hpc health professions council

Review of approval and monitoring 2007–10

UK ambulance service pre-registration programmes

Contents

Introduction

About us (the Health Professions Council)

We are the Health Professions Council (HPC) and we were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their training, professional skills, behaviour and health.

Professionals on our Register are called 'registrants'. We currently regulate members of 15 professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please visit our website at www.hpc-uk.org

Our main functions

To protect the public, we:

- set standards for registrants' education and training, professional skills, conduct, performance, ethics and health;
- keep a register of professionals who meet those standards;
- approve programmes which professionals must complete to register with us; and
- take action when professionals on our Register do not meet our standards.

The Health Professions Order 2001 says that we must set standards which are necessary for safe and effective practice. This is why our standards are set at a 'threshold' level (the minimum level of safe and effective practice to protect the public).

Brief overview of the approval and monitoring processes

We visit all the programmes we approve to make sure that:

- the education programme meets or continues to meet our standards of education and training (SETs);
- those who complete the programme are able to meet or continue to meet our standards of proficiency (SOPs) for their part of the Register; and
- all programmes and education providers are assessed fairly and consistently.

When we carry out an approval visit, we are represented by what we refer to as the HPC Panel. The HPC Panel is normally made up of two Visitors, at least one of whom is from the same part of the Register as the profession to which the programme relates, and an HPC representative from the Education Department. It is the role of the Education Department representative to support both the Visitors and the education provider. Throughout the visit, we will ask questions of the staff, students, senior managers and practice-placement providers. We relate all our discussions back to our standards. At the end of the approval visit, the Visitors will make a recommendation as to whether, or to what extent, the programme meets or continues to meet our standards. Their recommendation is sent to our Education and Training Committee (ETC) which makes the final decision.

If we approve an education programme, it is normally given 'open-ended approval' and is then subject to monitoring. Annual monitoring is a retrospective, documentary, process. We consider whether a programme continues to meet our standards of education and training (SETs) and deliver the standards of proficiency (SOPs). We try to build on the education provider's own documents and processes for monitoring to remove the need for regular visits. The annual monitoring process operates in conjunction with the major change and approval processes. Information on these processes can be found in the supplementary information documents available on our website.

About this document

This report details the work conducted to review the programme of visits and annual monitoring activities for pre-registration education and training delivered by UK public ambulance services.

The review focused on the series of approval visits undertaken by the Education Department to UK public ambulance services. The review also focused on the outcomes of the annual monitoring activities and the implications for the future approval and monitoring of pre-registration education and training delivered by UK ambulance services.

In particular the review focused on:

- the methodolgy the HPC applied in deciding to undertake a programme of visits to UK public ambulance services;
- how the HPC plan for the visit programme was formulated;
- the impact of the implementation of the approval visit on the ambulance services and the HPC;
- the outcomes of the approval visits and any trends identified from this;
- how the HPC plan for the amended annual monitoring process was formulated; and
- the outcomes of the annual monitoring activities, any identifiable trends and the implications for the future approval and monitoring of pre-registration education and training delivered by UK ambulance services.

The paper draws on:

- a qualitative review of Education Department records of the amended approval process used for the programme of visits and a structured interview with the lead Education Officer for the project;
- quantitative data, drawn from Education Department records, describing some of the key features of the implementation of the approval process;
- a quantitative and, to a limited extent, qualitative review of the reports produced after each visit;
- a qualitative review of Education Department records of the amended annual monitoring process used for pre-registration education and training delivered by UK ambulance services;
- structured interviews with members of the Education Department who have been leading operationally on the annual monitoring of those education and training services; and
- a quantitative and, to a limited extent, qualitative review of the reports produced after the amended annual monitoring assessment.

Review of approval activities

Background to the programme of visits

At the meeting held in February 2004, the Education and Training Committee decided to conduct approval visits to all approved programmes which had not been subject to a visit since the publication of the Quality Assurance Agency's Subject Benchmark Statement for each profession. This led to a period of activity for the Education Department in which programmes that had not received a visit were contacted and visits arranged. The Benchmark Statement for paramedic programmes was published in 2004.

In the paramedic profession, many of the HPC-approved programmes are delivered by UK public ambulance services and follow the Institute of Health and Care Development (IHCD – part of Edexcel) rules for delivery and assessment of the programme. At the time, it was anticipated that a visit was required to approve the IHCD model of training generally rather than visits to specific sites of delivery. Information available indicated that the IHCD model was due to be phased out as the profession made the transition to higher education. Additionally, the ambulance service in England was subject to restructuring in July 2006 with the merger of services into a smaller number of larger NHS Trusts.

Given the uncertainty surrounding the future of the programmes, alongside the significant resource impact of 34 visits being added to the schedule, the decision was made that the UK public ambulance services had first to be entered into the annual monitoring audit process before visits would be undertaken. This process enabled the department to prioritise visits appropriately in the schedule for the following academic year.

In the 2005–06 academic year all UK public ambulance services submitted an audit which was assessed by Visitors. Of the 34 audits submitted, only three resulted in a recommendation that an approval visit was required. A paper to the Education and Training Committee on 5 September 2006 reported the outcomes of annual monitoring for the UK public ambulance services. This paper stated that the distinctiveness of the arrangements for delivery and assessment of the IHCD programmes at each ambulance service warranted site-specific visits.

Owing to the continuing uncertainty about the future of the IHCD programmes and the recent merger of English ambulance services, the Committee directed the Education Department to contact all UK public ambulance services to determine whether they intended to continue to deliver an IHCD programme. Where a service indicated that it intended to continue to deliver a programme, the Education Department was directed to organise an appropriate visit. At this time it was anticipated that, following site visits, a visit to the IHCD would also be needed to address generic issues.

On 12 June 2007 the findings of the initial contact exercise with the UK public ambulance services were reported to the Education and Training Committee. That report stated that, although there was a clear intention to move paramedic training into higher education, the time required for the transition meant that IHCD programmes would continue to run until at least 2008. The Committee decided that approval visits should take place at all UK ambulance services other than those which confirmed that they would cease to enrol students after 1 September 2008.

Preparation for the programme of visits

It was recognised that the IHCD model delivered by ambulance services was significantly different from the majority of approved programmes that are based in higher education institutes.

As a result, the Education Department commenced work to review and amend the approval process to ensure it was appropriate for the visits. This work commenced by holding a meeting with a group of experienced HPC paramedic Visitors. At this meeting each standard was discussed to determine what types of evidence for the SETs an ambulance service might be able to provide. This information was then used to tailor correspondence and other documents and prepare an appropriate agenda for each visit. It was also decided that wherever possible, the HPC panel would comprise two paramedic Visitors and a third Visitor from a different profession.

A programme of visits was then arranged. The first visit took place on 11 March 2008 and the last visit took place on 20 January 2009.

Outcomes of visits

All the Visitors' reports have been produced and considered by the Education and Training Committee. The majority of the programmes were granted continued approval. There were four programmes that had approval withdrawn.

Outcomes of all visits, departmental records and feedback from the ambulance services involved meant that there was now sufficient data to begin identifying trends. All the Visitors' reports can be found online in the Education Department section of the HPC website.

Appendix A summarises the approval outcomes reached in the case of each of the 15 UK public ambulance services.

As South Central Ambulance Service NHS Trust indicated that they did not intend to continue delivering a programme after 1 September 2008, only 14 visits were conducted.

The evidence base

The evidence used to review the visits was gathered from the Visitor reports, the experience of a key member of the Education Department responsible for planning and overseeing the implementation of the approval process, and from feedback sought from the 14 ambulance services who were subject to approval visits.

Visitor reports

Visitor reports are produced after an approval visit has been conducted. A report makes recommendations about whether a programme should receive open-ended approval or re-approval of that status. The Visitors' recommendations are based on whether a programme meets all of the standards of education and training.

Visitors can make one of three recommendations.

1. To approve / reapprove the programme.
2. To approve / reapprove the programme subject to conditions being met.
3. To not approve / withdraw approval from a programme.

When it is recommended that conditions are applied to a programme, these are detailed in the Visitors' report. They always relate to specific standards of education and training and are supported by reasons.

Agreed conditions can be met by the education provider submitting further documentation to the Visitors. The Visitors must be satisfied that the documentation submitted in response to the conditions demonstrates how the programme meets the SET. Education providers are given two opportunities to meet conditions prior to a final recommendation being made to the Education and Training Committee.

Ambulance Service Feedback Form

A feedback form was distributed in November 2009 to all ambulance services involved in the approval process. The form was designed to gather experiences of the approval process and asked for feedback on a range of pre-visit, visit and post-visit issues.

