned that effective, appropriate and accessible resources for the proposed programme, were not in place.

3.13 There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.

Across the programme, we heard about how the proposed programme would be delivered over four years due to the part-time model. This meant there would be extended gaps between practice-based learning opportunities. From the Practice Facilitator, we were unable to identify how learners were supported during this time and before returning into the clinical environment. The Ambulance trust outlined that if a learner had been out of practice-based learning for “an extended period” (for example, due to sickness) they would undertake a short induction covering areas such as manual handling.

One module leader outlined how they would keep in touch with their learners, during the “consolidation weeks”. This would be through a messaging app and two tutorials. They would also maintain a Gantt chart to track the learner’s progression. It was not clear if this was the policy across the education provider. This standard requires there to be academic and pastoral support in place to help learners achieve and successfully complete a programme. We were therefore concerned that the policies and processes to ensure this for the proposed programme, were not in place.

6.7 The education provider must ensure that at least one external examiner for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.

From the programme team meeting, it was clear the External Examiner is a nurse and has been involved in operationalising the quality assurance policies and processes of the proposed programme. We normally expect the External Examiner to be registered with us. We recognise that in some circumstances there may be appropriately qualified and experienced individuals who are not on our Register. In

these circumstances, we require the education provider to provide information about their decision and how they made sure the individual was suitable.

We do not set guidelines about the role of the External Examiner. However, the QAA publish External Examining Principles⁷. In these principles, they outline that “External examiners perform an essential function in supporting this diversity of subjects, acting as constructively critical peers.” They go on to say External Examiners “...support course teams to ensure that students are assessed fairly and transparently by offering independent advice and support on modes of assessment and learning outcomes.”

While we do not require education providers to adhere to the QAA principles or other appropriate guidance, we ask where relevant, education providers take these into account when appointing and using External Examiners. These principles provide valuable guidance to assist in ensuring appropriate and effective external, independent, quality assurance processes.

The External Examiner has been involved in the design and development of the programme. This means they would not be acting in an independent capacity when undertaking the more traditional activities of the External Examining role. We were therefore concerned that the policy and processes for ensuring an appropriately qualified and experienced External Examiner for the proposed programme, were not in place.

Section 5: Decision on approval process outcomes

Assessment panel recommendation

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that the programme should not be approved.

In summary, the proposed programme has not been appropriately designed or sufficiently developed to successfully deliver individuals who would meet the standards of proficiency for paramedics at the appropriate academic level of the QAA Framework and therefore SET 1.1.

When we are asked to approve a programme, we review and assess the full programme. This includes all years of a programme across the academic and practice-based learning components. A number of the policies, processes, learning and assessment are still to be finalised in the proposed programme at the time of our final review through the visit.

We have been liaising with the education provider since November 2022 regarding the approval of the proposed programme. During the process, we have undertaken the following quality activities (as represented in this report):

⁷ QAA External Examining Principles - [External Examining Principles \(qaa.ac.uk\)](https://www.qaa.ac.uk/external-examining-principles)

- Quality activity 1 - this initial request for additional documentary evidence followed the visitors review of the Stage 2 (programme specific) submission. This request outlined 14 quality themes across 16 SETs.
- Executive quality activity - following receipt of the additional documentary evidence in response to Quality activity 1, the Executive reviewed the submission. We met virtually with the education provider to discuss gaps in the submission and asked for further information/evidence before a second visitor assessment was undertaken.
- Quality activity 2 - visitors reviewed the documentation received in response to the Executive quality activity. They recommended that six quality themes/ SETs had been demonstrated and required no further evidence relating to these. It remained unclear how the education provider met the remaining quality themes/SETs. The visitors recommended that conditions should be set on the proposed programme which needed to be met before it could gain approval. The November 2023 ETP agreed that conditions were necessary.
- Conditions – rounds 1 and 2 - five conditions, across nine SETs were set on the proposed programme. The education provider submitted additional documentation to demonstrate how these were met. They submitted two sets of additional evidence as the response to round 1, did not demonstrate, through this evidence, how any of the conditions had been met.
- Visit - we visited in July 2024 to discuss how the education provider considers the proposed programme meets the outstanding five conditions, across nine SETs. Based on the discussions at the visit, the visitors recommend that the nine SETs continue not to be met. In addition, we received information about SETs not outlined in the conditions which concerned us that those standards are not being met.

Based on the quality activities outlined above, the education provider has exhausted the opportunities to demonstrate how their proposed programme meets the SETs and delivers the standards of proficiency for paramedics at the academic level equivalent to Level 6 on the QAA Framework. As such, the visitors are recommending to the ETP that the programme is not approved.

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date	Last graduation
Medipro level 6 Paramedic Practice	FT (Full time)	Paramedic			01/03/2019	01/08/2024

Appendix 1: Observations on the Education and Training Committee decision from Medipro Limited

Received 28 October 2024

Summary Statement

In respect of the recent report detailing findings from the HCPC Visitors process to consider approval for a paramedic programme at MediPro Limited, the following document is provided in response to the ETCP report. It contains observations on the evidence comments and respectfully requests consideration of the decisions made. Comments made in this correspond to concerns raised regarding the visitor's report, as the inaccuracies and incorrect claims have yet to be refuted or acknowledged.

Whilst appreciating that this is a report, I feel that it would be remiss if I didn't begin by first expressing my dismay at having undergone such a lengthy approval process, having responded positively to feedback and suggestions in every instance, for it to conclude with such a poor summary of our program and organisation. Putting this aside, I will endeavour to focus on only facts for the rest of the document.

We find that this report is littered with inaccuracies and incorrect assertions, and the first I will address is the summary of Medipro itself.

On page 7 under the heading *'The education provider context'* it is stated that *'The education provider is based in the East of England'*.

We are not, and none of the documentation we have sent to you over the course of the approval has ever stated this. We have classrooms in this area, but it is not our head office, nor was it the suggested site for the approved program. You did not visit this site, you came to our location in the northeast. The notion that such a fundamental error would be made could indicate that this report was not given the full attention that it deserves.

After this, under the same heading, it is written,
'The education provider is a company that delivers a range of courses and qualifications aimed at the pre hospital training arena in areas such as Level 3 Certificate: Emergency Response Ambulance Driving or Pre Hospital Trauma Management.'

Although in effect true, we do deliver these courses, we find that focusing solely on them as an example of our experience and activity is grossly minimising. Medipro is a registered independent training provider that delivers a number of advanced pre-hospital programs aimed at medical professionals, but our main activity is training in the ambulance sector. To date, we have taught over 2000 ambulance clinicians on commercial and apprenticeship learning pathways, with the majority of our learners being employed by the NHS.

These regulated courses range from level 3 entry programs up to our level 6 Paramedic program, many successful ambulance clinicians have begun and carried on their careers with our teaching. Not acknowledging our experience and prior achievements in a report that is designed to outline an assessment of our capabilities, puts the whole foundation of the report into question. To begin the approval process asserting that our greatest achievement is the delivery of a driving course, and a short CPD program means that the visitors were unable to acknowledge our proven track record, which is normally a part of an approval decision process.

Moving on to the most egregious statement of the report, on page 8 you state, *'The only programme approved by the HCPC was the Medipro level 6 Paramedic Practice, full time programme validated by Qualsafe Awards Ltd. While this programme title states 'Level 6', we previously made the judgement that the programme aligned to a Diploma of Higher Education (DipHE), linked to our previous requirement for the qualification level required for entry to the Register.'*

And on page 48, you state that the senior team during the visit, *'recognised this qualification was equivalent to Level 4 on the QAA Framework.'*

When Visitor ██████ asked Lead ██████ and Lead ██████ *'What is your rationale for the development for an honours degree equivalent and how do you meet contemporary Paramedic practice? Lead ██████, replied 'we recognised that with the change in SET1 the way in which our previous program had its credits and levels set out did not fall into line with the normal pattern of a BSc honours degree. For our students to have a similar experience to the HEIs we needed to change this, plus we felt that a part-time model would be more popular for our potential students.'*

No further questions were asked on this matter at the time, plus we had sent in our rationale at the beginning of the process, so we considered the matter to be understood and closed. I will reiterate our reasoning for applying for re-approval once again here.

