

Education and Training Committee, 12 June 2017

Threshold level of qualification for entry to the Register for paramedics

Executive summary and recommendations

Introduction

The threshold level of qualification for entry to the Register for paramedics described in the first of the standards of education and training ('SET 1') is 'Equivalent to Certificate of Higher Education'.

The majority of pre-registration paramedic education and training is now delivered above this level. The attached paper sets out the relevant background and context to this policy area. It highlights that there may be a strong rationale for changing SET 1 for paramedics, particularly having regard to the profile of education and training in the profession and responses to the recent consultation on revised standards of education and training.

Decision

The Committee is invited to:

- a) consider whether to recommend to the Council that a consultation is held on proposals to change the threshold level for entry to the Register for paramedics as described in SET 1; and
- b) if so, decide what proposals should be made.

Background information

Outlined in paper

Resource implications

- This policy area is included in the Policy and Standards Work plan for 2017-18.
- If a consultation was required resource implications include writing the consultation document; arranging the consultation; analysing the responses; and communicating with stakeholders.
- The resource implications are accounted for in Policy and Standards and Communications planning for 2017-18.

Financial implications

There are no immediate financial implications as a result of this paper. Implications in the future may include incorporating any changes into SET 1 into the published versions of the SETs and SETs guidance at an appropriate opportunity. These implications would be accounted for in budgeting in future years, if necessary.

Appendices

- Profile of pre-registration paramedic programmes
- Standards of proficiency for paramedics

Date of paper

25 May 2017

Threshold level of qualification for entry to the Register for paramedics

1. Introduction

- 1.1 The threshold level of qualification for entry to the Register for paramedics described in the first of the standards of education and training ('SET 1') is 'Equivalent to Certificate of Higher Education' (level 4 on the Framework for Higher Education Qualifications (FHEQ); level 7 on the Scottish Credit and Qualifications Framework (SCQF)).¹This has remained unchanged since the standards of education and training were first published in 2004.
- 1.2 The majority of pre-registration paramedic education and training is now delivered above this level and recent years have seen increased degree provision. In the recent consultation on revised standards of education and training we received numerous responses arguing that SET 1 for paramedics should be changed. In our response to the consultation, we said that we anticipated consulting on proposals in this area in the autumn of 2017.
- 1.3 This paper seeks to set out the relevant background and context to this policy area. The Committee is invited to:
 - a) consider whether to recommend to the Council that a consultation is held on proposals to change the threshold level for entry to the Register for paramedics as described in SET 1; and
 - b) if so, decide what proposals should be made.
- 1.4 If the Committee agreed that it wished to consult on a change, a draft consultation document would be brought for discussion and approval at the Committee's and the Council's meetings in September 2017.

2. About SET 1

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

¹ References to levels in this paper give the FHEQ level, followed by the SCQF level(s).
<http://www.qaa.ac.uk/en/Publications/Documents/qualifications-frameworks.pdf>

- 2.3 As we have no legislative powers to allow us to specify that those standards can only be met by a particular academic award, legal advice is that it would be unlawful for us to refuse to approve a programme which delivered the standards of proficiency and met the remaining standards of education and training solely on the basis that it did not lead to the award of a qualification specified in SET 1.
- 2.4 As SET 1 sets out a threshold, programmes may be delivered at academic awards / levels above. There are a number of professions where at least some provision is delivered above the threshold.

3. Previous discussion at Committee

- 3.1 The following is a short summary of recent discussion by the Committee on this topic.
- June 2014. This paper discussed the profile of education and training for two professions where it has been suggested SET 1 should change – paramedics and operating department practitioners. At the time, just 16% of paramedic programmes were delivered at the threshold level. The Committee agreed to consider changing SET 1 for paramedics first before proceeding to consider ODPs.
 - September 2014. The Committee agreed, in principle, that there was a ‘persuasive case’ for changing SET 1 for paramedics. The Committee agreed that this issue would need to be revisited in future, in light of discussions with the four countries and the outcomes of the then ongoing Health Education England (HEE) project looking at reforming paramedic education and training in England.
 - September 2015. The Committee received a presentation from HEE and the College of Paramedics on HEE’s paramedic project (see section four).

