

Education and Training Committee – 22 September 2009

Review of the programme of visits to pre-registration education and training delivered by UK ambulance NHS trusts

Executive summary and recommendations

Introduction

This paper invites the Committee to review the series of visits undertaken by the Education Department to UK ambulance trusts and the associated outcomes with a view to determine if any further action is required by the Committee.

The paper is structured to:

- articulate how the Committee made the decision to undertake a programme of visits to UK ambulance NHS trusts;
- describe the work the executive performed to undertake the visit programme;
- draw out and analyse some of the trends from the visitors reports; and
- highlight considerations for the Committee for further work that may be desired for the purposes of continued approval of the programmes delivered by ambulance trusts.

Decision

The Committee is asked to discuss the review report and any actions for the Education Department that may arise from it.

Background information

- “HPC Approval of IHCD Paramedic Programmes”, Approvals Committee, 5 September 2006
- “Pre-registration education and training for Paramedics”, Education and Training Committee, June 2007, enclosure 11
- “Pre-registration education and training for Paramedics”, Education and Training Committee, March 2008, enclosure 14

Resource implications

None at this time, but this is dependent on the discussions of the Committee.

Financial implications

None at this time, but this is dependent on the discussions of the Committee.

Appendices

Appendix 1 - Review of the programme of visits to pre-registration education and training delivered by UK ambulance NHS trusts

Date of paper

8 September 2009

Review of the programme of visits to pre-registration education and training delivered by UK ambulance NHS trusts

Content

Introduction.....	2
The history leading to the programme of visits	3
Preparation for the programme of visits.....	4
Outcomes from the programme of visits.....	4
Resource impact.....	5
Standards of education and training	8
Standards of proficiency.....	11
IHCD as a curriculum setting body.....	12
Conclusions.....	13
Considerations for the Committee in discussing future work.....	13
Appendix A	15

Introduction

This paper invites the Committee to review the series of visits undertaken by the Education Department to UK ambulance trusts and the associated outcomes with a view to determine if any further action is required by the Committee.

The paper is structured to:

- articulate how the Committee made the decision to undertake a programme of visits to UK ambulance NHS trusts;
- describe the work the executive performed to undertake the visit programme;
- draw out and analyse some of the trends from the visitors reports; and
- highlight considerations for the Committee for further work that may be desired for the purposes of continued approval of the programmes delivered by ambulance trusts.

The paper draws on:

- qualitative review of Department records of the amended approval process used to conduct the programme of visits and a structured interview with the lead Education Officer for the project;
- quantitative data drawn from operational records held by the Education Department to describe some of the key features of the implementation of the approval process; and
- quantitative and, to a limited extent, qualitative review of the reports produced after each visit.

The history leading 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 of study which had not been subject to a visit following 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 which had not received a visit following publication of the Subject Benchmark Statement were contacted and visits arranged. The publication date for the Benchmark Statement for paramedic programmes is 2004.

In the case of the paramedic profession many of the approved programmes were delivered by UK ambulance trusts and followed the IHCD (part of Edexcel) rules for delivery and assessment of the programme. It was anticipated at the time that a visit was required to approve the IHCD model of training programme rather than visits to specific sites of delivery.

Information available at that time indicated that the IHCD model of programme was due to be phased out as the profession made the transition to higher education. Additionally, the UK ambulance trusts were also subject to restructuring in July 2006 with the majority of trusts being merged.

The uncertainty surrounding the longevity of the programmes alongside the significant resource impact of 34 visits being added to the schedule led to the decision being made that the UK ambulance trusts had first to be entered into the annual monitoring audit process before visits would be undertaken. The annual monitoring process would then be used to prioritise visits as appropriate in the visit schedule for the following academic year.

In the 2005/2006 cycle of annual monitoring all UK ambulance trusts submitted an audit which was assessed by visitors. Of the 34 ambulance trusts, only three resulted in a recommendation that an approval visit was required to, if necessary, place conditions on continued approval. A paper was brought to the Committee on 5 September 2006 to report the outcomes of annual monitoring for the UK ambulance trusts. In this paper it was stated that the distinctiveness of the arrangements for delivery and assessment of the programmes at each ambulance trust warranted site specific visits.