Our previous Paramedic program was approved by the HCPC in the summer of 2018, at this point the threshold level was still under consultation. At this stage we could clearly see there was motivation in our sector to increase the level of entry to the register, however, what was unclear at this point was whether the decision would be to make it 'level 6' or if the decision would be to formally state it should be a BSc with honours. Knowing that this was happening we attempted to future-proof the program and make it comparable to its peers by making the submission an Ofqual-approved level 6 diploma. Which is evidenced by the title we chose to give it. Although at the time of approval the threshold entry point was level 4, we did not submit a program that was only level 4, as we knew for certain that within a year the level change would be made. To put such a great deal of effort into an approval we knew would be defunct within a year would not have been logical or good business sense.

I make the clear assertion that our previous paramedic approved program is a Level 6. Ofqual recognise it was level 6, as do our awarding body and our external examiner. Our learners have utilised their award to access Master's programmes at HEIs, they work functionally at level 6 in their job roles. If you return to the minutes of the second approval visit for the first program, the visitors considered our inability to give our learners access to 'Athens' a bar to approval since they stated no level 6 program could be effectively conducted without it. We rectified this afterward with the help of our placement partners, leading to our approval. The visitors were challenging us at the time on the understanding that we were seeking approval for a level 6 award, the minutes mention this several times. You acknowledge that Ofqual see the award as level 6, but make the statement on page 8,

'The reference to 'Level 6' referred to the Office of Qualification and Examinations Regulation (Ofqual) educational framework rather than the Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies'

This implies that the two bodies are in no way connected to each other, but the QAA 'cross boundaries' document clearly acknowledges that they recognise the Ofqual levels, in much the same way that they recognise the levels of the SCQF, CQFW, CCEA, and

QQI. If Ofqual recognise it, then there is no reason why the QAA would automatically downgrade it.

What [REDACTED] was outlining during the last visit on this approval, was that we sought to restructure our program and go through the approval process again due to the structure of the credits in the previous program. On BSc courses there is a step up in levels each year meaning that the first would be level 4, then the second level 5, and the last year would hold the level 6 credits. Our previous program did not follow this pattern, it existed entirely of level 6 credits, meaning that our learners did not learn at level 4 or 5 at any point. This was the irregularity that we sought to change in our re-approval, so our learners would have a comparable experience to their HEI peers.

To state now after delivery, promotion, and awarding of the previous program to 122 Paramedics, that it is not in fact level 6 is a travesty of which you are complicit. The title of the award states 'level 6 in paramedic practice', this is what you accepted and have been publishing on your website to the public for the last 3 years. Learners have applied and completed this program on this understanding, they have accessed HEI master courses on this understanding, and they have been treating the public and making decisions on care on this understanding. There has been no attempt to clarify or correct this from your side until the writing of the statements in this report.

Moving on to attention to the report. It has taken us over 3 years to get to this point, as the ordinary duration of an approval process is 6 months it can surely be accepted that this was no normal process of validation, and I do think that the length of time has impacted the result which I shall identify later. But let's begin with an acknowledgment of what we have achieved as an organisation before you.

- We are an organisation that has successfully taught 122 learners so that they can apply for registration with the HCPC.
- Our submission of portfolio of evidence found no matters of concern and was actually very complimentary on the previous program.
- We are recognised by Ofsted as providing a supportive and safe learning environment
- We are an experienced apprenticeship delivery provider with success data that is above national average
- We have placements set up with NHS ambulance services, and have previously worked well with them.
- We have placements set up with NHS hospitals in a wide variety of relevant areas, and have previously worked well with them.
- We have a number of teaching staff who work across our 3 sites in England.
- These teaching staff have no less than 2 years of teaching experience and have delivered ambulance clinical training courses to nearly 2000 learners within the last two years.
- We have a good relationship with our local HEIs and have worked with them on previous projects.
- Throughout this approval we have responded to and complied with all aspects of your recommendations and been a proactive partner in the approval process.
- You acknowledge on page 17 that we have processes and systems *that 'ensure the applicant is suitable and adequately prepared, both academically and clinically.'* on entry to our programs.
- On page 18 you acknowledge *'The education provider demonstrated regular and effective strategic level collaboration with practice placement educators.'*

- On page 19 you acknowledge *'The education provider demonstrated a clear process for determining the capacity of practice-based learning opportunities for the number of proposed learners on the programme.'*
- On page 19 you acknowledge, *'The Practice Assessment Documents (PADs) were updated to outline the role of practice educators and how they will be involved in the delivery of the programme and can be involved in its development.'*
- On page 20 you acknowledge you *'were satisfied that information about appropriate resources was available, and learners will be made aware of how to access them while in the academic and practice-based learning environments.'*
- On page 25 you recognise that we have *'explained how PCPI members are involved in the delivery of the programme.'*
- On page 27 you acknowledge that *'the education provider specifically outlined how professional behaviour was taught and specifically assessed within a variety of modules across the programme.'*
- On page 28 you recognise that *'Across the quality activities, the visitors were satisfied with how the education provider ensured the programme will remain relevant to current practice.'*
- On page 29 you acknowledge that *'the visitors were confident that practice-based learning was integral to the programme.'*

In summary, we are here as an experienced teaching organisation that has worked with a number of NHS and government bodies utilising different funding streams and accreditations. We have prior experience of having an HCPC approved program and this was conducted successfully placing over a hundred Paramedics on the register. We have the physical resources to deliver these programs, and we have experienced teachers. We have an excellent relationship with our placement providers and have worked with them for several years, these placements are suitable and beneficial for paramedic students. And we network effectively with our local HEIs and they are willing to support our staff in developing their skills.

There is a clear rationale for our proposed program which is demonstrated by our business case.

The report you have created is organised largely as a timeline of events, with comments alongside them, to make my response easier to follow I have chosen to condense these events and comments into general themes.

Regarding the capability, experience and qualifications of the teaching team.

The discussion regarding the teaching team begins on page 19 with,

'There was no information about who would be delivering specific parts of the programme. For example, the CV of the Managing Director was supplied as part of this, but it was not clear what role they, or others, would undertake in management, delivery, teaching or assessment. We were therefore unclear about the number of staff members available for the programme, what they will lead and teach on and therefore, whether they had the relevant expertise.'

One of the first requests at the beginning of this approval process was to submit the CVs of 'everyone who would be involved in the program'. Which is why the visitors ended up with CVs of not only the teaching team, but the support, placement and administrative team too. Once the clarification was made, that you only wished to see the teaching team, then we made who they were distinctive to the visitors.

On page 20, it is stated that the visitors made this observation, *'The module descriptors showed a number of the module leads were practice educators or clinical experts.'* On page 40 it is repeated *'The remaining six individuals were in FTE posts and were module leads, and in many cases, also practice educators.'* *'there was no indication the current academic staff had the knowledge, skills and capacity to teach across the full programme and be a practice educator.'* On page 50, it is repeated *'These stated each module leader was employed in a 1.0 Full Time Equivalent (FTE) capacity for the education provider, while also being employed as a practice educator and / or at another HEI.'*

I would like to make this clarification. Our tutor team as part of their contract of employment with us, are required to not only teach but to keep themselves up to date with clinical practice. We feel that we would be doing our learners and indeed our tutors a disservice by creating a role where they can only teach and never work in actual ambulance clinical practice. A standard part of their full-time employment contract is that they are released for at least one day a month to engage in a bank contract, where they can practice as a Paramedic. When you look at a tutor's CV, you may see that they are listing themselves as being practice based educators (PBE), or that they have a clinical specialism (such as HART) and this is a current role they have. They are seeking to show you that they are current in clinical practice, the existence of this enrichment clause in their contract does not negate or supersede their full-time role with us as a qualified tutor.

Additional note, none of my teaching team hold a current working contract at an HEI as stated in the quote on page 50. The purpose of these release days is to engage in patient care, teaching for another organisation would not only not fall under this purpose, but it is a violation of the terms of their contract, so this observation made by the visitors is incorrect.

I am surprised that it continued to be a matter of confusion as it was clarified during the face to face visit.

Visitor [REDACTED] - *Can you tell me about yourself how do you know you can teach level 6?*

Tutor [REDACTED] - *I've been in the ambulance service for 10 years and a paramedic for five. I went to work at [REDACTED] university on their para programme. I did my PGCE and taught on their level 6 as a tutor for six terms. I have done the assessment qualification at Level 3 and I'm hoping to work towards doing my masters in medical education soon.*

Tutor [REDACTED] - *I undertook the level 6 BSc Paramedic program, during that I did evidence based practise. Once I was qualified I then worked clinically as a practise based educator which gave me experience in bringing education to clinical practice. Since I've done the level 4 teaching with Medipro I'm now enrolled on the PGCE for this programme.*

This prompted the visitor to ask this further clarification question.