Issues explored included:

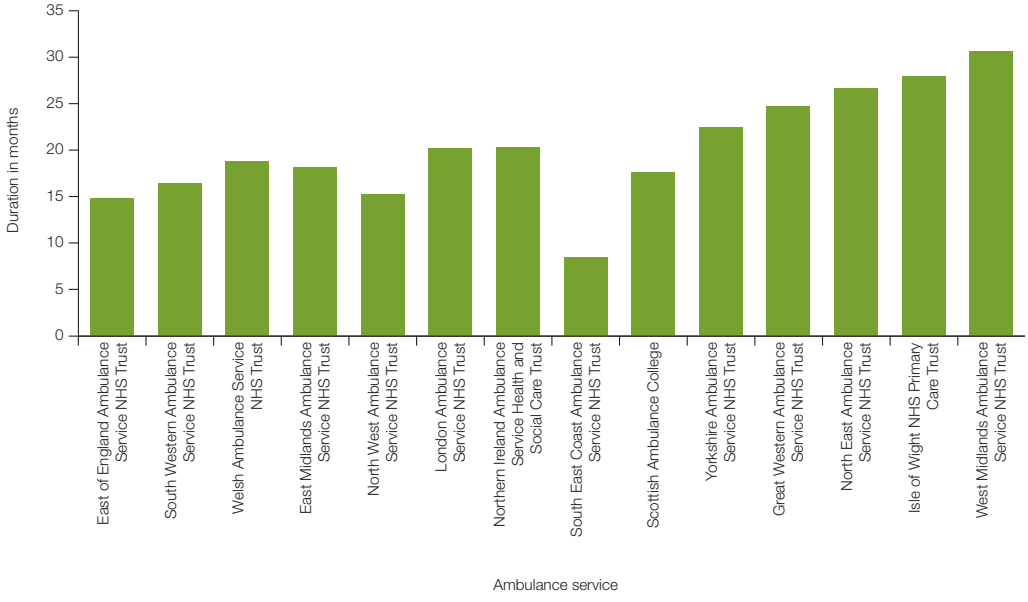
- the appropriateness of publications and communications to inform the service of the purpose and requirements of a visit;
- the appropriateness of the suggested agenda and the groups of people to be met at the visit;
- the documentation required prior to the visit;
- the role and remit of the HPC and the visiting panel at the visit; and
- the appropriateness of the report and its usefulness in clarifying the requirements for conditions to be met.

Six ambulance services responded to this feedback request. Of the six respondents, five services received reconfirmation of open-ended approval and one trust had approval withdrawn. A copy of the feedback form can be found at Appendix B.

The impact on resources and timeframes for the approval process

From an operational perspective, the work undertaken to visit each of the programmes was significant. Graphs 1, 2 and 3 show the lengths of some of the stages of the approval process. Graph 1 illustrates the length of the whole approval process from the date on which a visit request was received to the date the Education and Training Committee made the final decision.

Graph 1 Time between visit request received and final decision by Education and Training Committee



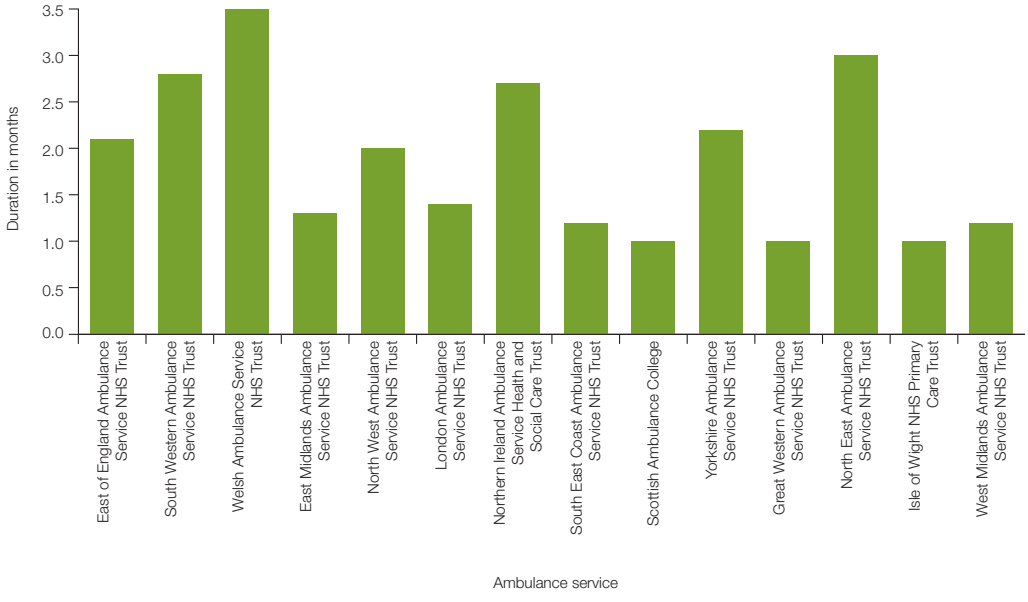
The approval process for most programmes is normally completed within six to nine months. It is apparent that the duration of the process was significantly longer for ambulance service programmes. This is representative of the complexity of each of the approval visits and the associated impact of time spent working on these visits. In some cases the process has taken in excess of two and a half years from the date the visit request was received.

This extended duration can be attributed to a variety of reasons, including:

- education providers suggesting the latest possible dates for their visit to be undertaken to maximise the time to present documentation;
- extenuating circumstances leading to rescheduled visits;
- documentation deadlines being missed leading to cancelled visits;
- the time taken to produce reports; or
- the time required for education providers to meet conditions.

Graph 2 shows the time taken to produce Visitors' reports after each of the visits.

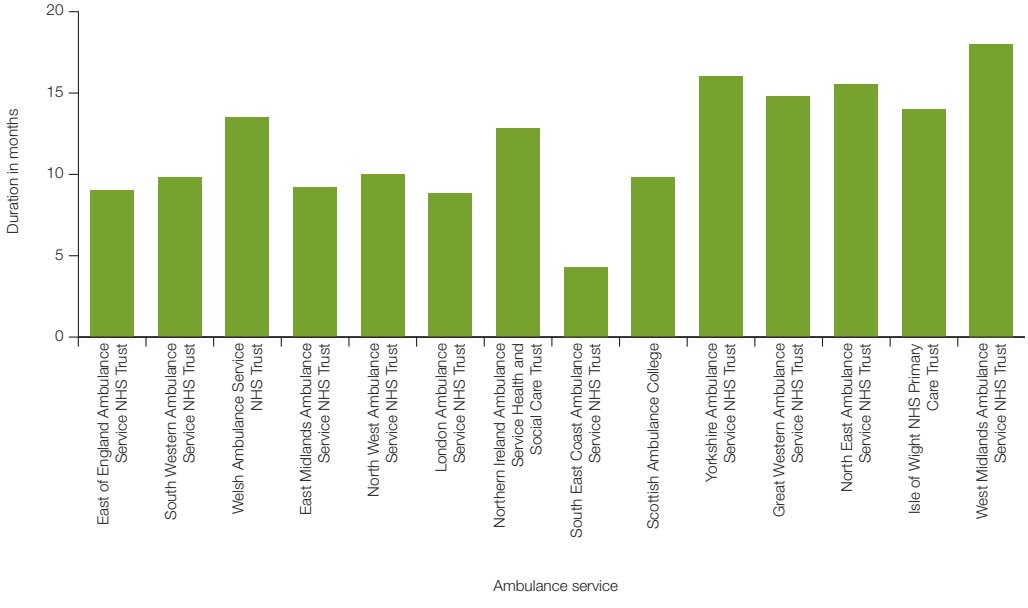
Graph 2 Time between visit date and report sent to education provider



All the reports took one month or more to produce and in some cases more than three months. This is much longer than usual in comparison to other programmes: overall 69 per cent of reports are submitted to education providers within 28 days of the visit date as indicated in the Education annual report 2009. The length of time taken can be attributed to the complexity of some of the cases and the numbers of conditions required.

Another resource-intensive period in the approval process is the post-visit stage. Graph 3 shows the duration of the post-visit stage from the visit date through to the date the Education and Training Committee made the final decision for each programme.

Graph 3 Time between visit date and Education and Training Committee decision



Previous education annual reports for 2008 and 2009 have indicated that the post-visit process is completed, in the majority of cases (67% in 2008, 76% in 2009) within four months of the visit date. Only eleven per cent of cases in the 2006–07 academic year required more than six months to meet conditions. In all but one case, the post-visit process for the ambulance service visits exceeded six months. The one case in which the post-visit process was resolved in less than six months was a result of a decision by the Education and Training Committee to withdraw approval without the education provider submitting a response to the conditions.

In some cases, the length of the post-visit process was affected by the time it took to produce reports. However, in the majority of cases it was the result of the time the ambulance services required to respond to the conditions placed on continued approval.

In some cases, education providers submitted observations on the Visitors' report to contest issues of accuracy and also to request extended deadlines or split deadlines for meeting conditions.

Extended or split deadlines were granted by the Education and Training Committee. These were cases where specific conditions could not be met within the normal time frame owing to extenuating circumstances, such as a particular service waiting for publication of curriculum information by the IHCD.

Feedback from ambulance services

Information regarding the ambulance services satisfaction with the approval process was sought in the feedback and the results are discussed below.

Time taken to complete approval process

Of the six ambulance services to respond to the feedback request, four found the time taken to be satisfactory. The two services that were dissatisfied cited the feedback from Visitors as the part of the process with which they were most dissatisfied.

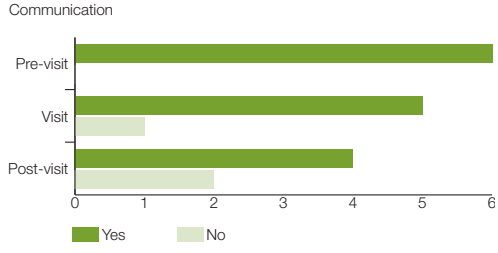
The time taken by Visitors to decide whether an IHCD programme had met the conditions set was longer than the time usually taken in relation to other programmes. The complex issues arising from each visit affected the duration of the decision-making process for the post-visit stage. In particular, it took longer than usual to consider the documentation submitted. Respondents acknowledged the challenges faced as this was the first time the approval process was being applied to ambulance service programmes. These issues are explored further in this report.

We also sought feedback on the three stages of the approval process – the pre-visit, visit and post-visit stages. The tables and information which follow detail the responses from the services.

Communication and information

The services agreed that communication and information in the pre-visit stage was delivered in a timely manner. This suggests the time and resource committed to adapting the approval process and communicating with services was sufficient.

Graph 4 Responses to the feedback questionnaire regarding timeliness of communication from HPC throughout each stage of the approval process



Most services also agreed information and communication was delivered in a timely manner at the visit itself. Our decision to include an additional Visitor from another profession may have assisted this process and ensured consistency in the application of standards.