Owing to the continuing uncertainty related to the longevity of the IHCD model of paramedic training and the recent merger of 34 trusts into 15, the Committee directed the Education Department to contact all the ambulance trusts to determine if there was an intention to continue to run a programme of this type. If an ambulance trust had an intention to continue to run the programme, the Education Department was directed to organise a visit as appropriate in light of that information.

At this time it was anticipated that following the site specific visits, a visit would take place to IHCD to deal with generic matters across all delivery sites and related to the IHCD programme structure.

On 12 June 2007 another paper was brought to the Committee to report on the findings from the exercise to contact the UK ambulance trusts. It was stated in

this paper that though there was a clear intention to move paramedic training into higher education, the duration of time required for the transition required that IHCD programmes continue to run until at least 2008. The Committee decided that all ambulance trusts were to be subject to an approval visit unless written confirmation was provided that the programme would cease to enrol students beyond 1 September 2008.

Preparation for the programme of visits

It was recognised that the IHCD model of education and training is significantly different from the majority of approved programmes that are based in higher education. However, it was also recognised that the standards of education and training (SETs) and the approval process were appropriate to ensure that those who complete programmes delivered at ambulance trusts have demonstrated an ability to meet the standards of proficiency.

As a result, the Education Department commenced work to review and amend the approval operational process to be appropriate for ambulance trusts. This work commenced with a meeting with a group of HPC paramedic visitors with experience of conducting visits. At this meeting each standard was discussed to determine what types of appropriate evidence for the SETs an ambulance trust may be able to provide and any particular themes that may emerge as a result of implementing the approval process. This information was then used to undertake a series of activities to prepare for the visits. These activities included:

- tailoring correspondence to visitors and education providers to use appropriate terminology;
- producing an agenda suitable for an ambulance trust;
- producing a tailored visitors' report;
- training Education Officers and Education Administrators to attend this type of visit or deal with queries respectively; and
- communicating the standards and amended process to the ambulance trusts.

An additional consideration was made with regard to the visiting panel. It was decided that the visiting panel would, when possible, be made up of two paramedic visitors and, to provide support, a third visitor from another profession who had experience in the education setting and attending HPC approval visits.

The process of scheduling visits into the 2007/2008 academic year proved challenging in some cases owing to specific extenuating circumstances related to individual trusts or in one case failure to submit documentation that was then followed by submission of extenuating circumstances. The first visit took place on 11 March 2008 and the last visit took place on 20 January 2009.