Visitor [REDACTED] - *Are you all full-time?*

Tutor [REDACTED] - *Yes I'm full-time, but within the contract we can do other work to keep our hand in clinical practice.*

Tutor [REDACTED] - *Yes I'm full-time time. We have CPD days where we can do bank shifts with [REDACTED] ambulance though, it's once a month.*

At this, no further questions were asked on the matter. You also state that the tutors told them (page 50) *'they had delivered the academic content in blocks'*. This meant they could deliver the programme around their other commitments.' Implying that the tutors were stating that the program was being taught around other commitments that they themselves the tutors had (such as another employer). However, this was not said. All I

can see in the transcript where this may have come about is that Tutor [REDACTED] when explaining some of the benefits of the program and responding to the question regarding individualised assessments, said,-

'This part ensures that they're not overly burdened to do to be doing too much. They are still working out in the ambulance service and it is stressful to fix academic work around shifts. It's in blocks so we can shift things around it's not just this, there's other commitments.'

For clarity, I have 15 tutors employed at Medipro*, all are contracted to work 37.5 hours per week (except one who is 30 hours per week for family provision). Within their contract of employment, we require them to engage in an activity that is patient-facing at least once a month, the purpose is to keep their clinical practice current. The engagement of this activity with an outside organisation can be paid or unpaid work since we continue to pay them whilst they undertake this activity. Although they are not working 'for' Medipro, they are doing an activity that benefits Medipro (as it enhances their teaching ability), therefore we see it as a normal part of their working hours in their contract of employment with us.

This part of our contract was viewed as a positive in our last Ofsted inspection *'All tutors are trained clinicians and work for the NHS trusts. Some continue to work bank shifts, and leaders provide staff with a day a month to do this work to keep their registration and maintain their competencies.'*

The notion that our teaching team are generally engaged in employment with other organisations, spend most of their time as PBE, and would be squeezing the delivery of the paramedic program around other commitments, is an outright falsehood.

Now we have established that the tutor team exists, I move on to the assertion that they are unqualified to teach. On page 20 and 35 it is stated, *'In the submission of documentation, they identified thirteen CV's. From these, they noted that only two held a teaching qualification and there was a range of paramedic qualifications. These ranged from the Institute of Health Care Development (IHCD) qualification through to Masters programme in subjects outside of the paramedic field. The IHCD qualification was previously delivered by ambulance trusts and was an approved HCPC programme at a Certificate of Higher Education level. They were therefore unclear how these tutors would be able to teach / assess the learning outcomes and assessment methods to the required academic level (Bachelor degree with honours).'*

Thirteen CVs and only two can teach came about as I mentioned previously due to a misunderstanding, you received all CVs of all people involved in the running of the program. The 13 CVs here also included all the administrative and support staff, so were discounted going forward.

*Not all tutors are put forward to work on this program so all 15 tutors have not been presented in the submission.

The dismissal of Paramedics who were originally taught via the IHCD route is unfair and troublesome. As it was the only route available then, all people who have been Paramedics for a considerable length of time will have originally held this qualification. It is not unusual at all in our profession for an IHCD Paramedic to have carried on in their career gaining valuable experience and then enhancing their academic knowledge by taking degrees, masters, and Level 6 modules in other areas related to their practice or the direction of their career.

One of our IHCD Paramedics was qualified before there even was an HCPC, he spent many years working as a paramedic with the local service, then moved into management where he chose to complete a degree in this subject area. Since then he has worked as a tutor for us for 7 years (whilst also practicing clinically as discussed above) and has gained his teaching, assessing, and internal quality qualifications in that time. To dismiss his wealth of experience, and his degree as irrelevant is doing him and all the many other registrants like him a disservice.

At several points throughout the report the visitors make the assertion that our tutors who do not hold recognised teaching qualifications, and that we are not meeting a standard that is set out by the QAA framework. This is illustrated by these comments in these locations,

Page 35 *'the visitors remained unclear about the qualifications and experience of the current staff members.'* Page 40 *'The visitors noted that none of these roles had a minimum requirement of a formal Level 5 or Level 6 teaching qualification upon appointment.'* Page 41 *'At no point in this table, is the teaching qualification level required of tutors expected to increase to the level to effectively deliver and assess a BSc (Hons) qualification as set out by the QAA Framework.'* Page 45 *'Academic staff do not have the teaching qualifications to deliver learning at the level required for a BSc (Hons) programme and Level 6 of the QAA Framework.'*

Page 51 *'none of the module leaders had a formal Level 5 or Level 6 teaching qualification upon appointment.'* *'opportunity to gain appropriate teaching knowledge to deliver the Level 6 modules. However, the education provider did not define how the module leaders would be able to deliver the first-year modules to the necessary Level 5 academic level considering none currently have higher than a Level 4 teaching qualification. The visitors were therefore not satisfied that module leaders would have the necessary knowledge and skills to deliver Level 5 modules.'*

All of our teaching team at Medipro no matter what subject or level they teach have at a minimum the Level 4 in teaching and training and the level 3 certificate in assessment and teaching (CAVA). Once they have this they are supported to work towards the postgraduate certificate in education. This is what our awarding organisation requires of us, and this is what Ofqual requires of us too.

The visitors make the assertion that the QAA requires a formal level 5 and level 6 teaching qualification to effectively teach to their standard, and that we are deficient for not meeting it. However, if you look at the 'The UK Professional Standards Framework for teaching and supporting learning in higher education 2011' which is what the QAA uses there are no levels of qualification demanded, only standards. Of which, considering our tutors all have extensive experience of managing and teaching hundreds of learners, and involvement in developing the curriculum, then they would most certainly meet descriptor 2.

May I also take this opportunity to remind you that other HEIs such as [REDACTED] do not require these level 5 or 6 formal teaching qualification demanded here, they ask for,-

'It is a condition of employment that all academic staff are either already accredited by the Higher Education Academy (HEA) to meet standard two of the National Framework of professional standards for teaching and supporting learning or complete such accreditation within 2 (full-time) years of commencement.' – Job role for Clinical Lecturer in Paramedic Apprenticeships [REDACTED]

'It is a condition of employment that all academic staff are either already accredited by Advance HE as a Fellow against Descriptor 2 of the National Framework of professional

standards for teaching and supporting learning or complete such accreditation within 3 (full-time) years of commencement.'- Job role for Senior Lecturer in Paramedic Apprenticeship [REDACTED]

My point here is additionally proven by the fact that since the approval visit the tutors in question that were being dismissed by the visitors have in fact gained employment by [REDACTED] as 'senior lecturers'. So your report is stating that they are unqualified to teach on our programs, but they are permitted to teach in a senior position for another approved provider.

I put it to you that we are being held up to a higher standard than the other institutions you have approved, and to disallow us for this reason is not justified nor reasonable.

Staying on a similar theme, the report states,
Page 40 *'At a basic level, there was a lack of clarity about the number of academic staff required, or available, to effectively deliver the programme. In addition, two of the indicated staff in the summary document, were not in FTE roles and one of these, appeared to be a nurse guest lecturer. The remaining six individuals were in FTE posts and were module leads, and in many cases, also practice educators. This summary did not show who the module leads for SPS5-3 (Patient centred care) and SPS5-4 (Evidence Based Paramedic Practice) are. Both these modules are in the first year and there was a lack of clarity about when these roles would be filled. In addition, there was no indication the current academic staff had the knowledge, skills and capacity to teach across the full programme and be a practice educator.'*

Page 55 *'There remains no module leader for the first-year module (SPS5-4). It remained unclear whether the currently appointed academic staff have the skills, knowledge and capacity to deliver module SPS5-3 to the required academic level. For example, if it is not possible to appoint an appropriately qualified and experienced module leader in time.'*

Moving past the already addressed misconception that the tutors are working as PBE, these comments and others found in the report appear to be criticising us for not having the full teaching team appointed during the approval process.