4. Policy and context

- 4.1 A short summary is given below of some of the policy reports / initiatives which have reported on and informed changes in how ambulance services are delivered and in paramedic education and training.

Taking healthcare to the patient (DH, 2005)²

- 4.2 This report made a number of recommendations for how ambulance services in England should be transformed to improve patient care.
- 4.3 This report set out the need for paramedics, as part of the ambulance service workforce, to be able to deal with urgent and unscheduled care as well as emergency care. The report set out that ambulance services should be delivered in a way which allows paramedics to assess, treat and decide on

² Department of Health (2005). Taking healthcare to the patient.
https://www.nwas.nhs.uk/media/79142/taking_healthcare_to_the_patient_1.pdf

the appropriate care pathway for the patient (if necessary), rather than always conveying to hospital.

- 4.4 The report argued that education and training needed to focus on the knowledge and diagnostic and clinical reasoning skills needed to be able to deliver this type of care – including knowledge and skills in physical assessment; clinical decision-making; long-term conditions; minor illness; and injury.

Paramedic Evidence Based Education Project (PEEP; 2013)³

- 4.5 This report was published by Health Education England (HEE) and was commissioned by the Department of Health and College of Paramedics. The report was the product of a research study involving stakeholders across the UK.

- 4.6 The report makes a number of recommendations for reforming paramedic education and training (in England). The report recommends that the paramedic profession should move towards becoming an all degree at entry profession.

- 4.7 An all degree workforce is argued for a variety of reasons including the following.

- The need for parity with the other Allied Health Professions (AHPs).
- The benefits of a degree qualified workforce for patient outcomes.
- Degree is required because two years is not long enough to cover in sufficient depth the knowledge and skills required to deliver urgent and unscheduled care, ensuring that paramedics have the level of clinical decision making skills needed to be able to manage the ‘complex case mix’ now required of them.

- 4.8 The report notes, however, the ‘polarised’ nature of views on this topic, with general consensus that the level of education and training should increase, but strongly held views both that degrees should be introduced as soon as possible, and that such a ‘high level’ of award is not necessary to be a good paramedic.

- 4.9 The report suggests a phased approach to introducing an all degree at entry profession by 2019. In terms of regulation, the first suggested phase was changing the threshold level in SET 1 to a diploma of higher education from 2015. The second suggested phase was reviewing the threshold level and changing it to BSc (Hons) degree, with students entering degree only programmes from September 2019.

³ Allied Health Solutions (2013). Paramedic evidence based education (PEEP) report.
<https://www.collegeofparamedics.co.uk/downloads/PEEP-Report.pdf>

Health Education England Paramedic Education and training project⁴

- 4.10 Health Education England (HEE) established a Paramedic Education and Training Steering Group to consider and take forward the PEEP report recommendations, including the recommendation for all degree at entry. The HCPC was represented on the group. All four countries were represented on the Steering Group.
- 4.11 We have been awaiting for some time the publication of the final HEE report. However, we understand that, at the time of writing, it has yet to be considered by HEE's Board.
- 4.12 HEE's workforce plan for England 2016-17 identifies paramedics as a 'priority shortage area'.⁵ HEE sponsored commissions for training have increased by 164% between 2013-14 and 2016-17's proposed levels. The report says that as at April 2015 Ambulance Trusts in England had reported shortages in the number of paramedics of 9.3%. There are therefore system challenges with any move to degree at entry, given the need to ensure sufficient numbers of paramedics and to avoid a 'fallow year' in the move to three year degree programmes.
- 4.13 It is unclear what levers HEE would have available to move paramedic education and training in England to all degree. Paramedic education and training has historically had a mixed funding model – a combination of student loans; ambulance service funding; and programmes supported by Health Education England. Paramedics are currently outside of the funding reforms which are leading to the abolition of NHS bursaries in England.⁶