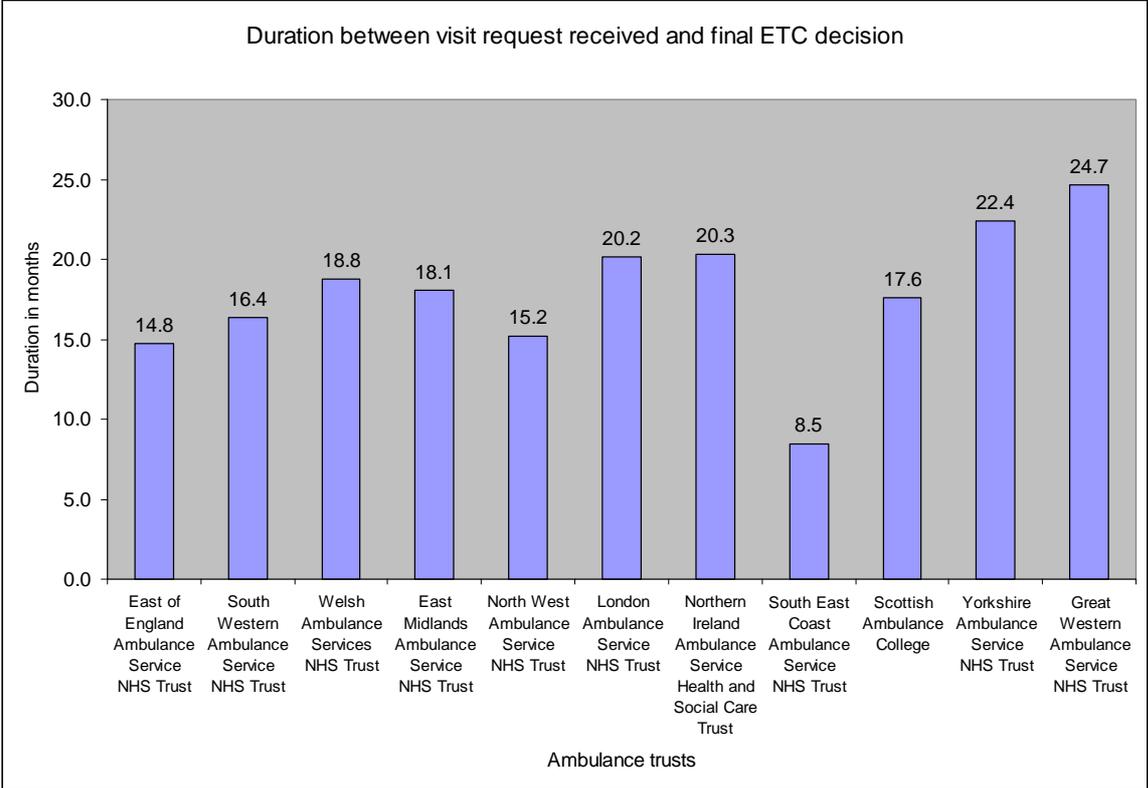
Outcomes from the programme of visits

All the visitors' reports have been produced and approved by an Education and Training Panel and the majority of the programmes have had continued approval granted. In three cases, the final decision on continued approval is still pending, but two are due for consideration at the Education and Training Committee meeting to which this paper will be submitted. The remaining programme was granted an extended deadline to meet conditions based on observations provided to the Education and Training Panel.

As there is now sufficient data to start describing trends from the visits, the remainder of this paper will focus on the outcomes documented in the reports and Departmental records. All the reports can be found online in the Education and Training Panel papers and, once a final outcome is reached, on the Education Department webpage. Appendix A has been provided to summarise the outcomes reached in the case of each of the 15 UK ambulance trusts. Please note that South Central Ambulance Service NHS Trust indicated that there was no intention to continue delivering the programme beyond 1 September 2008 and therefore no visit was required meaning that only 14 ambulance trusts are displayed in the graphs below.

Resource impact

From an operational perspective, the work undertaken to visit each of the programmes has been significant. The duration of the approval process was extended owing to the increased resource requirements related to stages in the approval process. The graphs below illustrate some of the durations of stages of the approval process. It is important to note that in three cases final decisions on the programmes are yet to be reached and therefore these programmes will not appear in some of the data.