This approval process has been ongoing for 3 years, and during that time of course we have had changes in our teaching team. The visitors note that the CVs and names in the original documents no longer match the information provided in the latest matrix, and that the tutor team they spoke to during the visit did not participate in the development of the program. This is simply a consequence of the time it has taken, of course, what was once said does not match the current picture, that was the purpose of the matrix, to send you something that outlines what we would recruit to, rather than a list of what we actually have. It is unrealistic and not normal practice for a HEI to have the entire teaching team recruited and waiting whilst a program is going through the approval process, if we had then I would have been paying for my staff to sit round for 3 years. I would expect this to be a condition of approval, that we would have suitably qualified staff before we begin the program, but you have not declined other institutions for this matter and making it a requirement of us is holding us to a higher standard. Submitting a matrix like we have done, falls into normal procedure of other HEIs that apply for approval.

Expecting the whole tutor team to be involved in the intricate design of a program is not normal practice either. Normally a select few who are qualified to do so create a program which goes for approval, and then once it is approved the delivery team become involved.

In our approval process you decided to intentionally bar the two senior people who created the program from the tutor meeting. This made the meeting with the tutors a pop quiz in what they knew about the proposed program. Several questions such as, *'How are you developed is there a specific policy?'*
'In terms of being a new delivery team how do you monitor the front end before you get to assessment?'
'How does that work internally?' (meaning the quality process)
'how often do these boards happen?' (meaning module boards)
'who would be present at the boards?'
'I was just thinking if a learner was failing in practise how would that be picked up?'
'is it 3 every year?' (meaning reviews)
'If they start with the ambulance placement and the practise educator and tutor. Who helps design the learning outcomes of the placement experience?'
'The paramedic will have a Longview of the skills so that they can see where they will get to do some of them how do you keep track of that?'
'where are the assessments in the road map?'

All of these answers are found in our documents, and if it was not clear there, then the best people to answer the questions would be the two people who created the program. This program has changed every time we have had feedback, and getting this feedback has taken us 3 years. To attempt to keep the entire tutor team abreast and involved would have been as impossible as it would be confusing. The tutor team was prepared to speak about their experience of teaching and managing learners, they have had thousands through their centres and could have given many examples of challenging circumstances and positive outcomes. But all this meeting proved was that we have not yet prepared them for a program that is not approved and doesn't have a start date either, it certainly was not a comment on their abilities.

In reference to our mentioning of 'guest lecturers', the report states, Page 41 *'Specifically relating to guest lecturers, it was clear they would be involved in the programme.'*

The Breakdown of the Education Delivery Team table outlined, that in Year 1, there will be 5 FTE guest lecturers. There is no reference to them in the skills matrix and only one nurse was outlined in the summary document of the eight academic staff (equalling 0.1 FTE). While there is an outline of this individuals experience, there is no reference to how they, or other potential guest lecturers, will be involved in the delivery of the programme.

'The visitors were also unclear about what the education provider expected their experience to be and how they would be supported to assist in the effective delivery of the programme.'

The workforce plan does not state that the guest lecturers are FTE, if they were they wouldn't be considered guests. What we are describing here is our practice of enhancing the delivery of our programs by having experts in specialist areas coming to talk to the learners. These people are described as guests since they are not a formal member of the tutor team, and are not left in charge of running the session or managing or assessing the learners. Areas where we have done this in the past include midwifery, HART team, HEMs, mental health nurses, and pharmacists. These clinicians have greater knowledge of key concepts that are relevant to paramedic practice, and having their input is an enhancement to the curriculum. However, they are not a core part of the delivery team, so do not feature as part of the matrix. Ultimately, the core tutor team remains the ones responsible for the delivery of the program, guests come in for one- or

two-day sessions and work with the responsible tutor. We have done this on previous programs, and we continue to do it on our apprenticeship programs, so have a good understanding of managing this along with the correct connections, but as you'll appreciate a guest is not going to commit to a day session on a program that is neither approved yet or has a start date, so we don't endeavour to source these people until the program dates are set.

In summary, the ratio, skill level, and qualifications of our teaching team that are proposed for our program are entirely in line with the other HEIs you have previously approved. Not having the entire teaching team recruited during the approval process is normal practice, and the submission of a matrix illustrating what will be recruited is a normal feature of an approval submission. Having the entire teaching team involved in the creation of a program is not normal practice, and it would have been impossible for us to achieve this considering the length of time the approval process has taken.

Regarding the organisation of the placement and the provision of practice based educators (PBE)

As a teaching organisation and an apprenticeship provider, placements and working with employers is an aspect that we have a great deal of experience of. Our last HCPC approved program required us to place learners into ambulance and hospital departments, our ambulance apprenticeships require placements in ambulance services, and we run a number of short specialist programs aimed at qualified medical professionals which require them to attend hospital and remote clinical areas. Because of this you can see that we have a very close and positive relationship with the placement providers that attended the meeting.

During the meeting both the hospital and the ambulance service both reported that they have no issues with us or our students, and they were prepared and capable to accept our students going forward. Obviously, we have sent in all the normal documents that would be required in a submission of approval regarding the management of placements and we were not requested to send any further information, but meeting the placement providers was requested for the face to face visit.

During this visit you met staff from [REDACTED], [REDACTED], and [REDACTED] along with our placement co-ordinator. From this meeting, the visitors have made these statements found on page 56,

'Throughout the discussions at the visit, practice educators and supervisors were discussed. Clinical support staff were not mentioned.'

Clinical support staff is a general term that we use, the hospital and the ambulance service have different terms for this role. There was no direct question asked in the meeting about this term, so the placement providers did not get an opportunity to clarify this matter.

'we received no further information about the internal mentor programme offered by the Ambulance trust.'

During the visit Visitor [REDACTED] asked- *'Who is the level of clinician who can sign the pad?'*

[REDACTED] staff- *'they must be qualified not NQP and have done the mentor qualification too'*
HCPC [REDACTED]- *'is the mentorship requirement do it within six months a requirement from [REDACTED] or medipro?'*

[REDACTED]- *'This is an [REDACTED] thing. We use GRS for rostering so we can see who the medipro students are working with to make sure that they get the correct documentation and are informed.'*

You received no further information, as this was the entirety of the discussion asked about the mentor program. It was not asked again. The placement providers are experienced with us, and the other HEIs, they would justifiably make the assumption that you would be satisfied with their confirmation of a mentorship program without an in-depth explanation of its content and aims, especially when it was not asked for.

'Across the meetings, there was limited information about how the education provider ensured practice educators understood the specific requirements of the proposed programme.'

They were telling you, but the terms they were using may have made it difficult to gain clarity. ██████████ said *'We have SharePoint access to medipro specific aspects'* Sharepoint is what we use to put information on about our programs, then the hospital and the mentors can access the information here. ██████████ call it Siren, she mentions it here *'Our system siren has all the documents regarding medipro.'* They speak about our systems here again,

██████████ - We have frequent meetings and we have the handbook they've created. The education is tailored to the individual programmes. All of the universities vary a little and we speak to the practise educators. We offer regular face-to-face updates. If an area is taking on a medical student we will have newsletters and appoint practise educators to identify changing programmes and they can also access the share points to see what those changes are'

██████████ - Siren we get updates for example regarding uniforms and education on any mentor documents. We have a lot of access to the practice educators and cascade information outwards. We work with a lot of higher education institutes and would manage the medipro students exactly the same.

We write it down and send it to you, you meet the placement providers and they tell you, what more would be provided to convince on this matter?

'The programme team confirmed they might have to do a "little induction" for the practice educators to the programme,'

No, ██████████ stated when asked about their involvement in the training of the learners that they would do a 'short induction'. This short induction is short compared to the whole learning journey of a student paramedic, but it is necessary for safety before commencing placement. This is the same induction that would be provided to all the other paramedic students they work with in their local HEIs.

What we stated we would do with the PBE is provide a familiarisation session regarding our program, provide contact and drop in sessions for them to attend, along with sharing all our information on the placement providers sharing software, this falls into line with what the other local HEIs do and is what the placement providers expressed when they said this during the visit,

'We have frequent meetings and we have the handbook they've created. The education is tailored to the individual programmes. All of the universities vary a little and we speak to the practise educators. We offer regular face-to-face updates. If an area is taking on a medical student we will have newsletters and appoint practise educators to identify changing programmes and they can also access the share points to see what those changes are'

On page 48 you state,

'we received limited clarification about the formal process used by the education provider to ensure an adequate number of appropriately qualified and experienced individuals.'