One ambulance service disagreed and two specific issues were seen as contributing to this. Firstly, the service cited the lack of collaboration from the HPC in comparison to that from a panel at another HPC approval event the respondent had observed. Secondly, the respondent indicated that the panel appeared unprepared and seemed to have not read the documentation submitted prior to the visit. This particular programme was one of the first to be visited. The final outcome of the visit was the reconfirmation of approval of the programme.

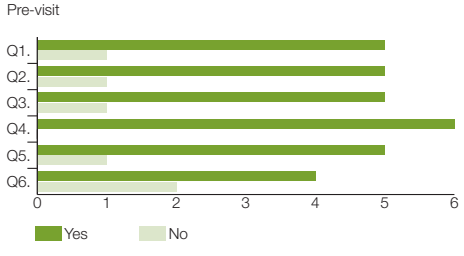
The panel, although fully trained, did include paramedic Visitors who had not previously undertaken an approval visit. It is therefore likely that the combination of these factors may have influenced the experience of the ambulance service in this instance. The planning, communication and implementation of the approval process aimed to apply a fair and equitable process. The lessons learnt from this early visit were fed into future visits and this is reflected in the responses of the other ambulance services.

Most services found communication was effective and information was delivered in a timely manner in the post-visit stage. Some noted the time taken to receive the Visitors' report, and the decision from the Visitors' regarding responses to conditions, exceeded the timeframes communicated in HPC publications and at the visit itself. However, the programmes of these services were reapproved.

Pre-visit stage

To further explore the application of the approval process, ambulance services also responded to more detailed aspects of the pre-visit, visit and post-visit stages.

Graph 5 Responses to pre-visit stage feedback questions



The majority of respondents found the publication Approval process – supplementary information for education providers to be useful. However, one service found the information difficult to understand. Respondents were asked whether they felt well-informed of the HPC's purpose in conducting an approval visit. Five services felt they were well-informed and one did not. That service did not understand why the HPC were visiting individual ambulance services instead of the IHCD body itself. The evidence within this report supports the view that all the programmes were based on the IHCD curriculum, but delivered in differing ways. This same viewpoint was held by the Education and Training Committee and was a key factor in deciding to visit individual sites of delivery.

The majority of respondents felt well-informed during the organisation of the visit. The data suggests the significant resources committed by the HPC to communicate key messages were expended successfully. This view is supported by the fact that all respondents were satisfied with the information and communication received at the pre-visit stage of the process.

All ambulance services were satisfied with the agenda for the visit and were content that it was negotiable and could accommodate other stakeholder requirements. The agenda was tailored for the purposes of these visits and ensured the meetings were appropriate and could be accommodated by each service. We also used terminology which reflected the professional titles used within the programmes.

Five services felt they understood who the HPC needed to meet. Confusion arose with one service regarding this issue. In this particular case, the ambulance service had representatives fulfilling multiple roles within the programme and therefore, they had to attend different meetings at the visit. This is not unusual when conducting visits to education programmes for other professions. It is often the case that members of the programme team are also present at meetings with senior team members. The most confusion centred on the roles and titles used within ambulance services and further clarification of these roles was sought at the visit itself.

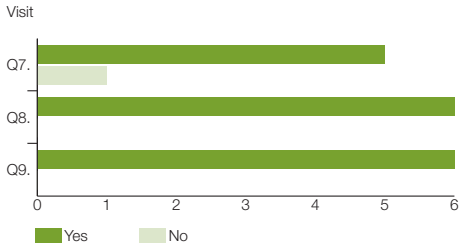
The submission of documentation is a key milestone in the pre-visit approval process. Four of the services indicated they were clear about these requirements. Of these, one noted that the HPC did not account for additional mapping documentation which was supplied by them. That documentation related to how the programme met the requirements of other stakeholders. The HPC appoints Visitors to assess how the programme meets the SETs and will consider evidence relating specifically to these. The regulatory role of the HPC and that of other external bodies (eg The Quality Assurance Agency for Higher Education, professional bodies, funding bodies) may not have been communicated effectively in this instance.

The remaining two respondents were not clear about the documentation requirements. One indicated that they were unprepared for the specific documentation requirements. Particular reference was made to the approval process being traditionally applied to stakeholders within higher education who are better placed to meet the documentary requirements. The final outcome for this programme was to have approval withdrawn. The challenges highlighted by this particular service regarding documentation were identified by the HPC as challenges common to all sites of delivery. These challenges have already been addressed within this report.

The second service suggested the publication Approval process – supplementary information for education providers could be interpreted in different ways. This issue was recognised by the HPC at the beginning of the approval process and requires attention since we approve programmes which vary significantly in terms of methodology and delivery. The publications which detail our standards and approval and monitoring processes are designed to communicate with a range of education providers who operate in a variety of settings. As mentioned previously, significant resources were committed to ensuring that issues of terminology and process were clarified.

The visit

Graph 6 Responses to visit stage feedback questions

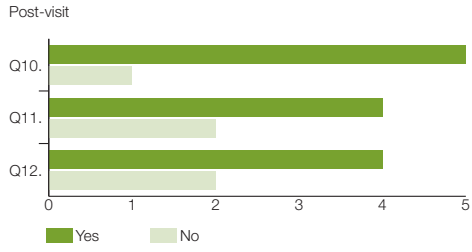


Most services agreed that the role and remit of the HPC were made clear at the visit.
All services agreed that the roles and remits of the Education Department representative and the Visitors was also made clear. One service disagreed and commented that the HPC panel did not engage in collaborative discussion with the rest of the members of the joint panel. The HPC panel need to arrive at decisions independent of any other stakeholders. Private meetings are held at the visit and a separate Visitors' report is produced to ensure this. As this was a new process, this may have been perceived as not being collaborative.

Feedback was sought on whether the post-visit procedures were made clear to the ambulance services. Due to the complexity and number of conditions, feedback to the panel was limited to information about operational timeframes for the post-visit stage. One service commented that although the post-visit timeframes were communicated, they were not adhered to (28-day turnaround for report and Visitor feedback). In practice it was these post-visit procedures and the traditional timeframes which proved most challenging to the HPC, Visitors and the ambulance service.

The post-visit stage

Graph 7 Responses to post-visit stage feedback questions



Most services agreed the Visitors' reports were clear and easy to understand. One disagreed and cited the practice of listing each standard of proficiency (SOP) not met under SET 4.1 as the reason. The listing of particular SOPs not being met for conditions relating to SET 4 is not a standard practice but is applied where it is deemed useful for the education provider to address the condition. Individual SOPs were listed in 12 of the 14 reports. In the two cases where the SOPs were not listed, both programmes were approved. However, seven other programmes also received approval with SOPs listed.

Most services understood exactly what was required of them in order to address the conditions set for the programme. Two services did not understand the requirements to meet conditions. One respondent did state they required further clarification to gain a full understanding of the conditions set. This was an expected response given this was the first HPC Visitors' report each service received. The Education Department provided additional support to services to clarify the conditions set. The extra time taken to produce reports may have assisted services' understanding of the conditions still to be met. Telephone and email support may also have proved useful. These measures, although not normal to the post-visit stage, were necessary.

Education provider feedback conclusions

The feedback indicates that this was a challenging process for the services to engage with. Although they were not familiar with such a process being applied to their programmes, the majority of services were satisfied with the approach adopted by the HPC. Common challenges highlighted from their feedback included:

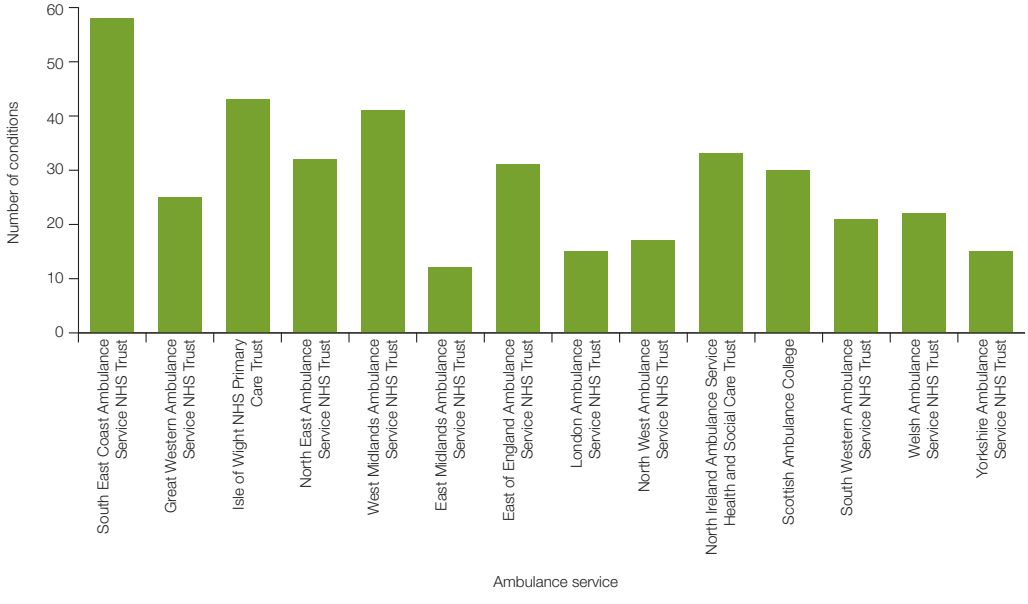
- gaining a clear understanding of why visits were taking place;
- gaining a clear understanding of how the approval process was applied and the potential outcomes;
- understanding the terminology used by the HPC in publications, correspondence and Visitor reports;
- identifying the groups of people who were to be present at the visit itself; and
- the time taken to receive Visitor feedback on responses to conditions.