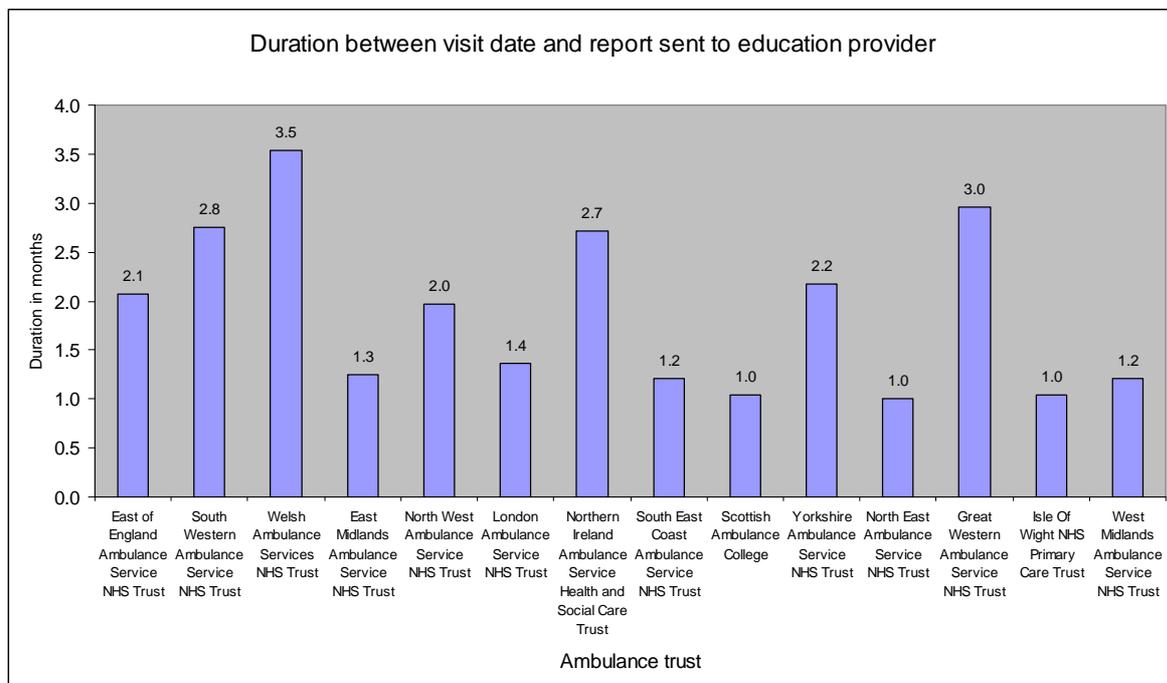


The graph above illustrates the durations for the full approval process to reach completion from the date on which a visit request was received. It is apparent that duration of the implementation of the process is significantly longer than is the case with visits to other types of programme of study. This is representative of the complexity of each of the approval events and the associated impact on the time spent working on these visits. In some cases the process has taken in excess of two years from the date the visit request was received. This extended duration can be attributed to a variety of reasons, including:

- education provider suggesting the latest possible dates for their visit to be undertaken to maximise the time to present documentation;

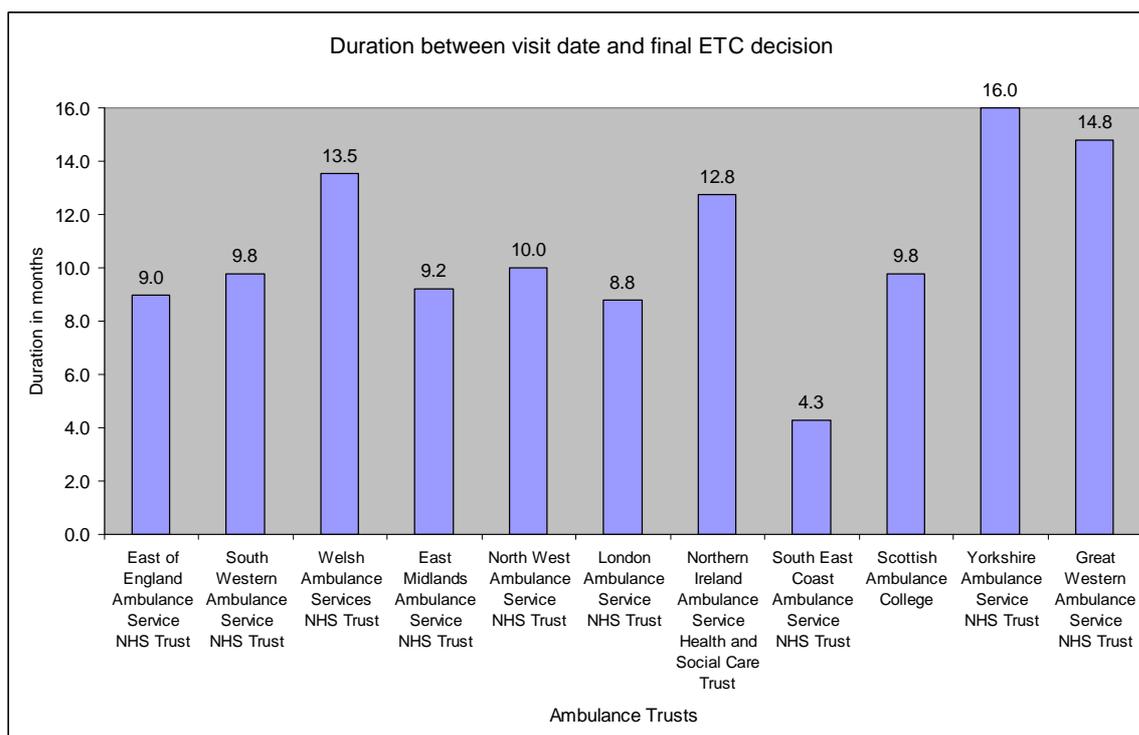
- extenuating circumstances leading to rescheduled visits;
- documentation deadlines being missed leading to cancelled visits;
- the durations taken to produce reports; or
- or the time required for education providers to meet conditions.

These types of atypical resource demands resulted in the extended duration of the approval process. For example the following graph shows the duration taken to produce visitors' reports after each of the visits.