'The education provider did not demonstrate the process in place to ensure an adequate number of practice educators. Nor the timeframe in relation to if, or when, these practice-based learning staff would be in place for the start date of the programme.'

We have outlined our process here in the documents that have been provided to you, and during the visit the placement providers told you,

Visitor [REDACTED] - *'how do you make sure you have adequate numbers?'*

[REDACTED] - *'All our ambulances are frontline paramedic led, we can easily tap into this and allocate learners wherever'*

Visitor [REDACTED] - *'how do you pre-establish numbers for capacity?'*

[REDACTED] - *'we have a service level agreement to ensure capacity for all the higher education institutes'*

[REDACTED] - *'We have very few issues with medipro students. We are always improving and medipro is very adaptable for us and flexible to move placements around. If a placement gets over capacitated and then we will move them around.'*

Visitor [REDACTED] - *'so how does that work operationally then? do they have the option to have the hours flexible?'*

[REDACTED] - *'The hours are planned in advance so they know when that will happen. They only adapt if there's an emergency.'*

[REDACTED] - *'Of course we won't have them All in all at the same time. We make an individual plan for the group at the start.'*

Visitor [REDACTED] - *'If they need flexibility how do you manage it? I see that you have meetings how do you support a learner if they can't do it in the allocated block?'*

[REDACTED] - *'Never come across this as an issue before. We do have live streaming of some parts of the placement to enhance multidisciplinary learning. We've had some good feedback on this and it helps the learners learn in a large group. We've never been in this position ever with any learners it's our role to make sure that we never get over capacity we have a system called arc which says when where the learners are.'*

[REDACTED] - *'In terms of [REDACTED] capacity is it easy to move learners around?'*

[REDACTED] - *'we get the plan and we have monthly meetings to see if there any adaptations that are needed'*

Visitor [REDACTED] - *'That's planned every month then?'*

[REDACTED] - *'no it's planned in advance, but we can make individual plans for absences or other issues'*

Fundamentally, we are here because of the SET1 requirement, but the management and provision of a placement would not be changed by this, however, you are saying you find it inadequate. This is the same, process, placement, and team that have provided placements successfully for the last program of 122 paramedics. We are telling you how we do it, the providers are telling you too, the previous learners had a positive and safe experience they told you in their feedback, but still you say you don't understand and it's not enough. Items here where you are saying you were left wanting and implying that there are gaps and omissions are simply there because it wasn't asked in the meeting. The providers would never think to give additional clarity on processes that they feel are accepted standards.

On several occasions, they state that they are behaving with us the same way they manage the other HEIs and that we are giving the same information and contact as the HEIs too. You state we *'did not demonstrate the process'*, how can a process be demonstrated on a program that is not running yet? All we can do is describe it and then discuss our prior experience, which is what you have been given.

We have robust placements that are suitable for paramedic students. These placement providers are large and capable of managing paramedic students. We and the placement providers have previously placed paramedic students successfully with the processes we

have. You are deciding that we are incapable, through the omission of documents and information that was not asked for, not on sound evidence.

Regarding the development of processes and the resources available

Not only are we an anomaly in that we are an independent training provider and not an HEI, we are an anomaly in that we have had an approval process that has taken 6 times longer than the norm. One can simply not deny that this extended duration has had an impact.

This entire process has entailed a back-and-forth between us and yourselves and then the visitors. In the course of this, we have responded to requests, feedback, and recommendations. At each stage, we have wholeheartedly made attempts to comply and satisfy whatever was asked of us. Logic would dictate that this would have changed the final proposed program and the submitted documents from what was outlined at the beginning.

On page 49 this is written regarding additional steps we have added to improve the robustness of the quality assurance process. *'However, none of these meetings / quality assurance activities had been in place during the development of the program.'* What are we to take from an observation such as this? Here we had QA processes that we submitted, over time we were requested to add in more as part of the feedback stages. And now we conclude with a criticism that they are not to be considered as we did not think to put them in at the start. What is the approval process for if not to gain feedback with a view to improving what you have? And then to levy that these improvements added on your recommendation have not been tested as a failure is peculiar, as how could one test a process on a program that is not approved? Surely processes are monitored and tested as one goes along, you do not fail your driving test because you don't have a license.

This notion is repeated on page 57,

"Across the programme, we heard about policies and processes which were in draft form, waiting for approval of the proposed programme. Some of these related to quality assurance, progression, support for practice educators and learners, and assessments. When approving a programme, we must assess the programme which will be delivered. We were therefore concerned that the policies and processes to ensure effective management of the proposed programme, were not in place.'

And then on page 58, *'We were therefore concerned that the policies and processes to ensure regular and effective monitoring and evaluation of the proposed programme, were not in place.'*

In draft form, yes of course, not finalised as we are still in the approval process. What would be the sense in finalising something that was still subject to change? Once it is approved, they will be finalised, once it is approved and finalised, it will be run and tested. None of these can occur before the other. But fundamental policies and processes are of course there and always have been. These statements are written as if we are a new teaching organisation, we are not, we have held a previously approved program that required the management of learners, we are an apprenticeship provider and thus we must have policies and processes that are run often and tested frequently.

These statements by the visitors are based on nothing but a feeling and don't hold weight when you look at the experience and scope of our organisation.

We have sent you documents that outline the nature, weighting, purpose, and method of the assessments, and you have had this document for some time. We are perplexed to read these repeated comments in the report.

On page 53, *'This demonstrated to the visitors, there was uncertainty across the programme and amongst the delivery team. When approving a programme, we must assess the programme which will be delivered.'*

'the visitors were unable to determine the specific assessment methods, number and timing of assessments,'

On page 54, *'It is clear the curricula and assessments have not been finalised across the full programme.'*

On page 57, *'The module leaders confirmed some discussions had taken place with the senior team to understand how to deliver the modules. They also confirmed they had not had sufficient time yet to understand and design the modules and assessments across the proposed programme.'*

I am concerned that the visitors have not read the documents we have submitted to you. This came up during the visit also. In the first meeting Lead ██████ discussed the journey of creating the mapping and that it was initially mapped to the college of paramedics framework, and then since feedback it had been changed, which prompted,

Visitor ██████ - *'the benchmarks are not articulated in the version 2 module descriptors though...'*

Visitor ██████ - *'no, it's the wrong version you're talking about they did hand in..'*

Visitor ██████ - *'Did they? Oh right, I'll have to have another look at it then'*

Meaning at the last stage of our approval process one of the visitors had missed key documents, which puts into question the feedback given regarding this document prior.

In regard to these statements about the assessments in the report, if the document describing them has been missed, then yes all the visitors would have to go on would be the questions they asked the tutor team during the visit. This was,

Visitor ██████ - *'We have a set of documents that show the assessments. Where do the assessments get created and how do you ensure that they are suitable?'*

Tutor ██████ - *'we would have some degree of flexibility to create our own assessments but that would still go through ██████ and ██████ and be tried and assessed at that point. But those assessments are not made yet we would work together.'*

Ex Mod ██████ - *'From an external perspective we need to test and make sure it works. We have bi annual standardisation to make sure that it is fit for purpose. In a new programme we have additional time to look at assessments so that we can improve as we go. We haven't done this part yet but it will go to external challenge. From an external part we do have oversight.'*

Tutor ██████ - *'We do have experience in creating assessments to see what works and gain feedback.'*

To be clear, when the tutors are telling you that they create assessments and the assessments are not developed yet, they don't mean the assessment strategy, they mean the granular details of the assessment. In our documents you have all the assessments we are proposing, and all the detail you would ordinarily expect at an approval stage. The tutors are telling you about their participation in making assessment documents. For instance, our strategy will say that we intend to do a simulated observation assessment on how the learner conducts a patient assessment. It will identify when this will happen, what outcomes it is connected to, and the weighting of a pass grade. What the tutors will get involved with later is details such as 'what will the

scenario be?’ ‘what props will we use?’ ‘what simulation area would be the most suitable?’.

It’s the fine details that are not created yet, and this is not at all unusual for a program still in the approval stage.

Regarding the teaching team we do utilise specialist guest lecturers in some areas to enhance the learning experience as I have discussed earlier on in this document.

On page 50 the visitors state, ‘However, these arrangements had not been finalised. The visitors were unable to determine how guest lecturers would be involved in the delivery of the program.’