Despite these challenges, the view widely held by the services that responded to the request for feedback was that the HPC and Visitors were contactable, approachable and well-informed.

Standards of education and training

As mentioned previously, the time spent producing reports during this programme of visits was greater than usual. This was due to the high number of conditions applied. Graph 4 shows the number of conditions applied to each programme.

Graph 8 Number of conditions applied to each programme



There is considerable variation between the number of conditions applied across the programmes. In some instances, the number of conditions is significantly higher than commonly found in cases of visits to programmes that already have approval. In contrast, a number of the programmes have less than 20 conditions applied to ongoing approval, which is relatively typical of a programme visited for the first time by the HPC, following the publication of the QAA Benchmark Statement. The variance between the number of conditions supports the view that the individual ambulance services implemented the IHCD model of paramedic education in distinctive ways and therefore a delivery site visit was required.

Notably, in the case of the programme which received the highest number of conditions (over 50), an eventual decision for withdrawal of approval was reached by the Education and Training Committee. The two programmes which received 40–50 conditions also subsequently had approval withdrawn.

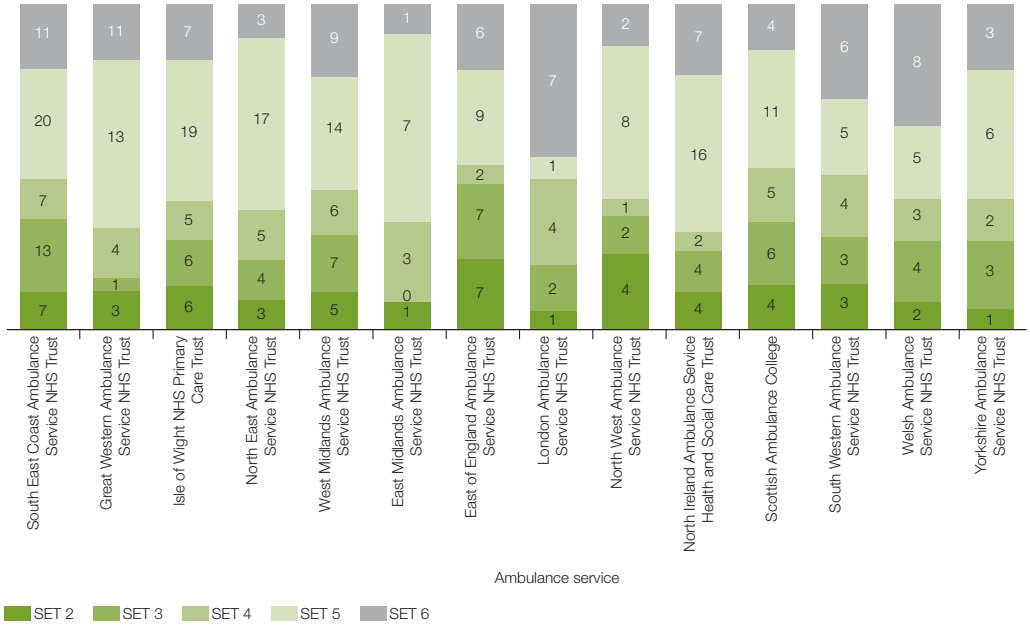
These three programmes took varying times to complete the approval process (8.5–30.6 months). Therefore, the high number of conditions applied did not necessarily relate to the length of the approval process. These programmes tended to have extenuating circumstances related to key programme team members as the main cause for the extended duration.

Many programmes had more than 30 conditions, but less than 40. Programmes within this range of conditions reached a final outcome within a wide variance of time from 14.8 to 20.6 months taken to complete the approval process. A selection of programmes had more than ten conditions, but less than 30. These programmes took between 15.2 and 24.7 months to reach a final outcome and complete the approval process. Again, this supports the view that the number of conditions does not necessarily relate to an extended duration for the approval process. However, these do further highlight the complexities of each ambulance service and programme visited, and further support the decision to visit each site separately.

One consequence to the number of conditions applied to each programme is that it made it challenging to provide useful informal feedback at the end of the approval visit. In many cases, it was decided that it would be inappropriate to list the proposed conditions that were being placed on continued approval. This made the production of the Visitors' report more crucial for the ambulance services, as it was the first opportunity to determine the full nature of the outcome related to the approval visit and begin the work of responding to proposed conditions.

Graphs 9, 10 and 11 provide more detail on the nature of the conditions that were applied to the ongoing approval of the programmes.

Graph 9 Conditions applied by standard of education and training



This graph illustrates which areas of the SETs were subject to conditions at each of the ambulance services. There is significant variance between each programme in terms of application of conditions to a particular type of standard. For example, in relation to SET three (management and resource standards), one programme received no conditions whilst other programmes received up to 13.

The most significant proportion of conditions that applied to each programme generally fell under SET five (practice placement standards). This is relatively typical of all programmes of study subject to approval visits and is a recorded trend in previous annual reports. Some programmes, such as the one delivered by the London Ambulance Service NHS Trust, stand out as exceptions to this, having received just one condition related to the practice placements and proportionally receiving more conditions related to assessment standards.

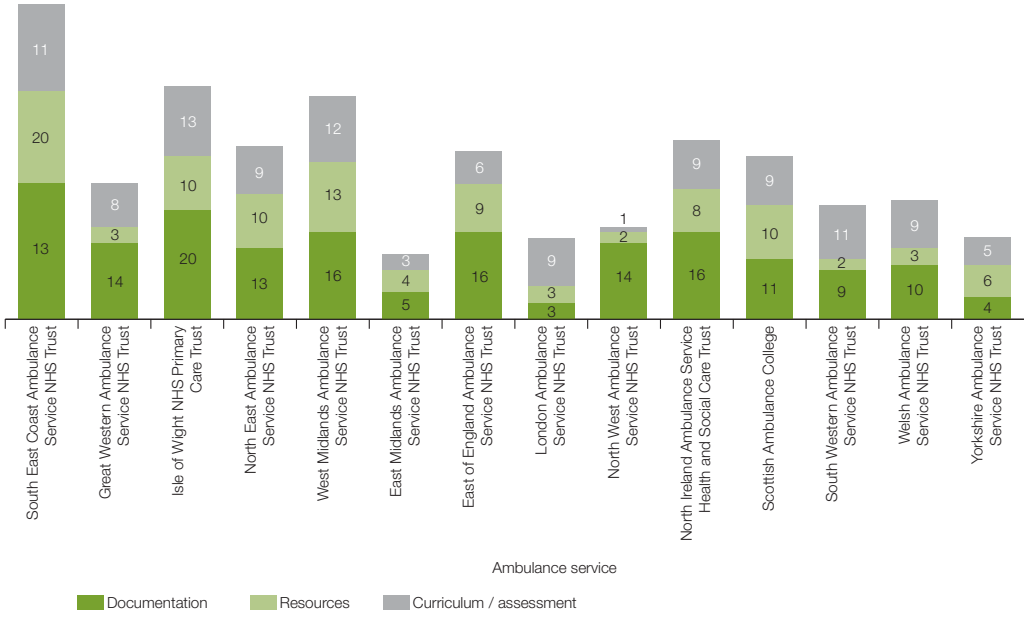
The range and duration of placement experience is commonly an area for further development in the programmes. Each ambulance service has responded individually to the conditions, but the IHCD have also recently amended the Rules that dictate how training is delivered, to increase the required range and duration of placement education.

For one programme that reached a final decision for withdrawal of approval, there were a significant number of conditions applied to all areas of the standards. However, conditions for SET 5 came in highest for three other programmes which also reached a final decision for withdrawal of approval. There are no clear trends for significant conditions across all other SETs.

The following graph provides an illustration of the nature of the conditions applied. The conditions have been broken into three categories:

- **Resource based** – requires changes to resource allocation for the programme for the standard to be met;
- **Documentary based** – there is evidence to show that the standard is met, but documentation requires updating to reflect this evidence; and
- **Curriculum or assessment based** – requires review of the curriculum or assessment procedures to ensure the standard is met.

Graph 10 Types of condition applied



As is common in many approval visits, a trend emerges which shows that Visitors have received verbal confirmation or demonstration that a standard is met, but do not receive documentary evidence to support this. In 11 out of the 14 cases, this type of condition is most common. This type of condition is indicative that, in terms of student experience or attainment of the standards of proficiency, the standard is in effect met, but not adequately documented.

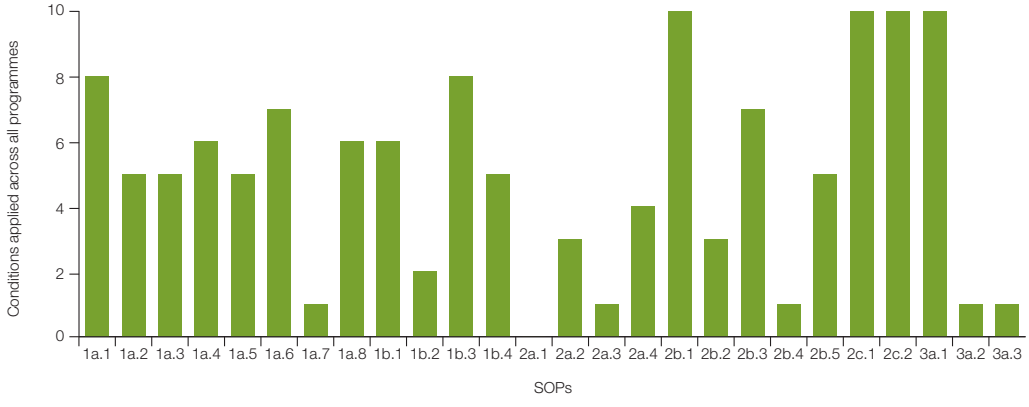
Resource based conditions appear in relatively high proportion in the four programmes which reached a final outcome of withdrawal of approval. However, other programmes which received a similar number of resource-related conditions secured continued approval.