All the reports took one month or more to produce and in some cases more than three months. These durations are a stark contrast to the durations taken to produce reports in previous Department annual reports in which 94% of reports are submitted to education providers within 28 days of the visit date. These extended durations can be attributed to the individual complexity of some of the cases and the numbers of conditions required. For some of the earlier reports, there was also the requirement to seek legal advice on specific wording which led to increased time spent on drafting reports.

Another resource intensive period in the implementation of the approval process can be seen in the post visit stage. The graph overleaf shows the durations of the post visit stage in those instances in which a final decision on approval has been made.

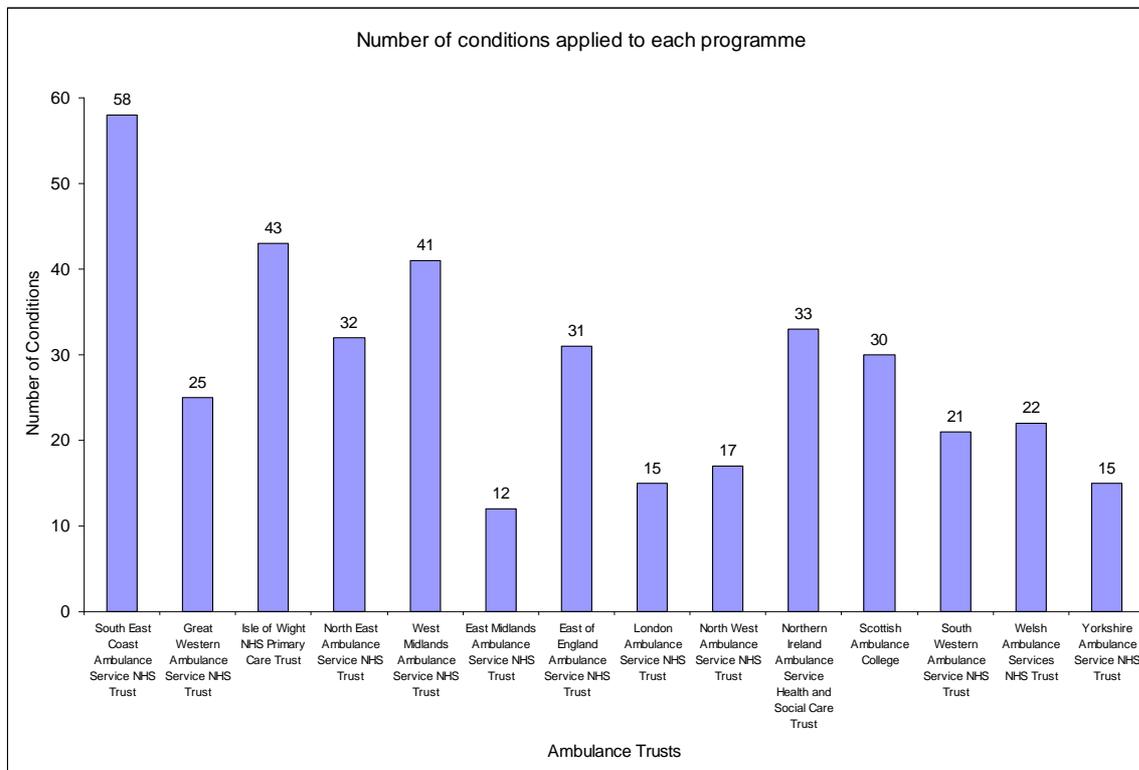


Previous annual reports have indicated that the post visit process is completed in the majority of cases (57%) within four months of the visit date. Only 11% of cases were reported in the 2007 annual report to have required more than six months in order to meet conditions placed on approval or continued approval. In all but one case, the post visit process for the ambulance trusts 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 of the Education and Training Committee to withdraw approval without the education provider submitting a response to the conditions.

The post visit process in some cases was impacted by the duration that it took to produce reports, but in the majority of cases was a result of the time the ambulance trusts required to respond to the conditions placed on continued approval. In some cases, the education providers submitted observations on the visitors' report to contest issues of accuracy in the report but also to request extended deadlines or split deadlines for meeting conditions. Extended or split deadlines were granted by the Education and Training Panel in cases where specific conditions could not be met along the normal time frame owing to extenuating circumstances, such as a particular trust waiting for publication of curriculum information by IHCD.