5. Consultation on standards of education and training

- 5.1 The recent consultation on revised standards of education and training and supporting guidance did not make any proposed changes to SET 1, as it was intended to address this issue in a separate consultation at a later date.
- 5.2 We received a large number of respondents across the different stakeholder types expressing disappointment that SET 1 for paramedics had not been changed. The most common argument was that it should be changed to degree at entry, but a small number of others argued for a diploma threshold.
- 5.3 Arguments made for changing SET 1 for paramedics included the autonomous practice of paramedics; changes in the role of paramedics

⁴ Health Education England - information about the paramedic programme
<http://hee.nhs.uk/work-programmes/paramedics/>

⁵ Health Education England (2016). Workforce plan for England 2016/17.
https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516_0.pdf

⁶ Council of Deans (2017). Health education funding in England from 2017/18: The system explained.
<https://thefundingclinic.org.uk/wp-content/uploads/2016/04/The-new-system-explained-26072016-final.pdf>

necessitating a higher level of education and training; and parity with the other professions that the HCPC regulates.

6. Paramedic education and training across the UK

- 6.1 The tables in appendix 1 provide information about the profile of existing approved pre-registration programmes leading to eligibility to apply for registration as a paramedic.
- 6.2 The majority of programmes (96%) are now delivered in excess of the current threshold level. The biggest single type of award is BSc degree (with /without honours; 37%) but a majority of programmes (58%) are level 5/8 awards (foundation degrees and diplomas of higher education).
- 6.3 There are differences in the profile of programmes across the four countries of the UK. To inform the content of this paper, conversations took place with relevant stakeholders in the four countries, including government, education providers and commissioning / education bodies to understand plans in relation to paramedic education and training. Relevant information is outlined below.

England

- 6.4 In England, 41% of approved programmes are degrees (level 6/9/10), the biggest single type of award. However, 53% of programmes are delivered at level 5/8. There are additional degree programmes amongst proposed new programmes. In its response to the SETs consultation, the Ambulance Association of Chief Executives, which has membership of all ambulance services in England, argued for SET 1 to be changed to a diploma, outlining the eventual aspiration for all degree at entry.

Wales

- 6.5 In Wales, the highest level of existing approved programme is a diploma of higher education (level 5/8). A degree programme is planned. We understand from representatives of the Welsh Government that there is currently no formal position on this issue as Government and service are looking at the shape of the future workforce and what level of skills and experience this workforce would need. In its response to the SETs consultation, the Welsh Ambulance Service said that it would be 'pragmatic' to change the threshold to a Diploma of Higher Education and described the benefits they saw in degree level education and training.

Northern Ireland

- 6.6 There are no currently approved paramedic programmes in Northern Ireland since the Northern Ireland Ambulance Service (NIAS) closed its training route. A representative of NIAS confirmed that they were in the early stages of looking to develop a degree route in Northern Ireland, including carrying out an options appraisal. In its response to the SETs consultation, NIAS said that

the existing threshold was outdated and should be revised, setting out evidence from the reports referred to earlier in this paper.

Scotland

- 6.7 In Scotland, the only approved programme is a Diploma of Higher Education (level 5/8). A degree programme is planned. We understand from the Scottish Ambulance Service that there are no current plans to discontinue existing provision at diploma level. In its response to the SETs consultation, they argued that the current threshold does not reflect current provision and that SET 1 should be changed to a diploma, with a view to future progression to a degree.

7. Changing SET 1

- 7.1 To date, we have not changed the level described in SET 1 for any of the professions. For most of the professions, the level specified in SET 1 was established when the standards of education and training were first published (2004). This was based on the award specified by the Boards of the Council for Professions Supplementary to Medicine (CPSM).
- 7.2 For most professions, SET 1 has been uncontroversial. It reflects the unanimous consensus position that the professions, education providers and commissioners had reached over a number of years.
- 7.3 The following describes some of the matters that need to be considered in contemplating a change to SET 1.