Curriculum or assessment based conditions also appear in a relatively high proportion across all programmes (excluding East Midlands Ambulance Service NHS Trust and North West Ambulance Service NHS Trust). There is a general trend, demonstrated in previous Education annual reports, of conditions being imposed where significant numbers of standards of proficiency have not been adequately mapped against learning outcomes for the programme.

Standards of proficiency

Graph 11 shows the number of times conditions were applied which required education providers to articulate particular standards of proficiency (SOPs). The distribution of conditions related to individual SOPs illustrates variance across the ambulance services.

Graph 11 Number of instances where conditions were applied to SOPs and their delivery in a programme



In relation to this variance, there is no standard of proficiency common to all of the 14 programmes which required greater description. There are, however, four standards which were outlined in conditions placed on ten of the 14 programmes. The highest occurrences are to the SOPs 2b.1, 2c.1, 2c.2 and 3a.1. It is important to note that this analysis does not take into account the individual standards under each SOP heading.

Further analysis was undertaken under each of the SOP headings, to ascertain whether these instances were related to specific individual standards within the SOPs, or whether a significant variance of individual standards within these could be found.

The standards of proficiency which required conditions in 50% or more of the visited programmes are:

SOP heading number	SOP wording
1a.1	be able to practise within the legal and ethical boundaries of their profession
1a.6	be able to practise as an autonomous professional, exercising their own professional judgement
1b.3	be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers
2b.1	be able to use research, reasoning and problem-solving skills to determine appropriate actions
2b.3	to be able to formulate specific and appropriate management plans including the setting of timescales
2c.1	be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly
2c.2	be able to audit, reflect on and review practice
3a.1	know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice

In the majority of cases, it is apparent that the above SOPs fall into a category of professional skills rather than technical competencies.

Each ambulance service responded individually to the conditions, but the IHCD also amended the rules that dictate how training is delivered to include the addition of Module J, which is entitled “Professional Paramedic Practice” and includes explicit delivery of learning outcomes related to professional skills, rather than technical competencies. Some ambulance services made the decision in responding to the conditions to incorporate the IHCD Module J, whilst others took a different approach by either including a service-designed module J or amending the programme in other ways. Again, this reflects the significant variance between the individual programmes.

Standards of proficiency: further analysis

The tables below provide further analysis of the SOPs which were most commonly identified across the Visitor reports. Each table is grouped according to the three overarching areas of practice as illustrated in the HPC standards of proficiency for paramedics. These are then further classified according to the applicable sub-areas of practice. For the purposes of further analysis, each individual standard SOP is allocated a specific number in order to identify each easily. A copy of this numbering system can be found in Appendix C.

Expectations of a health professional

– 1a – Professional autonomy and accountability

1a.1 Sub Level		1a.6 Sub Level		1b.3 Sub Level	
1a.1.i	4	1a.6.i	5	1b.3.i	6
1a.1.ii	6	1a.6.ii	6	1b.3.ii	8
1a.1.iii	5	1a.6.iii	5	1b.3.iii	8
1a.1.iv	6	1a.6.iv	6	1b.3.iv	8
1a.1.v	2	1a.6.v	6	1b.3.v	7
				1b.3.vi	7
				1b.3.vii	7
				1b.3.viii	7

Where SOP 1a.1 and 1a.6 appeared in Visitors reports', their individual standards (excluding 1a.1.v) were referenced in at least half. All sub-standards for SOP 1b.3 were referenced in at least six Visitors' reports. Three individual standards were present in all eight reports in which SOP 1b.3 was referenced. These SOPs detail professional skills which are generically applied to all professions regulated by the HPC. However, SOP 1b.3.viii is specific to the paramedic profession and requires paramedics to be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication.

These results suggest that most areas of practice in SOPs 1a.1, 1a.6 and 1b.3 were not clearly described in the programme documentation. Common factors influencing this trend could potentially relate to the design and delivery of the individual programme and also the articulation of these professional skills within the IHCD curriculum. However, these results are not conclusive and only suggestive, and would indicate that there was a variance in design and delivery of programmes across each service.

The skills required for the application of practice

– 2b – Formulation and delivery of plans and strategies for meeting health and social care needs

– 2c – Critical evaluation of the impact of, or response to, the registrant's actions

2b.1 Sub Level		2b.3 Sub Level		2c.1 Sub Level		2c.2 Sub Level	
2b.1.i	10	2b.3.i	7	2c.1.i	9	2c.2.i	10
2b.1.ii	9	2b.3.ii	7	2c.1.ii	6	2c.2.ii	9
2b.1.iii	10			2c.1.iii	8	2c.2.iii	9
2b.1.iv	8			2c.1.iv	5	2c.2.iv	9
2b.1.v	10					2c.2.v	10
						2c.2.vi	8

SOP 2b.1 individual standards are generic to all professions regulated by the HPC. Three of the individual standards were not met in all ten reports. The remaining two individual standards were referenced in at least eight reports.

2b.3.i is generic to all professions and 2b.3.ii is specific to the paramedic profession. Once again the data illustrates that this SOP was applied in its entirety to half the programmes visited.

The distribution is varied with regards to SOP 2c.1. Individual standard 2c.1.i was referenced nine times and 2c.1.iii was referenced eight times. These individual standards both relate to professional skills for the gathering of evidence to influence practice, which are generic across all professions.

Similar to the trends identified in SOP 2b.1, the individual standards for SOP 2c.2 were found in most reports. This SOP, generic to all professions, requires registrants to "be able to audit, reflect on and review practice".

Again, the distribution of data suggests the IHCD curriculum upon which these programmes were based may not have clearly described the proficiencies encompassed by this SOP. Alternatively, the ambulance services may not have clearly demonstrated how this SOP was delivered from the programme documentation submitted.

Knowledge, understanding and skills

– 3a – know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice.

3a.1 Sub Level		3a.1.viii Sub Level		3a.1.ix Sub Level	
3a.1.i	0	3a.1.viii.a	9	3a.1.ix.a	3
3a.1.ii	7	3a.1.viii.b	9	3a.1.ix.b	2
3a.1.iii	2	3a.1.viii.c	8	3a.1.ix.c	4
3a.1.iv	3			3a.1.ix.d	8
3a.1.v	1			3a.1.ix.e	7
3a.1.vi	4				
3a.1.vii	1				
3a.1.viii	9				
3a.1.ix	8				
3a.1.x	2				

SOP 3a.1 relates to technical competencies a registrant must possess. Most competencies within this SOP are specific to the paramedic profession. Standard 3a.1.viii was referenced nine times and 3a.1.ix was referenced eight times. SOP 3a.1.viii relates to the understanding of various aspects of behavioural science. The data suggests the psychological and social aspects underpinning the knowledge, understanding and skills delivered on most programmes was not demonstrated clearly.

SOP 3a.1.ix concerns the understanding of various aspects of clinical science. Of the five individual standards related to this SOP, two sub-standards were referenced at least seven times with SOP 3a.1.ix.d referenced eight times. These two sub-level SOPs detail:

– the 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; and

– the theories supporting problem solving and clinical reasoning.

This data suggests each services' approach to delivering both generic professional skills and profession specific competencies differed and the documentation produced for each visit varied accordingly. The variance found across all the individual standards relating to this SOP strongly suggests its delivery was dependant on factors concerning the site of delivery.

Conclusions on SOPs data

Further analysis conducted into the most common SOPs contained within the Visitor reports highlight many issues. Firstly, the data continues to suggest that the IHCD curriculum guidance, upon which these programmes were traditionally based, may have not articulated the standards of proficiency related to generic professional skills and profession specific technical competencies. However, the variance of SOPs applied to programmes at the first, second and, where applicable, third levels indicate each service delivered their programme in their own way. The factors influencing the common trends and also the variance within each SOP could be further explored. In particular, a gap analysis could be conducted within the IHCD curriculum to ascertain if any elements relating to the professional skills and technical competencies identified in the Visitors' reports could be attributed to the curriculum itself. However, this type of research is outside the scope and purpose of this report. The SOPs data suggests the model of education adopted within each ambulance service differed significantly and therefore, the decision to visit each site and programme accordingly was appropriate.

Analysis has also highlighted all the professional skills which were common to the Visitor reports relate to generic professional skills applicable to registrants of all professions regulated by the HPC. This suggests that these aspects of practice, which may be found within the education programmes of other professions, are continuing to be developed and embedded within models of paramedic education. This is certainly not conclusive given the size of the data set, however it is still worth noting as the HPC continues to engage with paramedic education.

The data also suggests that the technical competencies which related to the profession specific understanding of aspects of behavioural and clinical science were not articulated clearly.

It is important to note at this stage that the data above does not correlate directly to whether or not individuals who have completed one of these programmes have attained the standards of proficiency, only that the programme documentation did not clearly indicate how learning outcomes were linked to these standards of proficiency.

Conclusions from the review of visits

It is clear from the data and analysis in this report that the normal time frames for the approval process were exceeded for the programme of visits to ambulance trust services. This appears to have been the result of:

– the differences between the type of education and training delivered by ambulance services and other education programmes; and

– the individual complexity of conducting the approval process at particular services.

These factors were acknowledged and confirmed by the ambulance services as part of feedback sought from each delivery site on the implementation of the approvals process. Furthermore, the feedback clearly demonstrated satisfaction from those services which responded with the process which was adopted in light of these issues. The reflections received from the ambulance services confirm the additional resource allocated by the Education Department to implement the approval process was appropriate, and contributed to the successful implementation of the approval process.

The data and analysis supports the view that the approval process is robust and flexible and can be applied to programmes which use a variety of educational models. There are areas for further development, relating particularly to the communication activities at the post-visit stage, which have been highlighted in this report and will prove useful to future undertakings of a similar nature.