To risk repeating myself, on a program that is not approved and therefore does not have a start date, confirming the commitment of guest lecturers is not possible. Ultimately, the tutor team we have is capable of teaching all elements, guests are an enhancement, so the omission of them would not prevent the learner from progressing.

On page 50 it is stated, ‘The Ambulance trust outlined they had been consulted before the development of the proposed programme. They had not been consulted during the ongoing design and development.’ Our placement partners were consulted at the initial formulation of the program and they had their input there. But this was 3 years ago, and when we realised that the process of approval was going to be very long, constantly updating them on every change would not have been useful for us or productive for their time spent. In the meeting, they confirmed that they had involvement, especially in the areas that concerned them directly, but to put this as a reason for non-approval, when we did not cause the delay is unfair.

On page 59 it is stated, ‘The programme team outlined how learners would have access to the Apprenticeships Management System (APTEM) platform. Through this platform they would have access to the presentations and articles associated with their learning. In addition, learners would have access to Athens, which is a generic NHS library resource for individuals in England. Learners from the previous programme, confirmed they had been required to do a large amount of self-directed learning as they did not have access to journal databases. This meant they did a lot of “googling”. This standard requires programme resources are readily available to learners and educators and are appropriately utilised to support learning and teaching. We were therefore concerned that effective, appropriate and accessible resources for the proposed programme, were not in place.’

Our resources and how it is presented on our LMS system (Aptem) were not asked about at any point, if it was we could have easily sent you what we have. The only mention of this was during the tutor meeting,

Visitor [REDACTED] - *‘is that where the online library is what does that look like?’*

Tutor [REDACTED] - *‘Yeah, we also have Athens and PowerPoint and documents on Aptem too.’*

We have had an approved program with the HCPC for a number of years, and we are one of the largest ambulance apprenticeship providers in England too. All our learners are housed on the Aptem LMS system, this not only tracks the learner, it is how they can make submissions, see their learning journey, and engage with the resources. It’s a fundamental part of our structure that is vital not only for QA with the awarding organisations, but in being ESFA and Ofsted compliant. The breadth of resources on this software is large and we are continually adding to it, we have for the last 3 years had the ability to create our own e-learning modules and have an in house IT team that provide this function. This allows us to engage learners with interactive resources that directly

relate to their learning journey, an example of one of the many resource blocks is here for you to view [REDACTED]

Us not having resources could not be further from the truth, it wasn't shown in the approval process as it wasn't made plain that it was of interest to the visitors.

The paragraph also mentions Athens. Our learners on the proposed program will have access to Athens, but the learners on the prior program also have access to Athen too (being a level 6 diploma and all). Athens is not a library resource for the NHS as stated in the report, it is an identity and access management system that provides single sign-on to any organisation that has digital subscriptions, basically a key to a door of pay-walls. So you can't host Athens or integrate it with your LMS, you can only signpost your learners to it, which we do. Once they have it, then it is up to them to find the articles that are useful to them (the doors of which they now have a key). These are found on numerous journal databases, however searching through each journal site is very time consuming! And that's why Google scholar is great, and our learners will tell you that they 'did a lot of googling'. Therefore the concern that 'effective, appropriate and accessible resources for the proposed programme,' is not in place is baseless.

As mentioned just before, we are one of the largest ambulance apprenticeship providers in England, this requires us to adhere to the standards of Ofsted. Ofsted have extensive standards on supporting students, both academically and pastorally, including additional learning needs and difficulties. In our latest report Ofsted acknowledge that '*Tutors recognise where apprentices may have undiagnosed issues and provide them with additional support*' '*They have a detailed understanding of the progress and support needs of all current apprentices.*' '*students benefit from support from both their tutors and employers to safeguard their own well-being and remain mentally well and resilient for the challenging job roles for which they are being prepared.*' On page 59 the visitors comment,

'This standard requires there to be academic and pastoral support in place to help learners achieve and successfully complete a programme. We were therefore concerned that the policies and processes to ensure this for the proposed programme, were not in place.'

There is no basis for this assertion, we have many policies and processes for supporting learners, we are required to. We have supported thousands of learners through clinical programs, in a whole host of wide ranging needs and difficulties. There's no rationale to state that these would suddenly break down with the taking on of 30 student paramedic learners, or that this groups needs would be so unique and peculiar that we would not be capable of supporting them. This is just not a justifiable reason for non-approval.

As mentioned at the beginning of this section, I discussed how the process of submission then feedback has prompted us to improve and alter our program as we have gone through the approval process. One of these was the thought that having a special additional quality step, to ensure that we are being comparable to the HEI programs, and this was how [REDACTED] came to assist us. You met her during the visit, and as a response to that meeting have written this in the report,

On page 60, 'The External Examiner has been involved in the design and development of the programme. This means they would not be acting in an independent capacity when undertaking the more traditional activities of the External Examining role. We were therefore concerned that the policy and processes for ensuring an appropriately qualified and experienced External Examiner for the proposed programme, were not in place'.

You have misheard, [REDACTED] is our external moderator, not an external examiner. [REDACTED] is our external examiner and always has been since the previous approved program, the documents we have sent state this. Therefore this reason for non-approval is not valid.

Regarding the creation and structure of the program, and how it can be seen to be equivalent to the learning journey of a BSc Hons

And finally to address, after 15 pages what the intended purpose of the approval process was. The HCPC acknowledges that it is within their scope to state a level threshold of learning for the professions that they regulate. And in stating that threshold, it would be beneficial to clarify if they suggest a qualification standard. However, insisting on only a particular qualification standard is not within their remit, only a level can be asserted and how that meets their required SOPs. At this current time, all HCPC approved paramedic programs are provided by HEI, and the standard set is Level 6 with the suggested qualification being a BSc Hons. To gain approval as a non-HEI, we must show how our program meets the Level 6 requirement and also how the experience and learning journey of our learners is comparable and equivalent to the BSc Hons. Comparable and equivalent does not mean identical, there will be some differences that will be evident since we are not an HEI, but providing the activity of the learner and the intended outcome is similar to their peers in the HEI, then the program should be approved.

To go back to the beginning, the HCPC issued a statement in September 2019 'Policy statement on assessing the threshold level of qualification for entry to the Register'. Here it states that if an organisation meets the BSc Hons then this aspect of the approval will require no further consideration. If an organisation does not have degree awarding powers then they must 'facilitate the visitors' assessment of equivalence to the specified SET 1 qualification, the education provider must map their programme to the relevant Quality Assurance Agency Framework of Higher Education Qualifications descriptor (QAA FHEQ)2.'

And this is what we have supplied to you. The mapping document we have sent clearly shows how what we are proposing on our program can be mapped across not only to the QAA descriptors, but we have also taken into account the College of Paramedics curriculum guidance too. The format, tone and presentation of which we have presented our program to you is entirely normal for an HEI, having a comparable level of detail. The modules are logically sequenced, allowing a learner to see how they are moving along the curriculum, with greater depth and complexity as progress. The content of the modules is unremarkable compared to HEI content, and it bears a clear link with the content of the SOPs. The journey that our learners are proposed to undertake is only unusual in that we have secured a diverse range of non ambulance placement opportunities, which is less and less common with our HEI peers.

We have proposed a part-time structure, with the entry point being that of the Level 4 associate ambulance practitioner. The rationale for this decision is we have a demand from our Level 4 students to provide them with a pathway that they are able to study to become a registrant, whilst maintaining their current Level 4 job role.

As requested we have submitted mapping, answered questions and added on any additional detail that have been requested throughout the approval process. There can be no denying that we have been a motivated, proactive and diligent partner in this endeavour. Not only has considerable time been spent on the project, a not insurmountable cost has been expended also. We find ourselves largely baffled by the repeated statement in the report that we have omitted or declined to submit a reflective rationale to accompany the mapping and associated documents.

Page 33, *'The mapping appeared to be a technical exercise, rather than critical reflection of how the programme delivers high-level and at times philosophical descriptors. This was demonstrated by the education provider not giving any rationale as to why or how descriptors would be met by learners through and on completion of the programme.'*

Page 39, *'This should include how and why the education provider has arrived at the decisions it has made, including clearly defining their own philosophical and pedagogical approach to designing the programme in line with the QAA framework, and how this has been evaluated to be the case.'*

Page 48, *'did not identify their underpinning philosophy which influenced the design and focus of the curriculum. The visitors therefore remained unclear about the reasoning behind the learning outcomes and assessment methods,'*

These requests for an explanation appear in the feedback that preceded the visit. We enquired with you if you were requesting us to provide a written rationale explaining our approach. We were told that it was not necessary as it would all be addressed in the visit, as this was a chance for the visitors to specifically ask questions with a view to concluding this area of investigation. But when the visit occurred the questions that were asked of the development team were so broad and wide reaching, with little to no follow up questions that it was difficult to see what the purpose of the question was. The questions asked (on this subject) were,

What is your rationale for the development for an honours degree equivalent and how do you meet contemporary Paramedic practice?

