



Paramedic education meeting report

Report of the paramedic meeting 6 November 2017

The Council of Deans of Health convened a roundtable meeting on 6 November 2017 to discuss a range of issues around the provision of paramedic higher education in England. The meeting provided a forum for members to collectively identify and discuss their concerns, as well as to discuss the Health and Care Professions Council's (HCPC) consultation on the threshold level of qualification for entry to the Register for Paramedics. Members were joined by guests from the College of Paramedics, NHS England and the HCPC. The meeting was chaired by Ruth Allarton, Head of Department of Allied Health Professions, Sheffield Hallam University.

Context

The funding for paramedic courses currently operates under a mixed model in which some students are self-funded, some are funded by Ambulance Trusts and others by Health Education England (HEE). Paramedic education courses were not part of the NHS Bursary system and were not included in the recent funding reforms, which saw students studying a range of nursing, midwifery and allied health professional courses move over to being self-financed and funded through the student loans system. Consequently, arrangements for paramedic education are established at a local level resulting in regional variations in terms of education provision, the availability of placements, and funding. Furthermore, education providers do not have access to the placement tariff which is currently available to many other providers of healthcare education.

The HCPC has opened a consultation to discuss the threshold level of qualification for entry to the Register for paramedics. The level of entry onto the Register is currently 'Equivalent to Certificate of Higher Education' (level 4/7), remaining unchanged since the standards of education and training were first published in 2004¹. The consultation is seeking views on whether the threshold level should be raised to degree level.

Key challenges for paramedic education

Funding of paramedic education

- Roundtable participants indicated a preference for bringing the funding for paramedic education in line with other allied health profession courses subject to the recent funding reforms. This would

¹ [http://www.hcpc-uk.org/assets/documents/1000557DThresholdlevelPAconsultationFINAL\(postCouncil\).pdf](http://www.hcpc-uk.org/assets/documents/1000557DThresholdlevelPAconsultationFINAL(postCouncil).pdf)

bring more coherence to the delivery of paramedic education across England and provide students with access to additional funding support.

- Paramedic education sat outside the recent healthcare education funding reforms and therefore was not included within the [costing study](#) commissioned by the Higher Education Funding Council for England (HEFCE). Roundtable participants representing HEIs expressed an interest in participating in a similar study to identify the costs for delivery of pre-registration paramedic education.

Placements

- Significant discrepancies were identified and discussed by roundtable participants in the availability and quality of placements for paramedic students. Discussions focused on the range of experiences available to students.
- The inability to access the placement tariff for paramedic students was cited as a frustration for education providers. Placement tariffs for other healthcare courses were introduced in April 2013 to address differences in funding, which was subject to local arrangements. The inability to access placement tariff, combined with variations in placement availability and quality exacerbates difficulties caused by the mixed model through which paramedic education is funded.

Raising the profile of paramedic education and research

- Roundtable discussants noted the importance of raising the profile of paramedic education. Examples of innovation in paramedic education delivery, as well as high quality research outputs could be identified and showcased to help achieve this.
- Work aimed at raising the profile of paramedic education and research should identify case study examples across the United Kingdom as well as internationally.

Other topics considered during the roundtable meeting

- New models of care under development, including innovations in primary care, will require higher levels of clinical decision making by paramedics. It is vital to ensure that paramedics are provided with the training and experience required to deliver these new models.
- Funding for post-registration education courses (eg mentorship) was viewed as an important factor in developing the existing workforce, as well as reducing staff turnover rates.

HCPC consultation

- It was noted that paramedic education is one of the few professions without BSc entry requirements.
- Whilst there was consensus to raise the threshold for entry to the Register of paramedics to degree level there was less agreement about the time period within which this should be done.

- There was a view that, as educators, HEIs should be leading on timing with a view to moving the threshold to degree level entry as soon as is feasibly possible. It was noted that as the majority of education providers were already delivering paramedic courses at degree level the impact of this change would be minimal and there would be no fallow year. Furthermore, it was suggested that many HEIs delivering both BSc and Diploma programmes had plans to close their Diploma route.
- Moving the threshold for entry to degree level should not have equality and diversity implications for paramedic courses, as HEI have access agreements in place to manage these issues for other healthcare courses.
- Moving the threshold to degree level entry would require some consideration of the existing post-registration non-graduate workforce. This should include support to enable staff to study at degree level, as well as clearly defined career structure.

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