The final outcomes from each approval visit indicate that there is significant variance between each site of delivery and this supports the decision to visit each site. Trends have emerged in relation to the conditions applied to continued approval, but within the sample size it is difficult to determine their statistical relevance.

Trends have also emerged in relation to the SOPs applied to the programmes. Particular SOPs relating to professional skills, applicable to all professions regulated by the HPC and technical competencies specific to the paramedic profession were consistently applied across most programmes. The data suggests there is also significant variance in how programmes evidenced these SOPs. These trends further support the importance of continually assessing the site of delivery of paramedic programmes.

IHCD as a curriculum-setting body

The range of responses to conditions also demonstrates that the IHCD curriculum has been an important element to the programmes that have been visited, but also that ambulance services have made different decisions about how closely to follow IHCD guidance, in the process of meeting conditions placed on continued approval. This reflects the status of the IHCD curriculum in these programmes as being similar to that of other curriculum guidance documents for the professions regulated by the HPC.

In the case of programmes that have received a final outcome of continued approval, it is difficult to state that they are only comprised of elements from the IHCD curriculum. In many cases, the programmes incorporate elements derived from:

- the IHCD curriculum;
- the College of Paramedics' curriculum guidance document;
- ambulance service-specific initiatives; or
- procedures from higher education partner institutions.

In effect, this has meant that whilst many of the programmes still contain the programme title "IHCD paramedic award", it is challenging to define these programmes as being solely IHCD models of education and training. Curriculum guidance documents form an important part of an education provider's reference tools in the development and implementation of an approved programme of study. However, as the standards of education and training and the standards of proficiency are the threshold standards required for approval of a programme, curriculum guidance documents are not critical to the decision-making process to grant approval to a programme. This means that education providers must be mindful of the curriculum guidance available to a profession, but that each education provider must make an individual decision about the most appropriate way to meet HPC standards.

Accordingly, in conducting visits to each site of delivery, this has effectively reviewed all the ambulance services and no specific visit is required to review the IHCD as a curriculum authority. Despite the distinctive nature of each visit, further analysis of the conditions highlighted common areas, within the IHCD curriculum, which may not have been clearly articulated.

Review of annual monitoring activities

The history leading to the annual monitoring of pre-registration education and training delivered by UK ambulance services

As a result of the review of approval visits, the Education and Training Committee agreed on a variation to the normal annual monitoring process for all pre-registration education and training delivered by UK ambulance services, to allow additional areas of these programmes to be monitored.

Brief overview of the annual monitoring process

When we approve an education programme it obtains what we refer to as 'open-ended approval' and is then subject to our monitoring processes. Annual monitoring is a retrospective documentary process where we consider whether a programme continues to meet our standards of education and training (SETs) and continues to effectively deliver and assess the standards of proficiency (SOPs).

From the review of the programme of visits to pre-registration education and training, delivered by UK ambulance services, the Education and Training Committee decided that the annual monitoring process should be adapted to reflect the outcomes of the review. In particular the three areas highlighted for further monitoring were:

– implementing and embedding professional skills into the delivery of the programme;

– implementing the range of appropriate placements; and

– the availability of resources and confirming the ongoing provision.

The Education Department adapted the annual monitoring process to reflect this and asked UK ambulance services delivering pre-registered education and training to submit additional documentation.

When we carry out an annual monitoring audit, it is normally reviewed by two HPC Visitors. At least one Visitor will be from the relevant profession and all Visitors undergo a conflict of interest process. The documentation is reviewed by the Visitors, along with previous reports from the approval, annual monitoring and major change processes.

The Visitors make recommendations to the Education and Training Committee. They either outline that there is sufficient evidence to show that the programme continues to meet the standards or outline that there is insufficient evidence to show how the programme continues to meet our standards. The Visitors can ask the education provider for further documentation before making a recommendation to Education and Training Committee. If the Education and Training Committee agrees that there is insufficient evidence to show how the programme continues to meet our standards, a visit would be required to gather that evidence and, if required, to place conditions on ongoing approval.

In the amended UK ambulance service annual monitoring review, the Visitors were asked to make a recommendation on both the standard annual monitoring submission that all HPC approved programmes go through, and also a separate recommendation on the additional annual monitoring requirements previously outlined. For ongoing approval to be recommended the Visitors need to be content that both elements were evidenced.

Outcomes from the UK ambulance service annual monitoring process

All the Visitor reports have been produced and approved by the Education and Training Committee and all pre-registration education and training programmes delivered by UK ambulance services were granted continued approval.

All the reports can be found online in the education section of our website and in the Education and Training Committee papers. Appendix D summarises the outcomes reached in the case of the eight UK ambulance services who deliver pre-registration education and training.

Evidence base

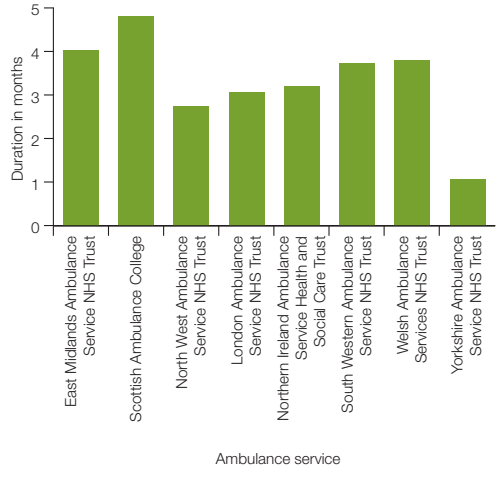
The evidence used to review the annual monitoring process for pre-registration education and training delivered by UK ambulance services was gathered from Visitor reports produced from the review of eight annual monitoring audits, Education Department records and from the experience of Education Department representatives responsible for planning and overseeing the implementation of the annual monitoring process. Ten pre-registration education and training programmes are currently being delivered by UK ambulance services, however within the annual monitoring process, it is usual to review full time and part time programmes within the same audit and for these to be represented in the same report. The graphs that follow within this report therefore only represent the eight UK ambulance services and the eight audits (as full and part time are usually submitted as one audit).

It is important to also note that the East of England Ambulance Service NHS Trust submitted a major change to the HPC in September 2009, which initiated an approval visit as an increase to student numbers was planned. The visit took place in March 2010 and took account of all standards of education and training. As is normally the case, when a programme is subject to the full scrutiny of an approval visit, it is removed from the next two cycles of the annual monitoring process.

The impact on resources and timeframes for the annual monitoring process

From an operational perspective, the work to monitor each UK ambulance service programme required an increased resource provision at various stages of the annual monitoring process. However, the overall duration of the annual monitoring process was not significantly extended.

Graph 12 Duration between annual monitoring submission being received and education provider informed of outcome

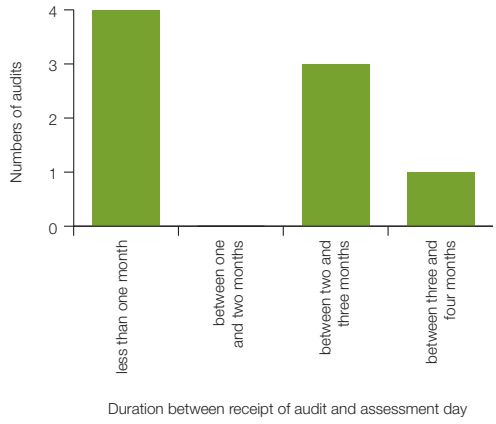


East Midlands Ambulance Service NHS Trust submitted ten weeks earlier than the other UK ambulance services and as such, this has affected this submissions overall duration.

Graph 12 illustrates the individual durations for the UK ambulance services to complete the full annual monitoring process, from the date on which the submission was received to the date the ambulance service was informed of the outcome. The average duration for the full annual monitoring process for pre-registration education and training delivered by UK ambulance services was 3.3 months. The average duration for the full annual monitoring process for all other HPC approved education and training for the academic year 2009–10 was also 3.3 months.

217 annual monitoring audits were reviewed in the academic year 2009–10. On average the Education Department was able to submit an audit to an annual monitoring assessment day within five weeks of receipt. UK ambulance service programmes went to an assessment day on average within six weeks of receipt. Although this is not a significant delay, it had originally been planned that all eight UK ambulance service audits would be reviewed in one assessment day, and that the time to review the UK ambulance service audits at an assessment day would be significantly less than five weeks. On 15 June 2010, five UK ambulance service audits were reviewed. A second assessment day was required and this was undertaken on 3 August 2010. Graph 13 reflects this split between the two assessment days.

Graph 13 Duration between ambulance service annual monitoring audits received and review at assessment day



The main factor that caused the UK ambulance service annual monitoring process to be delayed was that the Education Department undertook a second unplanned assessment day. This was needed for a variety of reasons including:

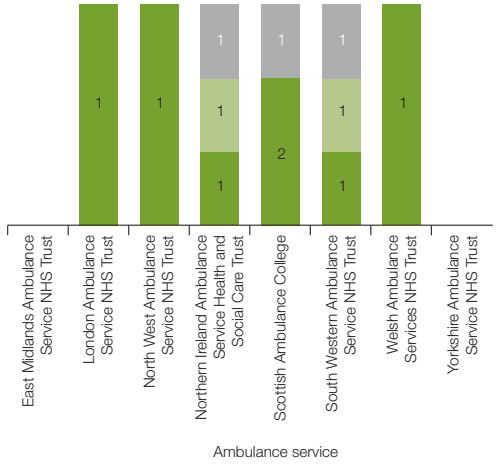
- the comprehensive nature of the submissions and some of the documentation not relating to the standards of education and training;
- documentation being inaccurately referenced with Visitors unable to find what the education provider had stated as being submitted;
- apparent confusion about the retrospective nature of annual monitoring, with documents being submitted well outside of the required time frames, including information regarding changes that had been looked at during the approval visit and those which had taken place since; and
- the submission of major changes within the documentation.