The link between SET 1 and standards of proficiency

- 7.4 As the SETs are the standards necessary to deliver the standards of proficiency, the starting point in contemplating changing SET 1 is the standards of proficiency for paramedics. In the past we have said that we might consider whether the threshold level should be increased for a profession in part if we had evidence that the existing standards of proficiency needed to be changed in order to protect the public.
- 7.5 The standards of proficiency for paramedics were last published in September 2014 (appendix 2 to this paper). The changes incorporated into the existing version were relatively minor. Additional standards, also added to a number of other professions' standards, were included about supervision, mentorship and leadership. Profession specific changes included the following.
- Some minor amendments to clarify the knowledge required of paramedics in the biological, physical, behavioural and clinical sciences.
 - A range of other minor amendments / additions, including some to add references to urgent as well as emergency care; and to strengthen references to diagnostic skills and decision making about appropriate patient pathways.

7.6 Legal advice has clarified that it should not be assumed that SET 1 does not need to change just because the standards of proficiency have not been added to or amended. Instead, it is relevant to consider whether the depth of knowledge, understanding and skill required has changed, even if the language of the standards has not changed. To illustrate with an example, what will constitute 'appropriate assessment techniques' (14.10) has changed over time, as models of care have moved from stabilisation and transfer to definitive care, to providing more definitive care on scene or referring via other pathways which do not require attendance at A&E.

Profile of current approved pre-registration programmes

7.7 In the past we have also maintained that we may consider changing SET 1 where the majority of entrants to the profession were qualifying above the existing threshold.

7.8 Legal advice has previously confirmed that it is relevant for the Council to consider the profile of current provision. This advice concluded that: 'Maintaining SET 1 at a level which is far below that of the typical entrant to a profession will also inevitably lead to it being out of step with the threshold level of safe and effective practice in that profession.'

Implementation arrangements

7.9 Advice has also previously been sought on whether it would be possible to consider a phased approach to changing the paramedic threshold, such as that suggested in the PEEP report.

7.10 In summary:

- It would be possible for the Council to agree to change SET 1 but specify a reasonable implementation period. Where other standards have changed, we have agreed implementation on a phased basis.
- It would not be possible for the Council to agree to change SET 1 and to agree at the same time that a further change should be made on a later date. The Council would need to consult separately on each change, making a contemporaneous decision about the level required to deliver the standards of proficiency.
- It would be possible for the Council to agree to change SET 1 and to indicate that it expects to amend SET 1 again in the future to give an indication about what the level might be should the profession continue to develop as expected.

Implications

- 7.11 SET 1 is the contemporary level of education and training considered necessary for entry to the Register. A change in SET 1 will not directly affect existing paramedics who may have followed historic training at different levels, or those part way through their pre-registration programmes. They would not be required to retrain in order to retain their registration. This has happened in other professions – for example, we will still register physiotherapists who completed diploma level qualifying education and training prior to the introduction of an all degree at entry profession. However, this is often misunderstood and would need careful handling in any consultation and in subsequent communications activity.
- 7.12 As SET 1 sets out a ‘normative’ expectation expressed in awards, it follows that a change in the award set would not automatically mean that programmes meeting the remainder of the SETs but resulting in different awards would have their on-going approval removed (see section two). However, it may be relevant to consider whether programmes resulting in a different award are nonetheless delivered at the level that that award indicates (e.g. the programme does not result in the award of a diploma but can still benchmark itself against diploma level). This is a complex area and in addition to requesting specific legal advice on this point, HCPC’s chief legal counsel has been invited to attend the meeting and advise the Committee.
- 7.13 It might be argued that SET 1 has practical limitations (as discussed in this paper), and that the profile of provision is more influenced by other factors including commissioning arrangements (where they exist) and the influence of stakeholders including employers and professional bodies. However, SET 1 is considered by stakeholders to nonetheless be an important influence and in recent discussion has been described as an important ‘catalyst’ to developing education and training at degree level.

8. Discussion

- 8.1 The Committee is invited to consider the following observations / points for discussion.
- The vast majority of approved pre-registration programmes leading to registration as a paramedic are delivered above the existing threshold. Just three programmes (4%) result in an award which is a Certificate of Higher Education.
 - On that basis, we might conclude that SET 1 is out of date. Whilst there perhaps might not be complete consensus about degree level and / or the pace of change towards degree level, there appears to be a wide consensus that the existing threshold does not reflect contemporary requirements.

