

Education and Training Committee, 11 September 2014

Threshold level of qualification for entry to the Register for paramedics

Executive summary and recommendations

Introduction

At its meeting on 5 June 2014, the Education and Training Committee considered a paper looking at the threshold level of qualification for entry to the Register ('SET 1') for two professions, including paramedics. The Committee agreed that it should proceed to consider whether the level set out for paramedics should be increased. The existing threshold for the profession is 'Equivalent to Certificate of Higher Education'.

This paper sets out the legal basis for SET 1; the profile of pre-registration paramedic programmes; the policy context informing the continuing development of paramedic education and training; and the factors to be considered in changing SET 1.

The paper seeks a clear 'steer' from the Committee on a range of matters at the level of principle, including whether in principle and subject to a future consultation SET 1 for paramedics should be increased; and if so, to what level.

Decision

The Committee is invited to discuss the attached paper, particularly those issues listed in section seven.

Background information

See paper.

Resource implications

Reviewing SET 1 for paramedics has been included in the Policy and Standards Department Work Plan for 2014-2015 and will be included in 2015-2016. Resource implications in future could include meeting with stakeholders; developing the consultation document; and, in 2015-2016, analysing the responses to the consultation.

Financial implications

None as a direct result of this paper. Future financial implications (2015-2016) may include reprinting the SETs and SETs guidance if a change to SET 1 was subsequently agreed.

Appendices

- Appendix 1: SET 1
- Appendix 2: Profile of pre-registration paramedic programmes
- Appendix 3: FHEQ descriptors
- Appendix 4: Standards of proficiency for paramedics (effective 1 September 2014).

Date of paper

29 August 2014

Threshold level of qualification for entry to the Register for paramedics

1. Introduction

- 1.1 At its meeting on 5 June 2014, the Education and Training Committee considered a paper looking at the threshold level of qualification for entry to the Register (set out in the first of the standards of education and training – ‘SET 1’) for two professions, including paramedics. The Committee agreed that it should proceed to consider whether the level set out for paramedics should be increased.¹
- 1.2 This paper sets out the background and context which informs the Committee’s discussion about whether the threshold for paramedics should be increased and, if so, the level it should be increased to. The content of this paper has been informed by legal advice sought by the Executive.
- 1.3 This is a complex, highly political topic with some strongly held stakeholder views; developments, particularly with respect to commissioning in England, are currently on-going; and SET 1 has not previously been increased for an existing profession. The Committee is invited at this stage to discuss the issues and to agree a ‘direction of travel’, at the level of principle. This will inform on-going discussions with stakeholders and, in the fullness of time, potentially the Committee agreeing a consultation document on firm proposals for increasing the threshold level for paramedics.
- 1.4 The Executive is therefore seeking a ‘clear steer’ from the Committee in this area.

2. About SET 1

- 2.1 SET 1 provides the threshold levels of qualification ‘normally’ expected to meet the remainder of the standards of education and training, and thus the standards of proficiency. SET 1 has to be set at no more than the level necessary for someone to meet all the standards of proficiency (which are, in turn, the threshold standards for safe and effective practice).
- 2.2 The standard includes the phrase ‘normally’ as the HCPC’s legislation is based on the outcomes set out in the standards of proficiency. The Health and Social Work Professions Order 2001 (‘the Order’) makes no provision for the HCPC to specify the academic award required for entry to the Register, but provides for it to approve, on an ‘outcome’ basis, qualifications which meet the standards it has set for entry to the Register. In summary the Order provides the following.
 - Article 5(2)(a) requires the Council to set the standards of proficiency necessary for safe and effective practice.

¹ Education and Training Committee, 5 June 2014. Threshold level of qualification for entry to the Register
<http://www.hpc-uk.org/assets/documents/1000464CEnc11ThresholdlevelofqualificationforentrytotheRegister.pdf>

- Article 12(1)(a) provides that an approved qualification must be the one which meets the requisite standards of proficiency.
 - Article 15(1)(a) requires the Council to establish the standards of education and training at a level which is necessary to achieve the standards of proficiency.
- 2.3 As we have no legislative powers to allow us to specify that those standards can only be met by a particular academic award, legal advice is that it would be unlawful for us to refuse to approve a programme which delivered the standards of proficiency and met the remaining standards of education and training solely on the basis that it did not lead to the award of a qualification specified in SET 1.
- 2.4 As SET 1 sets out a threshold, programmes may be delivered at academic awards / levels above. There are a number of professions where at least some provision is delivered above the threshold.
- 2.5 The existing standard is set out in appendix one.

3. The profile of pre-registration paramedic education and training

- 3.1 The threshold level for paramedics in SET 1 is 'Equivalent to Certificate of Higher Education' (level 4 on the Framework for Higher Education Qualifications (FHEQ); level 7 on the Scottish Credit and Qualifications Framework (SCQF)).² This has remained unchanged since the standards of education and training were first developed.
- 3.2 The existing threshold wording of 'equivalent' reflects that in the past the majority of paramedic education and training was delivered by ambulance service trusts, often resulting in an 'IHCD paramedic award' of the awarding body Edexcel. Edexcel considered these awards to be equivalent to a Certificate of Higher Education.
- 3.3 The latest edition of the curriculum guidance published by the professional body for paramedics, the College of Paramedics, recommends BSc (Hons) degree level provision in England, Wales and Northern Ireland and non honours degree level provision in Scotland from the 2015-2016 academic year (level 6/9/10).
- 3.4 The tables in appendix two provide the most up-to-date information about the profile of existing approved pre-registration programmes leading to eligibility to apply for registration as a paramedic. The following observations can be made.