The outcomes from the UK ambulance service annual monitoring assessment days differ in comparison to the outcomes from all the other annual monitoring assessment days in the 2009–10 academic year. Seventy-five per cent of the UK ambulance service annual monitoring audits required additional documentation. This compares to twenty-five per cent of audits requiring additional documentation for all other pre-registration education and training going through the annual monitoring process that year. The requirement to seek additional documentation does have a small impact on the resource provision within the Education Department, as some post assessment day action is required. All the UK ambulance services that were asked for additional documentation provided this on time and in line with our operational requirements.

Standards of education and training

If Visitors request further documentation they frame requests around specific standards of education and training. Graph 14 gives an indication of the areas where the Visitors requested further information.

Graph 14 Standards of education and training that required additional documentation



Six of the eight UK ambulance services were required to submit additional documentation linked to the management and resourcing of the programmes. From the issues identified, all but one was based around SET 3.2, which refers to the effective management of the programme. The recurring issue around SET 3.2 was that the Visitors were not provided with evidence that the programmes continued to be effectively managed because incomplete annual monitoring submissions were submitted. In particular, several programmes did not include internal quality documents and external examiner reports and some included information relating to different programmes. In one submission, the Visitors noted a change to the programme leadership, by reviewing an external examiner's report.

Two of the UK ambulance services required additional documentation linked to the curriculum. In one submission the Visitors required additional documentation to clarify issues around the implementation and embedding of professional skills into the delivery of the programme (the first additional requirement in the amended ambulance service annual monitoring assessment).

Three UK ambulance services required additional documentation linked to assessment. From the issues identified two were specific to standard 6.1 (which is linked to assessment strategy and meeting the standards of proficiency). In one submission, a comment in the external examiner's report indicated a lack of clarity around the assessment strategy. The Visitors therefore asked for additional documentation to clarify the assessment design and procedure. Another area addressed under assessment related to a change in external examiner. The Visitors required clarification that the external examiner was on the appropriate part of the Register. In one review the Visitors noted changes to the practical assessment guidelines and required further information.

Analysis of Visitor comments

As part of the annual monitoring process the Visitors have the opportunity to add comments to a Visitor's report. A comment would not require any direct response from the education provider, however, it gives the Visitors the opportunity to offer advice on areas the education provider may want to consider addressing for future annual monitoring submissions.

Two main areas were raised by the Visitors within the eight UK ambulance service annual monitoring reports. Three of the reports had comments around issues with confidentiality. The Visitors noted that education providers had submitted information about individual students, including results and individual comments in minutes. The second issue raised in the Visitors' comments in 75 per cent of the reports was around the comprehensive nature of the submissions, as discussed previously.

Summation of trends

Analysis of the UK ambulance trust annual monitoring Visitors' reports shows that UK ambulance services did not understand the purpose of the annual monitoring process. In particular, a number of UK ambulance services submitted audits which addressed many areas of their programme rather than focusing on the last two years of delivery.

However, analysis also shows that whilst this engagement with the annual monitoring process was consistent across many of the ambulance services, where additional documentation was required, each programme was asked to submit additional documentation for individual programme-specific reasons.

All UK ambulance services running pre-registration education and training have successfully completed the HPC annual monitoring for 2009–10.

Conclusions from annual monitoring activities

It is clear from the data and analysis in this report, that the annual monitoring activities of pre-registration education and training delivered by UK ambulance services has taken longer than usually expected. This appears to have been the result of:

– the need to undertake a second UK ambulance service annual monitoring assessment day due to the individual complexity and comprehensive nature of audit submissions; and

– ambulance services not always understanding the retrospective nature of annual monitoring.

All UK ambulance service pre-registration education and training programmes have been able to provide additional documentation when required and have been able to do this within operational deadlines. Additionally, all programmes have been able to meet the additional requirements for annual monitoring requested by the Education and Training Committee. Data and analysis also indicates that the outcomes of the annual monitoring activities of pre-registration education and training delivered by UK ambulance services do not significantly differ from those of other HPC pre-registration education and training.

The report concludes that:

– each programme is distinct;

– UK ambulance services are able to conform to the requirements of annual monitoring (though at the next audit cycle for ambulance services it will be sensible to ensure that copies of the annual monitoring supplementary information are enclosed in initial correspondence);

– all UK ambulance services programmes have been granted continued approval by the Education and Training Committee; and

– no further amended annual monitoring process will be required and the UK ambulance service programmes are able to fit into the normal annual monitoring schedule.

Conclusions from review of the approval and monitoring activities

The review of the approval and monitoring activities conducted for pre-registration education and training delivered by UK ambulance services highlights trends which have been discussed consistently thoughout this report.

Distinctiveness of each programme

The review of the approval and monitoring activities demonstrates that approved programmes delivered by UK ambulance services are each designed and delivered in different ways. The review of approval visits identified significant variance between each programme and the decision to visit each site was supported. The issues arising from each monitoring submission were in most cases specific to each programme and additional documentation was required to address individual programme specific issues.

Each programme has demonstrated its distinctive nature and analysis of Visitor reports across all programmes further supports this. Although common trends were identified, each programme has demonstrated how our standards were met in different ways. The review also supports the HPC position that the IHCD act as a curriculum setting body and that each ambulance service programme delivers this curriculum uniquely.

Application of standards and approval and monitoring processes

The outcomes from each process support the view that the HPC standards and approval and monitoring processes are robust, flexible and can be successfully applied to programmes with different models of education. Feedback from ambulance service representatives clearly highlights the difficulties experienced in attempting to engage with our standards and processes. As this was the first time these processes were applied, further support was provided by the HPC where necessary. The impact to expected time frames has also been discussed resulting from this. Any future impact should be reduced as these programmes continue to engage with these standards and processes.

Programmes which were approved and have completed the annual monitoring process have demonstrated how standards were met and continue to be met. The programmes approved by the HPC will continue to be subject to our routine approval and monitoring processes.

Appendix A – Final outcomes from approval process

Service	Programme	Modes of study	Status
East Midlands Ambulance Service NHS Trust	IHCD Paramedic Award	FT and PT	Reconfirmed approval
East of England Ambulance Service NHS Trust	Certificate of Higher Education in Emergency Medical Care (incorporating the IHCD paramedic award)	PT	Reconfirmed approval
Great Western Ambulance Service NHS Trust	IHCD Paramedic Award	FT	Closed
Isle of Wight NHS Primary Care Trust	IHCD Paramedic Award	FT	Approval withdrawn
London Ambulance Service NHS Trust	IHCD Paramedic Award	Block Release	Reconfirmed approval
North East Ambulance Service NHS Trust	IHCD Paramedic Programme	FT	Approval withdrawn
North West Ambulance Service NHS Trust	IHCD Paramedic Award	Block Release	Reconfirmed approval
Northern Ireland Ambulance Service Health and Social Care Trust	Paramedic-in-training	FT	Reconfirmed approval
Scottish Ambulance College	IHCD Paramedic Award	FT	Reconfirmed approval
South Central Ambulance Service NHS Trust	IHCD Paramedic Award	PT	Closed
South East Coast Ambulance Service NHS Trust	Early Registration Programme (IHCD Modules)	FT	Approval withdrawn
South Western Ambulance Service NHS Trust	IHCD Paramedic Award	FT	Reconfirmed approval
Welsh Ambulance Service NHS Trust	IHCD Paramedic Award	FT	Reconfirmed approval
West Midlands Ambulance Service NHS Trust	IHCD Paramedic	FT	Approval withdrawn
Yorkshire Ambulance Service NHS Trust	IHCD Paramedic Award	FT and PT	Reconfirmed approval

Appendix B – Ambulance Service Feedback Form

Ambulance Service Feedback Form

Education Provider: _____

Name: _____

Position: _____

The Education Department undertook approval visits to paramedic pre-registration education and training programmes delivered by UK ambulance services in the 2007– 08 academic year. This questionnaire is designed to gather your feedback on the approval process adopted for these visits. Your thoughts, experiences and feedback on the process will be used to report to our Education and Training Committee in March 2010. The report produced will not reference specific names or bodies, just trends found across the data gathered from this form. Also your responses will have no affect on the outcome of the approval process conducted for your programme.

Approval Process: Pre-visit, Visit and Post-Visit

Pre-Visit

Q1 – Did you find our publication the 'Approval process – supplementary information for education providers' useful to prepare for your visit?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

_____

Q2 – Did you feel well informed regarding the HPC's purpose for conducting an approval visit?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

_____

Q3 – Did you feel well informed during the organisation of the visit?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

_____

Q4 – Did you feel the suggested agenda for the visit was easy to accommodate and negotiate?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

_____

Q5 – Was it clear what groups/people the HPC needed to meet with as part of the suggested agenda?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Q6 – Was it clear what documentation we needed from you once a visit date had been suggested?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Visit

Q7 – At the visit was the role and remit of the HPC made clear?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Q8 – At the visit was the role of the Visitors and the HPC executive made clear?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Post-Visit

Q9 – During the approval process were the post visit procedures made clear to you?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Q10 – Was the function and format of the Visitors' report clear and easy to understand?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Q11 – Did you understand exactly what was required of you in order to address the conditions set as outlined in the Visitors' report?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Q12– Did you find the time taken to complete the process satisfactory (from submission date of visit request form to receipt of official outcome of the approval process)?

Yes ☐ No ☐

If no, please use the box below to provide further comments:

Overall

Q13 – Did you find communication and information was delivered in a timely manner throughout the approval process?