- The majority of programmes in each of the UK countries (there are no running programmes in Northern Ireland) are now delivered above the threshold. All countries are growing degree provision but intentions for an all degree at entry workforce are currently unclear, and further complicated by workforce challenges in some countries. Given our role, the UK context is crucial.
 - There is evidence of changes in paramedic practice which have occurred over time – particularly a focus on urgent and unscheduled care in addition to emergency care, requiring increased levels of clinical decision making.
 - The standards of proficiency have remained broadly stable, with only minor changes being incorporated into the 2014 iteration. There is an argument, however, that, in light of the changes described above, the expectations behind the standards have changed.
 - This is a complex, political topic with some strongly held stakeholder views. As this is the first time that SET 1 has been changed for a profession, it will be important that the rationale for the change is clear. The same rationale would need to be applied in the future, in particular to considering in due course whether SET 1 for operating department practitioners should be changed.
- 8.2 In addition to the question of whether to consult on changing SET 1 for paramedics, the other two issues are what level should be proposed in any consultation and the lead-in time before the new standard is implemented.
- 8.3 The Committee is invited to discuss and determine what proposal it would wish to make in the consultation – either on a firm or indicative basis. An alternative would be to ask a more open question.
- 8.4 The Executive proposes that the date at which the revised standard should be implemented should be a consultation question. A reasonable lead-in period would seem wise given the need to communicate the change clearly to a variety of stakeholders and owing to the potential for misunderstanding by the existing workforce.

9. Possible timescale

9.1 Subject to the Committee's discussion and decision at this meeting, the following might be possible timescales for this work.

| Activity | Timescale |
|---|-------------------------------------|
| | |
| Consultation document to Education and Training Committee | 7 September 2017 |
| | |
| Consultation document to Council | 20/21 September 2017 |
| | |
| Consultation | October 2017 to end of January 2018 |
| | |
| Consultation analysis to Education and Training Committee | 7 June 2018 |
| | |
| Consultation analysis to the Council | 4/5 July 2018 |
| | |
| Implementation | To be agreed |

Appendix 1 - Profile of pre-registration paramedic programmes

Figures correct as of 24 May 2017

Note to tables

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

Table 1: All approved programmes by type of award

Based on all active programmes, which includes those that are open but which have recently closed to new intakes.

| Type of award | Number of programmes | |
|---|----------------------|-----|
| BSc with Honours | 25 | 34% |
| BSc | 2 | 3% |
| Level 6 Diploma | 1 | 1% |
| Foundation degree | 19 | 26% |
| Diploma of Higher Education | 21 | 29% |
| Higher National Diploma | 0 | 0% |
| Equivalent to Diploma of Higher Education | 2 | 3% |
| Certificate of Higher Education | 3 | 4% |
| Equivalent to Certificate of Higher Education | 0 | 0% |
| Total | 73 | |

Table 2: All approved programmes by level of award

| Level of award | Number of programmes | |
|----------------|----------------------|-----|
| Level 6/9/10 | 28 | 38% |
| Level 5/8 | 42 | 58% |
| Level 4/7 | 3 | 4% |

Table 3: All approved programmes by type of education provider

| Type of provider | Number of programmes | |
|---|----------------------|-----|
| Higher Education Institution (Inc. joint provision) | 68 | 93% |
| Other provider (ambulance service trust, private providers) | 5 | 7% |

Table 4: Approved paramedic programmes by type of award, by country

| Type of award | England | Scotland | Wales | Northern Ireland | UK* |
|---|-------------|-----------|-----------|------------------|-----------|
| BSc with Honours | 25 | | | | |
| BSc | 2 | | | | |
| Level 6 Diploma | 1 | | | | |
| Foundation degree | 18 | | | | 1 |
| Diploma of Higher Education | 16 | 1 | 3 | | 1 |
| Equivalent to Diploma of Higher Education | 1 | | 1 | | |
| Certificate of Higher Education | 3 | | | | |
| Total | 66 (90%) | 1 (1%) | 4 (5%) | 0 (0%) | 2 (3%) |