Standards of education and training

As mentioned previously, one of the increased demands on Education Department employee and visitor time was spent in producing reports. This was particularly attributed to an unusually high number of conditions placed on continued approval. The graph below illustrates the numbers of conditions applied to each programme.



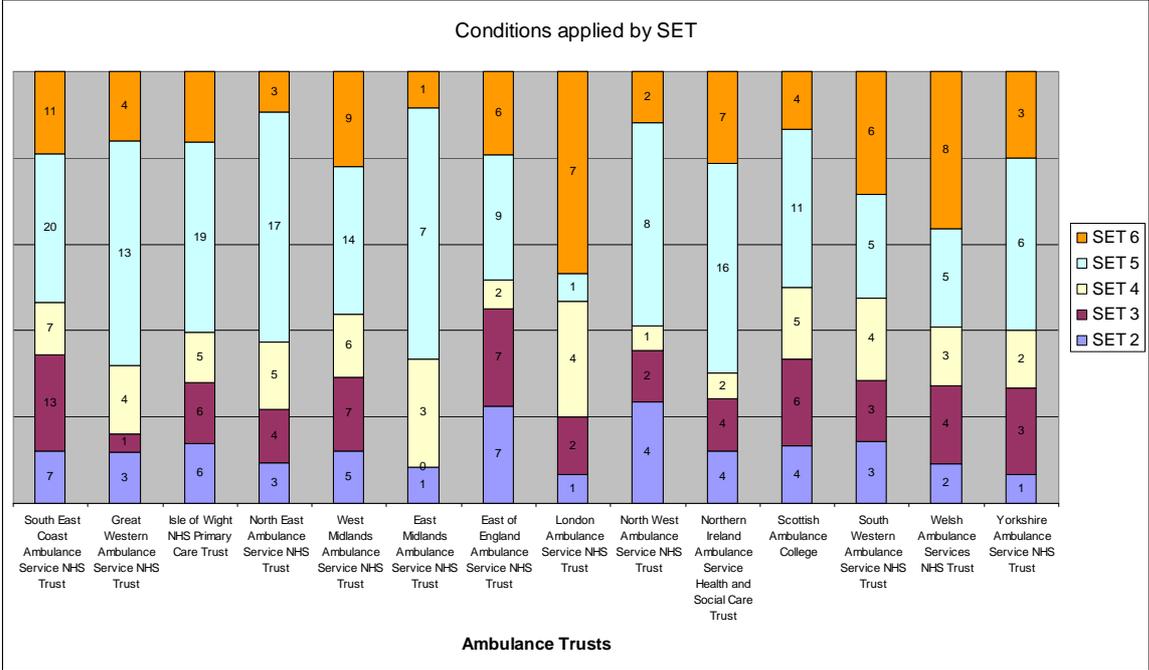
There is considerable variation between the number of conditions applied across the programmes. In some cases the number of conditions is significantly higher than commonly found in cases of visits to programmes that already have approval. In contrast, a number of the programmes have less than 20 conditions applied to ongoing approval, which is relatively typical of a programme visited for the first time by HPC following the publication of the QAA Benchmark Statement. The variance between the number of conditions supports the view that the individual ambulance trusts 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, an eventual decision for withdrawal of approval was reached by the Education and Training Committee.

The two programmes which received more than 40 conditions still have final outcomes pending. Though there appears to be correlation in this, those programmes which are pending decisions tend to have extenuating circumstances related to key programme team members as the main cause for the extended duration. The remaining programme that is pending a final outcome has more than 30 conditions, but less than 40. Other programmes within this range of conditions have reached a final outcome and this again supports the view that the number of conditions does not necessarily relate to an extended duration for the approval process.

One consequence of the number of conditions applied to each programme was that it made it challenging to provide useful informal feedback at the end of the approval visit and in many cases it was decided to be inappropriate to list the conditions that were being placed on continued approval. This made the production of the visitors' report more crucial for the ambulance trusts 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 conditions.

The graphs which follow below provide more detail on the nature of the conditions that were applied on ongoing approval of the programmes.



The graph above illustrates which areas of the SETs were subject conditions at each of the ambulance trusts. Again, 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 conditions.