Pre-Visit Yes ☐ No ☐

Visit Yes ☐ No ☐

Post-Visit Yes ☐ No ☐

If no, please use the box below to provide further comments:

Q14 – Do you have any further comments regarding the approval process?

Thank you for completing this form.

Please return electronic forms to us at education@hpc-uk.org

Alternatively if you would like to complete the form by hand please send completed forms to:

Education Department
Health Professions Council
Park House
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Please send all completed forms back to us by 18 December 2009.

Appendix C – SOPs numbering

Standard of proficiency	Number	Standard of proficiency	Number	Standard of proficiency	Number
Expectations of a health professional		The skills required for the application of practice		Knowledge, understanding and skills	
1a Professional autonomy and accountability	1a	2a Identification and assessment of health and social care needs. Registrant clinical scientists must	2a	3a Knowledge, understanding and skills	3a
1a.1be able to practise within the legal and ethical boundaries of their profession	1a.1	2a.1 be able to gather appropriate information	2a.1	3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice	3a.1
Understand the need to act in the best interests of service users at all times	1.a.1.i	2a.2 be able to select and use appropriate assessment techniques	2a.2	understand the structure and function of the human body, relevant to their practice, together with a knowledge of health, disease, disorder and dysfunction	3a.1.i

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understand what is required of them by the Health Professions Council	1.a.1ii	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	2a.2.i	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	3a.1.ii
understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	1.a.1 iii	be able to conduct a thorough and detailed physical examination of the patient using observation, palpation, auscultation and other assessment skills to inform clinical reasoning and to guide the formualtion of a diagnosis across all age ranges, including calling for specialist help where available	2.a.2.ii	recognise the role of other professions in health and social care	3a.1.iii

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be aware of current UK legislation applicable to work of their profession	1.a.1 iv	be able to use observation to gather information about the functional abilities of patients	2.a.2.iii	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	3a.1.iv
be able to practise in accordance with current legislation governing the use of prescription-only medicines by paramedics	1.a.1 v	understand the need to consider the assessment of both the health and social care needs of patients and carers	2.a.2.iv	know human anatomy and physiology, sufficient to understand the nature and effects of injury or illness, and to conduct assessment and onservation in order to establish patient management strategies	3a.1.v
1a.2 be able to practise in a non-discriminatory manner	1a.2	**2a.3 be able to undertake or arrange investigations as appropriate**	2a.3	understand the following aspects of biological science:	3a.1.vi
1a.3 understand the importance of and be able to maintain confidentiality	1a.3	**2a.4 be able to analyse and critically evaluate the information collected**	2a.4	human anatomy and physiology, especially the dynamic relationships of human structure and function and the musculoskeletal, cardiovascular, cardiorespiratory, digestive and nervous systems	3a.1.vi.a

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1a.4 understand the importance of and be able to obtain informed consent	1a.4	2b Formulation and delivery of plans and strategies for meeting health and social care needs.	2b	how the application of paramedic practice may cause physiological and behavioural change	3a.1.vi.b
1a. 5 be able to exercise a professional duty of care	1a.5	2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions	2b.1	human growth and development across the lifespan	3a.1.vi.c
1a. 6 be able to practise as an autonomous professional, exercising their own professional judgement	1a.6	recognise the value of research to the critical evaluation of practice	2b.1.i	the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through human lifespan	3a.1.vi.d
be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	1a.6.i	be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	2b.1.ii	normal and altered anatomy and physiology throughout the human lifespan	3a.1.vi.e
be able to initiate resolution of problems and be able to exercise personal initiative	1a.6.ii	be aware of a range of research methodologies	2b.1.iii	relevant physiological parameters and how to interpret changes from the norm	3a.1.vi.f

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know the limits of their practice and when to seek advice or refer to another professional	1a.6.iii	be able to demonstrate a logical and systematic approach to problem solving	2b.1.iv	disease and trauma processes and how to apply this knowledge to the planning of the patient's pre-hospital care	3a.1.vi.g
recognise that they are personally responsible for and must be able to justify their decisions	1a.6.iv	be able to evaluate research and other evidence to inform their own practice	2b.1.v	the factors influencing individual variations in human function	3a.1.vi.h
be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar circumstances or situations	1a.6.v	**2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements**	2b.2	understand the following aspects of physical science	3a.1.vii
1a.7 recognise the need for effective self-management of workload and be able to practise accordingly	1a.7	be able to change their practice as needed to take account of new developments	2b.2 i	principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic	3a.1.vii.a
1a.8 understand the obligation to maintain fitness to practise	1a.8	be able to demonstrate a level of skill in the use of information technology appropriate to their practice	2b.2 ii	the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis	3a.1.vii.b

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understand the need to practise safely and effectively within their scope of practice	1a.8.i	**2b.3 be able to formulate specific and appropriate management plans including the setting of timescales**	2b.3	the principles and application of measurement techniques based on biomechanics or electrophysiology	3a.1.vii.c
understand the need to maintain high standards of personal conduct	1a.8.ii	understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors	2b.3 i	understand the following aspects of behavioural science	3a.1.viii
understand the importance of maintaining their own health	1a.8.iii	understand the need to demonstrate sensitivity to the factors which shape lifestyle that may impact on the individual's health and affect the interaction between the patient and paramedic	2b.3 ii	psychological and socail factors that influence an individual in health and illness	3a.1.viii.a

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understand both the need to keep skills and knowledge up to date and the importance of career-long learning	1a.8.iv	**2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully**	2b.4	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	3a.1.viii.b
be able to maintain a high standard of professional effectiveness by adopting strategies for physical and pschological slef-care, critical self-awareness, and by being able to maintain a safe working environment	1a.8.v	understand the need to maintain the safety of both service users, and those involved in their care	2b.4.i	how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships	3a.1.viii.c
1b.1be able to work, where appropriate, in partnership with other professionals, support staff, service users, and their relatives and carers	1b.1	ensure service users are positioned (and if necessary immobilised) for safe and effective interventions	2b.4.ii	understand the following aspects of clinical science	3a.1.ix

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understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	1b.1.i	know the indications and contra-indications of using specific paramedic techniques, including their modifications	2.b.4.iii	pathological changes and related clinical features of conditions commonly encoutered by paramedics	3a.1.ix.a
understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	1b.1.ii	be able to modify and adapt practice to emergency situations	2.b.4.iv	the changes that can result from paramedic practice, including physiological, pharmacological, behavioural and functional	3a.1.ix.b
be able to make appropriate referrals	1b.1.iii	**2b.5 be able to maintain records appropriately**	2b.5	the theorectical basis of assessment and treatment and the scientific evaluation of effectiveness	3a.1.ix.c
understand the range and limitations of operational relationships between paramedics and other healthcare professionals	1b.1.iv	be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines	2b.5.i	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	3a.1.ix.d

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recognise the principles and practices of other healthcare professionals and healthcare systems and how they interact with the role of a paramedic	1b.1.v	understand the need to use only accepted terminology in making records	2b.5.ii	the theories supporting problem solving and clinical reasoning	3a.1.ix.e
1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team	1b.2	2c Critical evaluation of the impact of, or response to, the registrant's actions	2c	understand relevant pharmocology, including pharmacodynamics and pharmacokinetics	3a.1.x
1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers	1b.3	2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly	2c.1	3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities	3a.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 6.5	1b.3 i	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	2c.1.i	know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in emergency situations	3a.2 i

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understand how communications skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability	1b.3 ii	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	2c.1.ii	know the theory and principles of paramedic practice	3a.2 ii
be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	1b.3 iii	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	2c.1.iii	**3a.3 understand the need to establish and maintain a safe practice environment**	3a.3
be aware of characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status	1b.3 iv	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	2c.1.iv	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	3a.3 i

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understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions	1b.3.v	be able to make judgements on the effectiveness of procedures	2c.1.v	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation	3a.3 ii
understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible	1b.3 vi	be able to use quality control and quality assurance techniques, including restorative action	2c.1.vi	be able to select appropriate personal protective equipment and use it correctly	3a.3 iii
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	1b.3 vii	**2c.2 be able to audit, reflect on and review practice**	2c.2	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	3a.3 iv
be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication	1b.3. viii	understand the principles of quality control and quality assurance	2c.2.i	understand and be able to apply appropriate moving and handling techniques	3a.3 v

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1b. 4 understand the need for effective communication throughout the care of the service user	1b.4	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	2c.2.ii	understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them	3a.3 vi
recognise the need to use interpersonal skills to encourage the active participation of service users	1b.4.i	be able to maintain an effective audit trail and work towards continual improvement	2c.2.ii		
		participate in quality assurance programmes, where appropriate	2c.2.iv		
		understand the value of reflection on practice and the need to record the outcome of such reflection	2c.2.v		
		recognise the value of case conferences and other methods of review	2c.2.vi		

Appendix D – Final outcomes from annual monitoring

Ambulance trust	Program name	Mode of study	Status
East Midlands Ambulance Service NHS Trust	IHCD Paramedic Award	FT and PT	Continues to meet the standards
London Ambulance Service NHS Trust	IHCD Paramedic Award	Block	Continues to meet the standards
North West Ambulance Service NHS Trust	IHCD Paramedic Award	Block	Continues to meet the standards
Northern Ireland Ambulance Service Health and Social Care Trust	Paramedic-in-training	FT	Continues to meet the standards
Scottish Ambulance College	IHCD Paramedic Award	FT	Continues to meet the standards
South Western Ambulance Service NHS Trust	IHCD Paramedic Award	FT	Continues to meet the standards
Welsh Ambulance Services NHS Trust	IHCD Paramedic Award	FT	Continues to meet the standards
Yorkshire Ambulance Service NHS Trust	IHCD Paramedic Award	FT and PT	Continues to meet the standards

List of graphs

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