What is the difference between the old programme and the new?

Talk us through the development of the programme what is the underpinning in the design?

How did you design this from the start how did you choose what to put in it?

Level 6 QAA outcomes at critical evaluation how would you use this to develop curriculum?

QAA has broader attributes aside from the mapping how have you embodied the QAA into the curriculum?

This is six questions of 21 questions asked in a meeting that was only scheduled for 45 minutes. The development team were set up to fail, they should have been given the questions beforehand, given an opportunity to provide you with specific examples on slides in a structured manner, and then given sufficient time to explain themselves. 45 minutes to partially address concerns that ended up being so serious the visitors have recommended non-approval is poor, and not a normal behaviour for an approval authority.

The report does have some specific examples of questions the visitors have about the program and how it is constructed, and now we have them to view I'll make some effort to answer them here.

Page 51, *'We discussed with the senior team how the module leaders would be able to deliver learning outcomes which required learners to "critically evaluate" within the first year of the proposed programme (SPS5-3 – Patient centred care). Demonstrating critical evaluation is a Level 6 qualification outcome with the QAA Framework.'*

Here the descriptor is being criticised for being incorrect, and it is being held up as an example of evidence of other similar errors, but these are not errors, they are small areas where we are introducing new skills at an early stage so that the flow from one level to

another is more harmonious. Descriptors are found in the Office for Students sector recognised standards, and here they identify that level 5 would have a 'critical understanding' and a level 6 would have 'deploy accurately established techniques of analysis and enquiry'. But these are overall qualification descriptors, this is the ultimate aim of the whole level of study. This and the associated QAA document does not prescriptively state that learning outcomes are only able to have certain fixed descriptors. Having this one 'critically evaluate' in the level 5 allows this concept to be introduced and for the learner to make an attempt at the skill with support from their tutor, which is wholly appropriate.

The Tutor [REDACTED] at the time of the visit referred to this supportive concept as 'scaffolding' and this is the correct term, you mention that he did not explain what the word meant, however, he thought that it would be universally understood amongst teachers. This activity, prepares them for the next year at level 6, when it is more commonplace in the descriptors, and this can be seen in how we have written the learning outcomes further on. What would be incorrect is if we perpetually used higher level descriptors in the level 5, with no clear way for the learner to advance in the level 6, but this is not the case in the program at all, the movement from one level to the next can be seen and understood. This appears to be conceded on page 48

'This does not restrict this knowledge level being developed earlier in a programme. However, there was a lack of clarity about how learners would be able to demonstrate appropriate knowledge, understanding and experience in this area without demonstrable prior learning.'

But our learners do have demonstrable prior learning and experience. We are specifically seeking to recruit to the program people who have achieved the Level 4 associate ambulance practitioner qualification and have considerable time in practice at that level. This will certainly have them arrive to us with a good understanding of safeguarding, referrals, planning, and interventions, not only in their own practice but in their observing of paramedic colleagues. The assumption that these candidates will arrive on our program ignorant of the complexities of ambulance care is wrong, and does these clinicians a disservice. The Level 4 associate ambulance practitioner qualification (and the connected apprenticeship standard) is one of the most challenging Level 4 qualifications there is. The sheer scope of what they are required to demonstrate a knowledge base is vast, and the skills are numerous and complex. Here the outcomes require them to show an ability to analyse and evaluate, along with reflection. Our program is written with these people with this qualification and experience in mind, it can not be directly compared to an HEI program that recruits learners from the start with no ambulance experience.

Page 39, 'Of the learning outcomes above, two (in modules SPS5-3 and SPS6-2, learning outcome 5) do not fall within the definition of the QAA Framework around critical evaluation. Processes related to referrals, and the role of the multi-disciplinary team (MDT), are not arguments, assumptions, abstract concepts or data which can be critically evaluated, as defined through the QAA Framework.'

This is surmising that the way we have written these outcomes is incorrect as we are expecting the learner to 'critically evaluate' and 'critically appraise' a subject that involves Multi disciplinary teams and referral processes. The assessment on the level 5 module involves the learner deconstructing and writing a case report on a true-to-life scenario. To meet the brief they have to critically evaluate the decision on the patient's care, the safety of the referral, and the appropriateness of the referral. To say there could be no argument, data or abstract concept on this not correct. There are numerous studies and arguments about whether paramedics should make referrals, and are the referrals we

make safe? What factors make an unsafe decision more likely? How does it vary across the UK? Does the educational level change the frequency of referral made by the paramedic? There is so much that the learner can bring into this, and we ask that they do a small presentation on the content before attempting the report so that they can have the opportunity to have feedback and support from their tutor as they begin on one of the trickier descriptors.

As the visitors have noted they can see, this Level 5 is linked with the Level 6 module SPs6-2, where the learner is asked to 'critically appraise' the role of the MDT along with other support services. This is asking the learner to look at these agencies and consider their role in a complex case, then write a discussion. Again appraising the role of these agencies is valid and develops on the prior Level 5 module. What impact do they have on the patient's health across a lifetime, what the arguments are for them taking over aspects of care from other health services, what does the data show of their involvement in areas and is the cost/benefit justified? To say there is nothing, and this is an error in the writing of the program doesn't bear up to scrutiny.

The visitors repeatedly assert that Page 42, *'There remained limited evidence of how learners would develop and demonstrate their knowledge across the two years of the programme. For example, knowledge and understanding contained within Level 5 modules was not developed further in Level 6 modules. This meant that learning was solely introduced and assessed within the same module. The visitors therefore considered the programme was a series of modules that had limited interaction with each other. Therefore, it did not deliver a programme of study for a future autonomous professional.'*

But just in their own example in the paragraph above, they can see a link between the Level 5 year content and the Level 6. The Level 5 module Evidence based paramedic practice is where the concept of EBP and research is begun, and this is directly built upon on the Level 6 Contemporary issues in paramedic practice. Here they must apply what they have begun to learn to do in the L5 module, the link between them is very obvious. The Level 5 module Foundations of paramedic care are the start point of the learner gaining a greater insight into patient care and assessment, the Level 6 module Paramedic practitioner' builds on this by requiring them to show, leadership, skill, and ethical decision making.

These are just a couple of examples of many connections, to say that there are none and that it's just a list of skills that are ticked off as the learner moves along is taking too simplistic of a view.

On page 52, whilst repeating the accusation of the program being a list of skills, we are also criticised for the number of assessment criteria being 'too high'. But then in another part of the report, what we have as assessment criteria is deemed 'too broad'. How we are going to cover all the required content, make the criteria less whilst also narrowing down what is covered in the criteria is quite the task.

We have cut it down from what it was originally, at your request. But Ofqual programs do tend to be written this way, and as I stated at the start of this section, there will be differences between us and the HEI, but we are attempting to demonstrate compatible equivalence, not identicalness. In this matter, it is not identical to the HEI programs that the visitors work with, but the content and therefore the outcome will be the same as a learner on an HEI program.

On these pages you state that the learning outcomes allocated to the 'practice assessment document' are inappropriate as they can not be interpreted by PBE. Page 57,

'As an example, module SPS6-1 Paramedic Practitioner, learning outcome 1. This learning outcome is wide reaching, and the visitors remained unable to determine how practice educators would understand the exact requirements within the PAD to appropriately assess learners against the competences and therefore the SOPs.'

Page 53,

'As outlined against the SETs 4.1, 6.1 and 6.5, we noted learning outcome 1 for module SPS6 -1. This stated "Demonstrate readiness for autonomous practice as an HCPC registered paramedic practicing within their scope of practice and within professional, legal and ethical frameworks for practice." This learning outcome is wide reaching. From a review of all available information, including discussions at the visit, the visitors were not satisfied that practice educators would understand the exact requirements within the Practice Assessment Document (PAD) to appropriately assess learners against the competences and therefore the SOPs.'