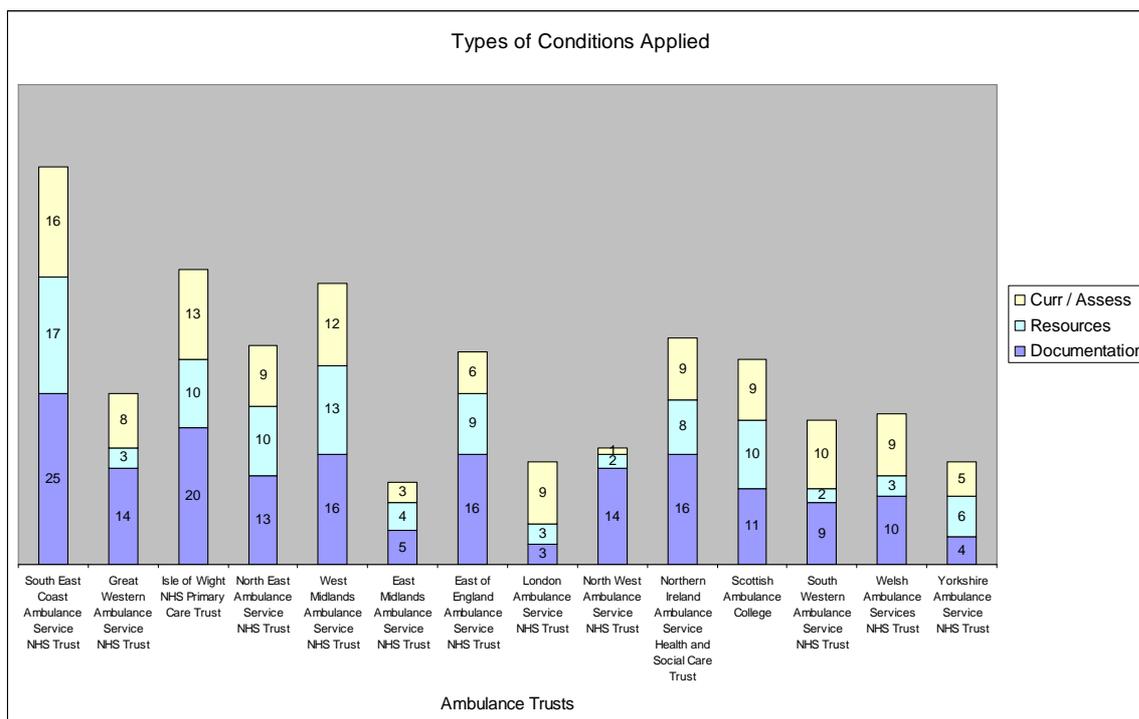
Generally, a trend emerges that the most significant proportion of conditions applied to each programme fell under SET five (practice placement standards). This is relatively typical of all programmes of study subject to approval visits and is a recorded trend in previous annual reports. Some programmes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

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

For the one programme that has reached a final decision for withdrawal of approval it is possible to see that there were a significant number of conditions applied to all areas of the standards.

The graph on the following page provides 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
- **Curriculum or Assessment based** – requires review of the curriculum or assessment procedures to ensure the standard is met.



As is common to many approval visits, a trend emerges which shows that visitors have received verbal confirmation or demonstration that a standard is met, but did not receive documentary evidence to support this. In 11 out of the 14 cases, this type of condition is the 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 three programmes yet to reach a final outcome and in the one programme that has reached a final outcome of withdrawal of approval. However, programmes which received a similar proportion of conditions related to resources have received outcomes for continued approval.

Curriculum or assessment based conditions also appear in relatively high proportion across all programmes (excluding East Midlands Ambulance Service NHS Trust and North West Ambulance Service NHS Trust). This is statistically significant in contrast to previously published annual reports which indicated the

emergence of a potential trend that curriculum based conditions were relatively infrequent. Across the reports there is a general trend of a condition being put in place to document that significant numbers of standards of proficiency have not been adequately mapped against learning outcomes for the programme.

Standards of proficiency

The table below reports 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 trusts.