² Throughout this paper and appendix two levels are given in the format 'number / number', with levels from the FHEQ first and SCQF second. Please note that level 6 qualifications on the FHEQ map to levels 9 and 10 on the SCQF.

<http://www.qaa.ac.uk/en/Publications/Documents/Framework-Higher-Education-Qualifications-08.pdf>
<http://www.scqf.org.uk/framework-diagram/Framework.htm>

- The majority of programmes (85%) are now delivered by higher education institutions and in excess of the current threshold level.
- The biggest single type of award is at foundation degree (38%; level 5/8).
- In England, 91% of provision is above the threshold, with 30% at BSc (Hons) degree (level 6/9/10) and there are signs which indicate an increase in provision at this level.
- There are differences between provision in England and that in the other countries of the UK.
 - In Scotland, the only approved programme is a diploma of higher education (level 5/8).
 - In Wales, the highest level of existing approved programme is a diploma of higher education (level 5/8).
 - In Northern Ireland, the only approved programme is currently a paramedic in-training award with IHCD validation delivered by the Northern Ireland Ambulance Service (level 4/7).

3.5 For reference, the level descriptors from the FHEQ for levels four (certificates of higher education), five (diplomas of higher education and foundation degrees) and six (non-honours and honours degrees) are given in appendix three.

4. Policy context

- 4.1 The policy context which informs the change in education and training models (at least in England) is about changes to how ambulance services are configured and delivered which have taken place over time.
- 4.2 The following provides a short summary of some of the policy reports which have reported on and informed these changes and which inform / reflect contemporary debate about pre-registration education and training for the paramedic profession.
- 4.3 **Taking Healthcare to the Patient (Department of Health, 2005)**³ made a number of recommendations for how ambulance services (in England) should be transformed to improve patient care.
- 4.4 This report set out the need for paramedics, as part of the ambulance service workforce, to be able to deal with urgent and unscheduled care as well as emergency care. The report set out that ambulance services should be delivered in a way which allows paramedics to assess, treat and decide on the appropriate care pathway for the patient (if necessary), rather than always

³ Department of Health (2005). Taking healthcare to the patient: Transforming NHS ambulance services
http://webarchive.nationalarchives.gov.uk/20061023110946/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4114269

conveying to hospital. This includes being able to treat, provide advice to patients on self-care and signposting or referring to primary or secondary services, for example.

- 4.5 The report argued that education and training needed to focus on the knowledge and diagnostic and clinical reasoning skills needed to be able to deliver this type of care – including knowledge and skills in physical assessment; clinical decision-making; long-term conditions; minor illness; and injury.
- 4.6 The report concluded that there should be a move to higher education for ‘ambulance clinicians’ to aid integration of ambulance staff within the NHS career framework. The report further concluded that: ‘Initial registration should be at diploma or foundation degree level.’ (Paragraph E10.)
- 4.7 In 2013, the **Paramedic Evidence Based Education Project (PEEP)**⁴ report was published by Health Education England (HEE). The report was commissioned by the Department of Health and funded by the professional body, the College of Paramedics. The report was the product of a research study which involved stakeholders across the UK. The Director of Policy and Standards represented the HCPC on the Research Advisory Board. Although the report’s recommendations are primarily about England, case studies were carried out in each of the four UK countries.
- 4.8 The report makes a number of recommendations for reforming paramedic education and training (in England). These include reforming how programmes are commissioned; students’ access to bursary funding and other types of support; and enhancing the curricula in areas such as dementia, mental health awareness and clinical decision making.
- 4.9 With reference to the HCPC’s role, the report recommends that the paramedic profession should move towards an all graduate profession, with foundation degrees discontinued.
- 4.10 An all degree workforce is argued for a variety of reasons including the following.
 - The need for parity with the other Allied Health Professions (AHPs).
 - The benefits of a graduate workforce for patient outcomes (with parallels drawn with the recent move to degree training in nursing).
 - Degree level is required because two years is not long enough to cover in sufficient depth the knowledge and skills required to deliver urgent and unscheduled care, ensuring that paramedics have the level of clinical

⁴ Education and Training Committee, 14 November 2014. Paramedic Evidence Based Education Project
<http://www.hcpc-uk.org/assets/documents/100042D1Enc10ParamedicEvidenceBasedEducationProject.pdf>

decision making skills needed to be able to manage the 'complex case mix' now required of them.