*Open University provision

Table 5: Summary of proposed new provision by award (includes programmes visited but not yet approved)

| Type of award | Level | Number of programmes | |
|---|--------|----------------------|--------------------------|
| | | Total | Country |
| BSc with Honours | 6/9/10 | 10 | England (9) Wales (1) |
| BSc | 6/9/10 | 1 | Scotland (1) |
| Level 6 Diploma | 6/9/10 | 2 | England (2) |
| Foundation degree | 5/8 | 0 | |
| Diploma of Higher Education | 5/8 | 0 | |
| Equivalent to Diploma of Higher Education | 5/8 | 1 | England (1) |
| Certificate of Higher Education | 4/7 | 0 | |
| Equivalent to Certificate of Higher Education | 4/7 | 0 | |
| Total | | 14 | |

Table 6: Summary of proposed new provision by level (includes programmes visited but not yet approved)

| Level of award | Number of programmes | |
|----------------|----------------------|-----|
| Level 6/9/10 | 13 | 93% |
| Level 5/8 | 1 | 7% |
| Level 4/7 | 0 | 0% |

Table 7: Summary of student cohort numbers by award

Student cohort data is a 'maximum' number of students that each programme is approved to enrol in each year. It is indicative and not reflective of actual enrolments, completions or registrations.

| Type of award | Student cohort | |
|---|----------------|-----|
| BSc with Honours | 897 | 21% |
| BSc | 35 | 1% |
| Level 6 Diploma | 24 | 1% |
| Foundation degree | 1573 | 36% |
| Diploma of Higher Education | 1494 | 34% |
| Equivalent to Diploma of Higher Education | 55 | 1% |
| Certificate of Higher Education | 280 | 6% |
| Total | 4358 | |

Table 8: Summary of student cohort numbers by level

| Level of award | Student cohort | |
|----------------|----------------|-----|
| Level 6/9/10 | 1456 | 23% |
| Level 5/8 | 3122 | 71% |
| Level 4/7 | 280 | 6% |

Table 9: Summary of proposed student cohort numbers by award

The summary of student cohort data for proposed provision is below. This data is subject to approval and confirmation as to whether the numbers are additional to or replacements for existing provision.

| Type of award | Student cohort | |
|---|----------------|-----|
| BSc with Honours | 565 | 80% |
| BSc | 50 | 7% |
| Level 6 Diploma | 24 | 4% |
| Equivalent to Diploma of Higher Education | 64 | 9% |
| Total | 703 | |

Table 10: Summary of proposed student cohort numbers by level

| Level of award | Student cohort | |
|----------------|----------------|-----|
| Level 6/9/10 | 639 | 91% |
| Level 5/8 | 64 | 9% |
| Level 4/7 | 0 | 0% |

Standards of proficiency

Paramedics

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Foreword

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

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

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

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

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

We are confident that the standards are fit for purpose and reflect safe and effective professional practice for paramedics. These standards are effective from Monday 1 September 2014.

Introduction

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

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

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

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

A note about our expectations of you

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

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

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

Your scope of practice

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

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

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

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

Meeting the standards

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

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

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

Language

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

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

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

These standards may change in the future

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

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

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

Standards of proficiency

Registrant paramedics must:

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

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

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

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

3 be able to maintain fitness to practise

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

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

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

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

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

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

6 be able to practise in a non-discriminatory manner

7 understand the importance of and be able to maintain confidentiality

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

8 be able to communicate effectively

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

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

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

9 be able to work appropriately with others

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

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

10 be able to maintain records appropriately

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

11 be able to reflect on and review practice

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

12 be able to assure the quality of their practice

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

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

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

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

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

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

13.9 understand the following aspects of physical science:

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

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

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

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

13.11 understand the following aspects of clinical science:

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

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

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

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

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

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

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

Park House
184 Kennington Park Road
London SE11 4BU

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

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alternative formats and Welsh
on request.**

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



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Paper from
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FSC® C105395

© Health and Care Professions Council 2014

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

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