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

SOP No	Number of Instances
1a. 1	8
1a. 2	5
1a. 3	5
1a. 4	6
1a. 5	5
1a. 6	7
1a. 7	1
1a. 8	6
1b. 1	6
1b. 2	2
1b. 3	8
1b. 4	5
2a. 1	1

SOP No	Number of Instances
2a. 2	3
2a. 3	1
2a. 4	4
2b. 1	10
2b. 2	3
2b. 3	7
2b. 4	1
2b. 5	5
2c. 1	10
2c. 2	10
3a. 1	10
3a. 2	1
3a. 3	1

It is important to note that this analysis does not take into account the individual sub-standards under each SOP heading. It may be the case that only one substandard under a SOP heading may have required greater articulation in the programme documentation. It is also important to note 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, just that the programme documentation did not clearly indicate how learning outcomes were linked to standards of proficiency.

These tables indicate again that the variance between the programmes is quite significant. There is no standard of proficiency common to all the programmes which required greater articulation. There are, however, four standards which were outlined in conditions placed on 10 of the 14 programmes that were visited. This is suggestive, but not conclusive, that these may have been common areas not articulated in the IHCD curriculum guidance for this type of education and training.

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 practice 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 in the above SOPs it is apparent that they fall into a category of professional skills rather than technical competencies.

Each ambulance trust has responded individually to the conditions, but IHCD have also recently 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 trusts have made the decision in responding to the conditions to incorporate the IHCD Module J, whilst others have taken a different approach by either including a trust designed module J or amending the programme in other ways. Again, this reflects the significant variance between the individual programmes.

IHCD as a curriculum setting body

The range of responses to conditions also demonstrates that the IHCD curriculum has been an important element of the programmes that have been visited, but that each ambulance trust has made a different decision 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 subject to regulation by HPC. 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 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 cognisant 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.

In the case of the programmes delivered at ambulance trusts, this approach to the IHCD curriculum has led to the significant variance between programmes growing in scale in the process of meeting conditions placed on continued approval. In the cases 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 trust specific initiatives; or
- procedures from higher education partner institutions.

In effect this has meant that whilst many of the programmes still contain with the programme title “IHCD paramedic award”, it is challenging to define these programmes as being solely IHCD models of education and training.

Conclusions

It is clear from the data above that the implementation of the programme of visits resulted in a disproportionate resource burden on the Education Department. This resource burden appears to have been the result of:

- the differences between the type of education and training delivered by ambulance trusts and higher education programmes, which was anticipated; and
- the individual complexity of implementing the approval process at particular trusts, which was difficult to anticipate.

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.

For programmes which have reached a final outcome of continued approval, all conditions have been met. The responses to conditions varied in approach across the ambulance trusts and further distinguish the programmes delivered by ambulance trusts from one another. The distinctiveness of each programme reflects that IHCD acts as a curriculum setting body rather than as an education provider. Accordingly, in conducting visits to each site of delivery, this has effectively reviewed all the ambulance trusts and no specific visit is required to review the IHCD as a curriculum authority.

Considerations for the Committee in discussing future work

There are a series of options available to the Committee to engage the Education Department in further work related to the programmes delivered by ambulance trusts.

A key piece of information to take into account when considering the future of the IHCD model of education and training is the planned migration into the National Qualification Framework. Current information is suggestive that Edexcel are

currently working on this and plan to have the work completed in or following 2011.

The Committee should also be cognisant of the lack of understanding in relation to the purpose of the programme of visits which have been undertaken and also more generally about paramedic education and training. Therefore, the Committee may wish to direct the Education Department to communicate the final outcomes from this review report to the relevant education providers and other stakeholders to prevent any further confusion.

Appendix A

Current Trust name	Programme Name	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	Pending
London Ambulance Service NHS Trust	IHCD Paramedic Award	Block Release	Reconfirmed approval
North East Ambulance Service NHS Trust	IHCD Paramedic Programme	FT	Pending
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 Services NHS Trust	IHCD Paramedic Award	FT	Reconfirmed approval
West Midlands Ambulance Service NHS Trust	IHCD Paramedic	FT	Pending
Yorkshire Ambulance	IHCD Paramedic Award	FT and PT	Reconfirmed

Service NHS Trust			approval
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Satellite Sites	Trust	Status
UK Military	South Western Ambulance Service NHS Trust	Closed
Ronin Protective Services	South Western Ambulance Service NHS Trust	Programme ineligible for approval
RAF	Great Western Ambulance Service NHS Trust	Closed