- 4.11 A foundation degree model was not favoured in the report owing to concerns that in other professions a foundation degree qualification is used to develop the healthcare support workforce up to assistant practitioner level.
- 4.12 The report notes, however, the 'polarised' nature of views on this topic, with general consensus that the level of education and training should increase, but strongly held views both that degrees should be introduced as soon as possible, and that such a 'high level' of award is not necessary to be a good paramedic. Further, the report reflects concern amongst some about the impact of degree level at entry on the existing workforce and the desire to maintain a diversity of entry routes, particularly for those who are already in support or technician roles within the ambulance service.
- 4.13 As a result, the report suggests a phased approach to introducing an all degree at entry profession by 2019 (acknowledging that this will be considered too long a time period for some). In terms of regulation, the first suggested phase is changing the threshold level in SET 1 to a diploma of higher education from 2015. The second suggested phase is reviewing the threshold level and changing it to BSc (Hons) degree, with students entering degree only programmes from September 2019.
- 4.14 Health Education England – which via its Local Education and Training Boards (LETBs) commissions some pre-registration paramedic programmes in England – have established a **Paramedic Education and Training Steering Group**⁵ to consider and take forward the PEEP report recommendations. The Director of Policy and Standards represents the HCPC on the Steering Group. The project includes looking at the scope of practice of paramedics and new ways of working; how training is financed; workforce planning to determine future commissioning needs; and communication.
- 4.15 This work is on-going at the time of writing, and a final report has yet to be agreed, but there is general consensus from those present that there should be a movement to commissioning only degree programmes for entry to the profession in England and it has been suggested that this might be achieved from the 2016-2017 academic year. The exact conclusions that are reached, however, may change as the work nears completion. Although the products of this work will directly affect England, representatives from the other UK countries attend the Steering Group and there has been no dissent from the aspiration of degree level at entry.

⁵ Health Education England - information about the paramedic programme
<http://hee.nhs.uk/work-programmes/paramedics/>

- 4.16 The **Ambulance Association of Chief Executives**⁶, which represents all English ambulance services, has indicated its aspiration for a graduate profession at entry, with careful consideration required for transition.
- 4.17 Another likely recommendation once the work concludes is a move to standardise the commissioning and funding of pre-registration education and training for paramedics. At the moment there is variability, with some programmes commissioned by LETBs and others funded directly by ambulance trusts.

5. Changing the level specified in SET 1

- 5.1 The Executive has sought legal advice in anticipation of some of the matters that might be considered relevant to the Committee's decision making about whether to propose changing the level specified in SET 1 for paramedics. A summary is provided below.

The link between SET 1 and the standards of proficiency

- 5.2 As outlined in the paper considered by the Committee at its last meeting, the starting point in determining SET 1 must be the standards for the profession concerned. In the past, we have said that we might consider whether the threshold level should be increased for a profession in part if we had evidence that the existing standards of proficiency needed to be changed in order to protect the public.
- 5.3 In the past the Committee has struggled in determining the level that should be specified for a new profession joining the Register which has variability in its level of pre-registration education and training. This has been because of the difficulty in in reading between standards of proficiency and the level descriptors of academic awards.
- 5.4 The standards of proficiency for paramedics have recently been revised and a new version became effective from 1 September 2014 (appendix four to this paper).
- 5.5 Aside from implementation of the new generic structure, the amendments to the existing standards have been relatively minor in nature and have included the following changes.
- A new standard about understanding the importance of participation in training, supervision and mentoring (also included for a number of other professions).
 - A new standard about understanding theories of leadership and their implications for practice (also included for a number of other professions).

⁶ Association of Ambulance Chief Executives
<http://aace.org.uk>

- Some minor amendments to clarify the knowledge required of paramedics in the biological, physical, behavioural and clinical sciences.
- A range of other minor amendments / additions, including some to add references to urgent as well as emergency care; and to strengthen references to diagnostic skills and decision making about appropriate patient pathways.

5.6 The legal advice received has confirmed that the starting point must be the standards of proficiency for the profession. This advice has clarified, however, how this might be approached. An excerpt of this advice is given below, which in summary suggests that the Committee might be justified in changing SET 1 even if the text of the standards of proficiency has not changed significantly, where the expectations behind the standards have nonetheless changed.⁷

‘To a large degree, the SOPs [Standards of proficiency] are drafted in ‘future proof’ terms, in the sense that the knowledge and skills needed to meet them may change over time even if the language of the SOPs does not change. To take a relatively simple example (and recognising that the SOPs are undergoing revision) SOP 2a.2 requires a paramedic to:

2a.2 be able to select and use appropriate assessment techniques

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment...

Even without any change in language, the knowledge and skills to meet this SOP will have changed over time. When paramedics were first regulated, there was a much greater focus on the stabilisation and transfer to definitive care of trauma and acutely ill patients. Now, paramedics are also expected to provide urgent and unscheduled primary care, including providing definitive care on scene or referring patients via clinical pathways which offer an alternative to conveyance to the Emergency Department.

Clearly, the assessment techniques involved - including the all-important ability to make a differential diagnosis that means a patient may safely be left at home - require a greater depth of knowledge, understanding and skill than in the past, even though the language of the SOPs has not changed.

This is an important consideration. What is “appropriate” will change over time, particularly if (as here) the profession’s basic scope of practice expands. It should not be assumed that SET1 does not need to change merely because the SOPs have not been added to or amended.’

⁷ References to standards in the text below are to the version in place until very recently. These standards are included in the revised draft in appendix four (standards 14.10 and 14.11).

Profile of current approved pre-registration programmes

- 5.7 In past we have also maintained that in addition to changes to the standards of proficiency, we would have regard to the level at which the majority of education and training was delivered, so that if the majority of entrants to the profession were qualifying above the existing threshold level this would be a relevant factor in determining whether SET 1 should be increased.
- 5.8 Legal advice has confirmed that whilst the primary consideration for the Committee must be related to what is considered necessary in order to deliver the standards of proficiency, the profile of current provision is a legitimate factor in our decision making.

‘...the Council must give proper consideration to the preponderant level of award, as it is an indicator of the nature and level of education and training being undertaken by the majority of entrants to the profession and thus, in turn, is an indicator of the typical entrant’s practice capabilities. Maintaining SET1 at a level which is far below that of the typical entrant to a profession will almost inevitably lead to it being out of step with the threshold level of safe and effective practice in that profession.’