This is making a strange assumption on how a practice document such as this would be signed off. We initially sent you an example of what a PAD would look like, and all that is contained within it in terms of helpful and guidance information. This is a comprehensive document that was a part of our previous approved program, and also is a key apprenticeship document that keeps the learners safe and informed. When you look at how the sign offs are presented here, you can see that there is an overall learning outcome at the top which is what is being referenced in these quotes, but this is not all that is there. Underneath this are several boxes where we have specified and broken up the outcomes into clearer assessment criteria. This is so that the PBE can see what is actually required in the demonstration, clearing up misunderstandings, and ensuring that the learners are assessed in a comparable manner to each other. As an example in the PAD, 'Conduct a comprehensive and detailed physical examination of service users across the lifespan.' Is a learning outcome that sits at the beginning of the section of the PAD, but below this there are several sign off boxes that each have clearer requirements that fit with the outcomes. Such as,

- 'nervous system assessment using cranial and peripheral nerve assessment'
- 'musculoskeletal knee assessment'
- 'musculoskeletal spinal assessment'
- 'musculoskeletal ankle assessment'
- 'Specifically musculoskeletal shoulder assessment'

This list goes on and on where we have been specific. We have years of experience of sending learners into ambulance practice, and wholly understand the demands that the PBE and the learners experience. Giving a PAD document that is vague and open to a large degree of interpretation would be terrible as in reality they simply don't have the time or resources to be pouring over a document such as this. We are completely aware of this, and would not make such an error, for the visitors to say that we have shows that they must not have seen the PAD example we sent to you.

During the visit, they also seem to have been confused about the presence of the PAD too,

Visitor [REDACTED] - *'The paramedic will have a longview of the skills so that they can see where they will get to do some of them how do you keep track of that?'*

Tutor [REDACTED] - *'The PAD is where it is evidenced but it is not only for one area they could gain these experiences in any area'*

Tutor [REDACTED] - *'It's purpose is to assess whole competence in a wider variety of settings not just the ambulance'*

Visitor [REDACTED] - *' This PAD you mention, what is it? Is that something that different to other places or is this unique to medipro?'*

Tutor [REDACTED] - *' Well the actual design of the PAD is unique to medipro but the content is mapped to the SOPs, the QAA, the College of Paramedics it's quite normal to use something like this. At [REDACTED] we had something very similar we would give them an induction to the PAD it's quite a common way of gathering evidence in the placement area.*

After this no further questions were asked about the PAD, and as you had an example of it we did not think that we would need to send anything to give more clarity on this issue. The presence of a document like this is an entirely normal feature of ambulance and paramedic education, and how ours is constructed is typical, and has been tested in the workplace too. So we find that this reason for non-approval is without merit, since the statement is untrue and you have at no point requested clarification beyond what was initially sent to you, and these questions in the visit.

Conclusion

I anticipate that it would be no surprise to you that we feel the judgement of recommendation of nonapproval is unjustified. In this response, I have highlighted several instances where incorrect assumptions have been made, incorrect information is presented as fact and key documents have been misunderstood or missed.

Obviously we knew that we would not have an ordinary approval process as we were in a unique situation, but in this we have been asked to submit granular documents, have fully tested processes and a full staffing base at the point of gaining approval. This is not normal for the other approval visits, core documents and processes are considered, with the creation of subsequent related working documents being a condition that they are in place before the commencement of the program.

Similarly, to dismiss us as we do not have the full teaching team in place during the approval is not normal practice either. The workforce plan submitted to you is typical, and again the condition that the described tutors be in place at the commencement of the program being a condition. To ask me to have a full teaching team ready to go during the approval process would have meant that these tutors will have waited around for 3 years.

How we have mapped and presented our program is ordinary, and comparable to the HEIs (as we had assistance from an HEI to create it). To repeatedly state that it is not understandable without giving an indication of where the actual confusion lies is not helpful. Stating that a narrative should have accompanied the mapping would be fine if it had been requested at any point, but it was not. Then attempting to gather this narrative during a visit when only 45 minutes were allocated to the subject in a timeslot that also addressed other matters is not helpful.

During the visit, excluding the development team, who created the program and have been your key point of contact for the whole 3 years, in favour of cornering a tutor group that has little to do with curriculum development gained nothing other than finding out that these tutors were not part of the program creation. This is not something that we have attempted to hide, and not having all the entire teaching team involved in the curriculum development of a new program is not an unusual practice. As the process has taken three years to complete, the staff would naturally have changed over this time period. The program has changed too in response to your requests and feedback, so there

would have been no sense in preparing the tutor team for a program that is subject to change and not yet approved. Of course when it was approved, then we would prepare the tutors fully and this would be a condition before we commenced the program. Our behaviour and reasons here are not unusual or an indication of poor practice.

The repeated assertion that my tutor team are unqualified and incapable, is founded on a flawed premise that the QAA demand certain levels of teaching qualification. This is not true, they express standards of which our tutor meets. My tutors do have a regulated teaching qualification though, and this is recognised by the awarding organisation and Ofqual as being suitable. The tutors have all personally managed hundreds of learners, and some of them have prior experience of teaching in HEIs. The idea that some of the degrees that some of the tutors hold are irrelevant is purely subjective, some would feel that management and leadership is a key part of being a paramedic. To dismiss paramedics who have originally come through the IHCD route is grossly unfair, even the [REDACTED] began her career on an IHCD program. I have demonstrated that what we are asking in terms of teaching experience and qualifications is no less than another approved HEI, holding us up to a higher standard with no rationale gives this non-approval decision little weight. The workforce plan (you describe it as a matrix) that we submitted to you is the ordinary way that an HEI would outline its recruitment standards and its plan for reacting to changes in learner numbers. There's no justification to state we should have submitted something different.

The course of the approval has taken 3 years, and in this time we have reacted to every request and recommendation we have been sent. This has the consequence of making the program change over the approval process. To get to the final stage and criticise us for putting in additional processes and actions during the approval process, and seeing them as not being valid since they were not there at the beginning, makes the whole concept of a process defunct. To say you won't recognise processes that have not been run and tested yet puts us in a catch-22 situation, as it's impossible to do this without approval. Surely the monitoring of the effectiveness of new processes would be a condition, and something that the HCPC would be continually involved with, not an outright bar to approval.

Dismissing our placement provision, when it is all set up and has been successfully running for many years is baseless. The documents we have submitted to you regarding our management of these are typical of the other HEIs, and our placement providers made this assertion several times when you spoke to them. We have extensive experience in placement management, none of which is recognised in the report.

And finally to refuse to acknowledge our Level 6 diploma as meeting the standards of the SOPs because in the visitor's opinion it does not look like a BSc Hons. The evaluation of what is a degree is a specialist action that takes place within universities and passes several panels. The judgment of whether ours meets this standard is not within the expertise of the general Paramedic visitor, as it is not a judgment they would be asked to make in their workplace. All the visitors can comment on is if the content of the program looks suitable, and in this decision, their reference point would be their experience at their own HEI. The key sticking point here is that when you have only this as a frame of reference, then you can only make a decision on if this program is identical to the ones they have worked with. But identical is not what the aim of the exercise was, it was 'equivalent' and 'comparable'. And I believe that our program meets these two descriptors, our learners will have a comparable learning experience, and at the end they will gain a Level 6 equivalent qualification. Arguing over a descriptor being in the wrong place, and failing to see how the modules flow together does not negate this fundamental statement of truth. You have seen multiple programs that have been approved, and are

aware of what documents are typically submitted as evidence, you can see that what has been presented is not out of the ordinary or glaringly inferior.

I put it to you that the complex nature of the approval process for our program due to the unique challenge we have, has caused the process to have a grossly extended delay. Having the process being six times longer than the normal course of approval, has had an impact on the decisions here. Documents submitted at the start are no longer valid, but they have been confused with subsequent submissions, and in some cases, some submissions have been omitted entirely from consideration. What has been asked of us was clear at the start, and then became more convoluted and subjective as time passed. The example of a mapping document being the requested standard, then this changing to the abstract idea of a 'justification', and attempting to gather this in a short meeting shows that the process was floundering.

I have refuted the majority of the reasons for non-approval in this response with clear examples of why the statements are incorrect, I also say that publishing the statements would be harmful to our organisation, so what is actually written in your final report should be given careful consideration.