Transition period

- 5.9 Given the profile of paramedic education and training, the Executive has also sought advice on whether it would be possible to consider a phased approach to changing the threshold, such as that suggested in the PEEP report.
- 5.10 In summary, legal advice is that a phased approach in which the Council was to determine that SET 1 should be changed to a certain level on a specific date, and that a further specific change would be made on a later date, would not be possible. The Council would need to consult separately on each change, making a contemporary decision on each occasion about the level necessary to deliver the standards of proficiency.
- 5.11 However, legal advice is that in deciding to change SET 1, it would be possible for the Council to make it clear that it expects to amend SET 1 again in the future and to give an indication at that time, if it so wished, about what that level might be should the profession continue to develop as expected.
- 5.12 The Committee, as it has done in the past with other changes, would in any event still be able to specify an implementation date and approach for any change it agreed to SET 1. The recent service user and carer involvement standard, for example, was agreed in 2013 but is being implemented on a phased basis in the operational processes.

6. Discussion and proposals

Factors to be considered

- 6.1 The following provides a summary of the factors that the Committee should consider in deciding whether to consult on a change to SET1 for paramedics.
- The standards of proficiency – an increase in the threshold level would need to be justified on the basis that the level was necessary to deliver the standards of proficiency.
 - The role of SET 1 in setting a ‘threshold’ rather than an aspirational level.
 - The current profile of approved pre-registration paramedic programmes.
 - Changes to the practice and education and training of paramedics, informed / reflected by relevant policy reports and initiatives.
 - The HCPC’s role as a UK-wide regulator in respect of paramedics, given current variation in education and training provision in the four countries.

Increasing SET 1 for paramedics

- 6.2 The Executive invites the Committee to agree in principle that there is a case for increasing the level of award for paramedics specified in SET 1 for the following reasons.
- The vast majority of existing approved programmes – 85% overall – are now delivered above the existing threshold level of ‘Equivalent to Certificate of Higher Education’.
 - Programmes above the existing threshold are delivered in three out of the four UK countries. In England, 91% of programmes are above the threshold level and in Scotland the only approved programme is above the threshold.
 - If the existing threshold were to be maintained, there is arguably a risk at least in the medium to long term that the standard may become out of step with what is considered to be the threshold level for safe and effective practice in the profession (see paragraph 5.8). Whilst only playing one role as part of a wider system, the HCPC is seen by external stakeholders to have an important leadership role in these matters.
 - There is evidence of changes in paramedic practice which have occurred over time – particularly a focus on urgent and unscheduled care in addition to emergency care, requiring increased levels of clinical decision making.
 - Whilst the standards of proficiency have remained broadly stable, the changes that have been made are in line with the changes in practice

summarised above and there is evidence therefore that expectations behind the standards have changed.

- There is evidence of a general consensus that SET 1 should be increased (although, with reference to the PEEP report, some debate about the level it should be increased to and the pace of change).
- There appears to be general consensus amongst key stakeholder organisations of at very least a direction of travel towards degree level entry in all parts of the UK, with indications that in England commissioning arrangements may move in this direction in the short to medium term.

The level specified in SET 1

6.3 The Executive invites the Committee to discuss, in principle (and having regard to the content of this paper including the profile of existing programmes) the level that it might be feasible to propose at this stage in a future consultation on increasing the threshold level in SET 1 for paramedics.

6.4 The following provides a summary of awards at levels above the existing threshold.

- Diploma of higher education awards make up 21% of approved programmes. Diplomas of higher education are delivered in three out of the four countries and represent the highest level of existing provision in Scotland and Wales.
- Foundation degrees (also level 5/8 awards) are 38% of approved programmes, the largest proportion for a single type of award. Foundation degrees are only delivered in England; were not favoured in the findings of the PEEP report; and there are signs that this provision is to be replaced over time with degree programmes (see appendix 3).
- Degree qualifications (level 6/9/10) are only delivered in England and represent 27% of all approved programmes and all approved programmes delivered at levels 6/9/10 on the qualifications frameworks. There are signs of a movement to degree level at entry in England, and some signs of tentative UK-wide agreement that this should be the 'aspiration' or 'direction of travel'.

Implementation and timescale

6.5 As SET 1 is a 'normative level' it follows that any change in the level set would **not** automatically mean that programmes below the new level would have their on-going approval removed. However, a change in the level would certainly give a clear expectation as to the level which the HCPC considers is required. We would need to consider the consequence of the change if agreed (if any) on the education operational processes.

- 6.6 The Committee is also further reminded that the standards of education and training do not prescribe that approved programmes must be delivered or validated by higher education institutions or against the relevant qualification frameworks by an awarding body.
- 6.7 This is a statement, of course, of the regulatory position. Others such as service providers, education providers, commissioners and other national organisations play an influential role in determining the actual level of education and training that is delivered.
- 6.8 If the Committee was to be minded, in principle, to consult on an increase to SET 1 for paramedics, it could decide (in line with the legal advice received) to do this over time, consulting on and agreeing to change the standard, subsequently keeping it under review, and consulting again in future on a further change
- 6.9 The Executive proposes that at this stage continued liaison with stakeholders across all four countries is vitally important. The discussion of the Committee at this stage will be helpful in providing a clear ‘steer’ about the likely approach / direction of travel with respect to SET 1 which can inform those conversations.

Timetable

- 6.10 The timetable for this piece of work is unclear at this stage and will be influenced in part by the Committee’s discussion at this meeting. However, the following outlines some possible next steps.

Action	Timescale
Discussion by Education and Training Committee	11 September 2014
On-going discussion with stakeholders and continued participation in the Health Education England project.	On-going to February 2015 Verbal or written update provided to the Committee in November 2014
Discussion by Education and Training Committee This could include the Committee considering the specific consultation proposals it is minded to make and/or agreeing the text of a consultation document.	March 2015

7. Decision

7.1 The Committee is invited to discuss this paper and in particular to:

- agree, in principle only, that there is a case for increasing the level of award for paramedics specified in SET 1; and
- discuss, in principle only, the level / award that it might be possible to propose at this stage in a future consultation on increasing the threshold level in SET 1 for paramedics.

Appendix 1: Threshold level of qualification for entry to the Register (SET 1)

1. 1 The Council normally expects that the threshold entry routes to the Register will be the following:

Bachelor degree with honours for:

- biomedical scientists (with the Certificate of Competence awarded by the Institute of Biomedical Science, or equivalent);
- chiropodists / podiatrists;
- dietitians;
- occupational therapists;
- orthoptists;
- physiotherapists;
- prosthetists / orthotists;
- radiographers;
- social workers in England; and
- speech and language therapists.

Masters degree for arts therapists.

Masters degree for clinical scientists (with the Certificate of Attainment awarded by the Association of Clinical Scientists, or equivalent).

Foundation degree for hearing aid dispensers.

Diploma of Higher Education for operating department practitioners.

Equivalent to Certificate of Higher Education for paramedics.

Professional doctorate for clinical psychologists.

Professional doctorate for counselling psychologists, or equivalent.

Professional doctorate for educational psychologists, or equivalent.

Masters degree for forensic psychologists (with the award of the British Psychological Society qualification in forensic psychology, or equivalent).

Masters degree for health psychologists (with the award of the British Psychological Society qualification in health psychology, or equivalent).

Masters degree for occupational psychologists (with the award of the British Psychological Society qualification in occupational psychology, or equivalent).

Masters degree for sport and exercise psychologists (with the award of the British Psychological Society qualification in sport and exercise psychology, or equivalent).

Appendix 2 – Profile of pre-registration paramedic programmes

Figures are correct as at 27 August 2014. Figures have been rounded.

Table 1: Approved programmes and education providers

Number of approved programmes	48
Number of education providers	32

Table 2: All approved programmes by type of award

Type of award	Number of programmes	
BSc (Hons)	13	27%
Foundation degree	18	38%
Diploma of Higher Education	10	21%
Equivalent to Certificate of Higher Education	7	15%

Table 3: All approved programmes by level of award

Level of award	Number of programmes	
Level 6/9/10	13	27%
Level 5/8	28	58%
Level 4/7	7	15%

Note to table

- Levels are from the Framework for Higher Education Qualifications and then after '/' the Scottish Credit and Qualifications Framework.
- Level 4/7 includes Certificates of Higher Education; Level 5/8 Diplomas of Higher Education and Foundation degrees; level 6/9/10 Bachelor's degrees.

Table 4: All approved programmes by type of education provider

Type of provider	Number of programmes	
Higher Education Institution	41	85%
Ambulance Service Trust validated by IHCD	6	13%
Private provider	1	2%

Table 5: Approved paramedic programmes by type of award, by country

Type of award	England	Scotland	Wales	Northern Ireland
BSc (Hons)	13 (30%)	0	0	0
Foundation degree	18 (42%)	0	0	0
Diploma of Higher Education	8 (19%)	1 (100%)	1 (33%)	
Equivalent of Certificate of Higher Education	4 (9%)	0	2 (66%)	1 (100%)
Total	43	1	3	1

Summary of proposed provision (not yet visited) – proposed commencements in 2015 or 2016

- Two education providers proposing BSc (Hons) degree provision to replace existing foundation degree provision (five programmes).
- Two education providers proposing new BSc (Hons) degree provision, one at a new education provider (three programmes).
- One education provider proposing BSc (non-honours) degree provision to replace existing foundation degree provision (three programmes).
- Two education providers (one new) proposing Diploma of Higher Education provision (three programmes).
- One education provider proposing higher national diploma provision (level 5/8; one programme).
- One education provider proposing equivalent to certificate of higher education provision (one programme).
- All the above related to England only.

Appendix 3: FHEQ descriptors¹

Descriptor for a higher education qualification at level 4: Certificate of Higher Education

The descriptor provided for this level of the FHEQ is for any Certificate of Higher Education which should meet the descriptor in full. This qualification descriptor can also be used as a reference point for other level 4 qualifications.

Certificates of Higher Education are awarded to students who have demonstrated:

- knowledge of the underlying concepts and principles associated with their area(s) of study, and an ability to evaluate and interpret these within the context of that area of study
- an ability to present, evaluate and interpret qualitative and quantitative data, in order to develop lines of argument and make sound judgements in accordance with basic theories and concepts of their subject(s) of study.

Typically, holders of the qualification will be able to:

- evaluate the appropriateness of different approaches to solving problems related to their area(s) of study and/or work
- communicate the results of their study/work accurately and reliably, and with structured and coherent arguments
- undertake further training and develop new skills within a structured and managed environment.

And holders will have:

- the qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility.

Holders of a Certificate of Higher Education will have a sound knowledge of the basic concepts of a subject, and will have learned how to take different approaches to solving problems. They will be able to communicate accurately and will have the qualities needed for employment requiring the exercise of some personal responsibility.

The Certificate of Higher Education may be a first step towards obtaining higher level qualifications.

¹ Reproduced from: Quality Assurance Agency for Higher Education (2011). UK quality code for higher education.

<http://www.qaa.ac.uk/en/Publications/Documents/quality-code-A1.pdf>

Descriptor for a higher education qualification at level 5: Foundation Degree

The descriptor provided for this level of the FHEQ is for any Foundation Degree which should meet the descriptor in full.

This qualification descriptor can also be used as a reference point for other level 5 qualifications, including Diplomas of Higher Education, Higher National Diplomas, and so on.

Foundation Degrees are awarded to students who have demonstrated:

- knowledge and critical understanding of the well established principles of their area(s) of study, and of the way in which those principles have developed
- ability to apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context
- knowledge of the main methods of enquiry in the subject(s) relevant to the named award, and ability to evaluate critically the appropriateness of different approaches to solving problems in the field of study
- an understanding of the limits of their knowledge, and how this influences analyses and interpretations based on that knowledge.

Typically, holders of the qualification will be able to:

- use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis
- effectively communicate information, arguments and analysis in a variety of forms to specialist and non-specialist audiences, and deploy key techniques of the discipline effectively
- undertake further training, develop existing skills and acquire new competences that will enable them to assume significant responsibility within organisations.

And holders will have:

- the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision-making.

The Foundation Degree is an example of a qualification that meets, in full, the Expectations of the qualification descriptor (and the Foundation Degree qualification benchmark). Further details of the Foundation Degree Qualification benchmark may be found in Chapter A2: The subject and qualification level of the Quality Code.

Holders of qualifications at this level will have developed a sound understanding of the principles in their field of study, and will have learned to apply those principles more widely. Through this, they will have learned to evaluate the appropriateness of different approaches to solving problems. Their studies may well have had a vocational orientation, for example HNDs, enabling them to perform effectively in their chosen field. Holders of qualifications at this level will have the qualities necessary for employment in situations requiring the exercise of personal responsibility and decision-making.

Descriptor for a higher education qualification at level 6: Bachelor's degree with honours

The descriptor provided for this level of the FHEQ is for any bachelor's degree with honours which should meet the descriptor in full. This qualification descriptor can also be used as a reference point for other level 6 qualifications, including bachelor's degrees, graduate diplomas and so on.

Bachelor's degrees with honours are awarded to students who have demonstrated:

- a systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at, or informed by, the forefront of defined aspects of a discipline
- an ability to deploy accurately established techniques of analysis and enquiry
- within a discipline
- conceptual understanding that enables the student:
 - to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline
 - to describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline
- an appreciation of the uncertainty, ambiguity and limits of knowledge
- the ability to manage their own learning, and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the discipline).

Typically, holders of the qualification will be able to:

- apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects
- 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
- communicate information, ideas, problems and solutions to both specialist and non-specialist audiences.

And holders will have:

- the qualities and transferable skills necessary for employment requiring:
 - the exercise of initiative and personal responsibility
 - decision-making in complex and unpredictable contexts
 - the learning ability needed to undertake appropriate further training of a professional or equivalent nature.

Holders of a bachelor's degree with honours will have developed an understanding of a complex body of knowledge, some of it at the current boundaries of an academic discipline. Through this, the holder will have developed analytical techniques and problem-solving skills that can be applied in many types of employment. The holder of such a qualification will be able to evaluate evidence, arguments and assumptions, to reach sound judgements and to communicate them effectively.

Holders of a bachelor's degree with honours should have the qualities needed for employment in situations requiring the exercise of personal responsibility, and decision making in complex and unpredictable circumstances.

Bachelor's degrees with honours form the largest group of higher education qualifications. Typically, learning outcomes for these programmes would be expected to be achieved on the basis of study equivalent to three full-time academic years and lead to awards with titles such as Bachelor of Arts, BA (Hons) or Bachelor of Science, BSc (Hons). In addition to bachelor's degrees at this level are short courses and professional 'conversion' courses, based largely on undergraduate material, and taken usually by those who are already graduates in another discipline, leading to, for example, graduate certificates or graduate diplomas.

Standards of proficiency

Paramedics

Contents

Foreword 1

Introduction 3

Standards of proficiency 7

Foreword

I am pleased to present the Health and Care Professions Council's standards of proficiency for paramedics.

We first published standards of proficiency for paramedics in July 2003. We published revised standards in November 2007. We review the standards regularly to look at how they are working and to check whether they continue to reflect current practice in the professions we regulate.

These new revised standards are a result of our most recent review of the standards of proficiency. As a result of the first stage of the review, and the results of a public consultation, we have revised our generic standards which apply to all the professions we regulate. The revised standards are now based around 15 generic statements. This new structure means that we can retain the standards which are shared across all the professions we regulate, whilst allowing us more flexibility in describing the detailed standards which are specific to individual professions.

The profession-specific standards for paramedics included in this document were developed through the input of the relevant professional bodies and the views of all stakeholders during a further public consultation. The review process and consultation produced valuable feedback and we are grateful to all those who gave their time to help us in shaping the new standards.

We have made a small number of changes to the standards overall, mainly to reflect developments in education and practice, to clarify our intentions and to correct any errors or omissions. We have also made some minor changes to the introduction, in particular to explain the language we use in the standards.

I am confident that the standards are fit for purpose and reflect safe and effective professional practice for paramedics.

These standards are effective from Monday 1 September 2014.

A handwritten signature in black ink that reads "Anna van der Gaag". The signature is written in a cursive style with a prominent initial 'A' and a long horizontal stroke at the end.

Anna van der Gaag

Chair

Introduction

This document sets out the standards of proficiency. These standards set out safe and effective practice in the professions we regulate. They are the threshold standards we consider necessary to protect members of the public. They set out what a student must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with us. Once on our Register you must meet those standards of proficiency which relate to the areas in which you work.

We also expect you to keep to our standards of conduct, performance and ethics and standards for continuing professional development. We publish these in separate documents, which you can find on our website.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements which are relevant to registrants belonging to one of the professions we currently regulate. The generic standards are written in **bold**, and the profession-specific standards are written in plain text.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for practice.

A note about our expectations of you

You must meet all the standards of proficiency to register with us and meet the standards relevant to your scope of practice to stay registered with us.

It is important that you read and understand this document. If your practice is called into question we will consider these standards (and our standards of conduct, performance and ethics) in deciding what action, if any, we need to take.

The standards set out in this document complement information and guidance issued by other organisations, such as your professional body or your employer. We recognise the valuable role played by professional bodies in providing guidance and advice about good practice which can help you to meet the standards in this document.

Your scope of practice

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain area or with a particular client group, or a movement into roles in management, education or research. Every time you renew your registration, you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.

Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession.

As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. If you want to move outside of your scope of practice, you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training or gaining experience, before moving into a new area of practice.

Meeting the standards

It is important that you meet our standards and are able to practise lawfully, safely and effectively. However, we do not dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

We often receive questions from registrants who are concerned that something they have been asked to do, a policy, or the way in which they work might mean they cannot meet our standards. They are often worried that this might have an effect on their registration.

As an autonomous professional, you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times. So long as you do this and can justify your decisions if asked to, it is very unlikely that you will not meet our standards.

Language

We recognise that our registrants work in a range of different settings, which include direct practice, management, education, research and roles in industry. We also recognise that the use of terminology can be an emotive issue.

Our registrants work with very different people and use different terms to describe the groups that use, or are affected by, their services. Some of our registrants work with patients, others with clients and others with service users. The terms that you use will depend on how and where you work. We have used terms in these standards which we believe best reflect the groups that you work with.

In the standards of proficiency, we use phrases such as 'understand', 'know', and 'be able to'. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying for registration for the first time.

These standards may change in the future

We have produced these standards after speaking to our stakeholders and holding a formal public consultation.

We will continue to listen to our stakeholders and will keep our standards under continual review. Therefore, we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

Standards of proficiency

Registrant paramedics must:

1 be able to practise safely and effectively within their scope of practice

- 1.1 know the limits of their practice and when to seek advice or refer to another professional
- 1.2 recognise the need to manage their own workload and resources effectively and be able to practise accordingly
- 1.3 be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in unfamiliar and unpredictable circumstances or situations
- 1.4 be able to work safely in challenging and unpredictable environments, including being able to take appropriate action to assess and manage risk

2 be able to practise within the legal and ethical boundaries of their profession

- 2.1 understand the need to act in the best interests of service users at all times
- 2.2 understand what is required of them by the Health and Care Professions Council
- 2.3 understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- 2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
- 2.5 know about current legislation applicable to the work of their profession
- 2.6 be able to practise in accordance with current legislation governing the use of medicines by paramedics
- 2.7 understand the importance of and be able to obtain informed consent
- 2.8 be able to exercise a professional duty of care

3 be able to maintain fitness to practise

- 3.1 understand the need to maintain high standards of personal and professional conduct
- 3.2 understand the importance of maintaining their own health
- 3.3 understand both the need to keep skills and knowledge up to date and the importance of career-long learning
- 3.4 be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment
- 3.5 recognise the need to engage in critical incident debriefing, reflection and review to ensure that lessons are addressed for future patient safety and management

4 be able to practise as an autonomous professional, exercising their own professional judgement

- 4.1 be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- 4.2 be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
- 4.3 be able to initiate resolution of problems and be able to exercise personal initiative
- 4.4 recognise that they are personally responsible for and must be able to justify their decisions
- 4.5 be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations
- 4.6 be able to make and receive appropriate referrals
- 4.7 understand the importance of participation in training, supervision and mentoring

- 4.8 be able to make a decision about the most appropriate care pathway for a patient and refer patients appropriately

5 be aware of the impact of culture, equality and diversity on practice

- 5.1 understand the requirement to adapt practice to meet the needs of different groups and individuals
- 5.2 understand the need to demonstrate sensitivity to the factors which shape lifestyle that may affect the individual's health and the interaction between the service user and paramedic

6 be able to practise in a non-discriminatory manner

7 understand the importance of and be able to maintain confidentiality

- 7.1 be aware of the limits of the concept of confidentiality
- 7.2 understand the principles of information governance and be aware of the safe and effective use of health and social care information
- 7.3 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

8 be able to communicate effectively

- 8.1 be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others
- 8.2 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5¹

¹ The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

- 8.3 understand how communication skills affect assessment of, and engagement with, service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
- 8.4 be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication
- 8.5 be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- 8.6 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
- 8.7 understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions
- 8.8 understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
- 8.9 recognise the need to use interpersonal skills to encourage the active participation of service users

9 be able to work appropriately with others

- 9.1 be able to work, where appropriate, in partnership with service users, other professionals, support staff and others
- 9.2 understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- 9.3 understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

- 9.4 understand the range, scope and limitations of operational relationships between paramedics and other health and care professionals
- 9.5 recognise the principles and practices of other health and care professionals and health and care systems and how they interact with the role of a paramedic
- 9.6 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

10 be able to maintain records appropriately

- 10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
- 10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

11 be able to reflect on and review practice

- 11.1 understand the value of reflection on practice and the need to record the outcome of such reflection
- 11.2 recognise the value of case conferences and other methods of review

12 be able to assure the quality of their practice

- 12.1 be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
- 12.2 be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- 12.3 be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- 12.4 be able to maintain an effective audit trail and work towards continual improvement
- 12.5 be aware of, and be able to participate in, quality assurance programmes, where appropriate

- 12.6 be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- 12.7 recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

13 understand the key concepts of the knowledge base relevant to their profession

- 13.1 understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to the paramedic profession
- 13.2 be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- 13.3 recognise the role of other professions in health and social care
- 13.4 understand the structure and function of health and social care services in the UK
- 13.5 understand the concept of leadership and its application to practice
- 13.6 understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- 13.7 understand human anatomy and physiology, sufficient to recognise the nature and effects of injury or illness, and to conduct assessment and observation in order to form a differential diagnosis and establish patient management strategies
- 13.8 understand the following aspects of biological science:
 - disease and trauma processes and how to apply this knowledge to develop appropriate treatment plans for the patient's pre-hospital or out-of-hospital care
 - how the application of paramedic practice may cause physiological and behavioural change
 - human anatomy and physiology, especially the dynamic relationships of human structure and function and the

musculoskeletal, cardiovascular, respiratory, digestive, endocrine, urinary, reproductive, integumentary and nervous systems

- human growth and development across the lifespan
- normal and altered anatomy and physiology throughout the human lifespan
- relevant physiological parameters and how to interpret changes from the norm
- the factors influencing individual variations in human ability and health function
- the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions
- the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan
- the role of nutrition in promoting health and preventing illness across the life spectrum

13.9 understand the following aspects of physical science:

- principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice
- the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis
- the pathophysiological changes to normal homeostatic function and its implications
- the principles and application of measurement techniques based on biomechanics and electrophysiology

13.10 understand the following aspects of sociological, health and behavioural science:

- how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships

- how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice
- psychological and social factors that influence an individual in health and illness

13.11 understand the following aspects of clinical science:

- pathological changes and related clinical features of conditions encountered in pre-hospital and out-of-hospital practice
- physiological, pharmacological, structural, behavioural and functional changes in patient presentation
- principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective paramedic practice
- the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with the scientific evaluation of their effectiveness
- the theories supporting problem solving and clinical reasoning
- understand relevant pharmacology and the administration of therapeutic medications, including pharmacodynamics and pharmacokinetics

14 be able to draw on appropriate knowledge and skills to inform practice

- 14.1 know the theories and science that underpin the theory and principles of paramedic practice
- 14.2 be able to change practice as needed to take account of new developments or changing contexts
- 14.3 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively

- 14.4 know how to position or immobilise patients correctly for safe and effective interventions
- 14.5 know the indications and contra-indications of using specific paramedic techniques in pre-hospital and out-of-hospital care, including their limitations and modifications
- 14.6 be able to modify and adapt practice to meet the clinical needs of patients within the emergency and urgent care environment
- 14.7 know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in the emergency and urgent care environment
- 14.8 be able to formulate specific and appropriate management plans including the setting of timescales
- 14.9 be able to gather appropriate information
- 14.10 be able to select and use appropriate assessment techniques
- 14.11 be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
- 14.12 be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges
- 14.13 be able to use observation to gather information about the functional abilities of patients
- 14.14 understand the need to consider the assessment of both the health and psycho-social care needs of patients and carers
- 14.15 be able to undertake or arrange investigations as appropriate
- 14.16 be able to analyse and critically evaluate the information collected
- 14.17 be able to demonstrate a logical and systematic approach to problem solving
- 14.18 be able to use research, reasoning and problem solving skills to determine appropriate actions

- 14.19 recognise the value of research to the critical evaluation of practice
- 14.20 be aware of a range of research methodologies
- 14.21 be able to evaluate research and other evidence to inform their own practice
- 14.22 be able to use information and communication technologies appropriate to their practice

15 understand the need to establish and maintain a safe practice environment

- 15.1 understand the need to maintain the safety of both service users and those involved in their care
- 15.2 be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these
- 15.3 be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
- 15.4 be able to select appropriate personal protective equipment and use it correctly
- 15.5 be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control
- 15.6 understand and be able to apply appropriate moving and handling techniques
- 15.7 understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them
- 15.8 be aware of the role of the paramedic in responding to hazardous or major incidents

Park House
184 Kennington Park Road
London SE11 4BU

tel +44 (0)845 300 6184
fax +44 (0)20 7820 9684
www.hcpc-uk.org

**This document is available in
alternative formats and Welsh
on request.**

**Call +44 (0)20 7840 9806
or email publications@hcpc-uk.org**



MIX
Paper from
responsible sources
FSC® C105395

© Health and Care Professions Council 2014

Publication code: 20070509iPOLPUB (reprinted with amends in August 2014)

This publication is produced using trees from sustainable forests and recycled fibre.