

Consultation on the threshold level of qualification for entry to the Register for paramedics

Analysis of responses to the consultation and our decisions as a result.

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1. Introduction

About the consultation

- 1.1 We consulted between 25 September 2017 and 15 December 2017 on changing the threshold level of qualification for entry to the Register for paramedics, which is set out in the first standard of the Standards of education and training ('SET 1').
- 1.2 We informed a range of stakeholders about the consultation including professional bodies, employers and education and training providers. We also advertised the consultation on our website and on social media, and issued a press release.
- 1.3 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

- 1.4 We are a regulator and our job is to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills, knowledge and behaviour. Individuals on our Register are called 'registrants'.
- 1.5 We currently regulate 16 health and care professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics
 - Physiotherapists
 - Practitioner psychologists
 - Prosthetists / orthotists
 - Radiographers

- Social workers in England
- Speech and language therapists

About this document

1.6 This document summarises the responses we received to the consultation.

- Section two explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section three provides an executive summary of the responses we received.
- Section four summarises responses to each consultation question.
- Section five outlines our responses to the comments received, and any changes we will make as a result.
- Section six lists the organisations which responded to the consultation.

1.7 In this document, 'we', 'us', and 'our' are references to the HCPC; 'you' or 'your' are references to respondents to the consultation.

2. Analysing your responses

- 2.1 We have analysed all the written and survey responses we received to the consultation.

Method of recording and analysis

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. 'yes', 'no', or 'don't know'). Where we received responses by email or by letter, we recorded each response in a similar format.
- 2.3 We received a small number responses which indicated that they were made on behalf of organisations, but it was unclear whether that was actually the case. We contacted these organisations directly to clarify whether or not these responses were in fact made on their behalf. In a limited number of cases, where we have been unable to confirm this we have used the information available (such as the content of the response or the contact details provided) to make a reasonable assumption. The number of organisation responses has been updated accordingly.
- 2.4 In this analysis, we have produced statistics for quantifiable data (such as the number of 'yes', 'no' or 'don't know' responses) and identified themes in the qualitative comments made by respondents. This document summarises common themes across the responses we received and indicates the frequency of different arguments and observations made by respondents.

Quantitative analysis

- 2.5 We received 1,142 responses to the consultation. 1,114 responses (98%) were made by individuals and 28 (2%) were made on behalf of organisations. Of the 1,114 individual responses, 767 (69%) were HCPC registered professionals.
- 2.6 The tables below provide some indicative statistics for the answers to the consultation questions.

Table 1 – Breakdown of responses by question

	Yes	No	Don't know	No answer
Q1. Do you agree that SET 1 for paramedics should be changed? If so, why? If not, why not?	941 (82%)	167 (15%)	30 (3%)	4 (0%)

	Diploma	Degree	Other	No answer
Q2. If you agree that SET 1 for paramedics should be changed, what should it be changed to and why?	183 (16%)	797 (70%)	46 (4%)	116 (10%)

	Yes	No	Don't know	No answer
Q4. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010?	200 (18%)	828 (73%)	85 (7%)	29 (3%)

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Don't know	No answer	Yes	No	Don't know	No answer
Q1. Do you agree that SET 1 for paramedics should be changed? If so, why? If not, why not?	915 (82%)	166 (15%)	29 (3%)	4 (0%)	26 (93%)	1 (4%)	1 (4%)	0 (0%)

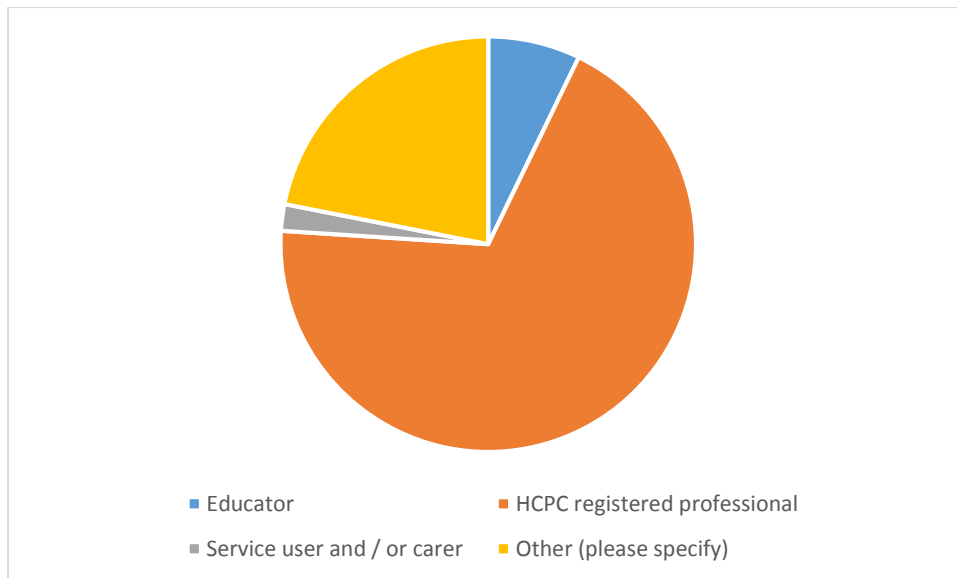
	Individuals				Organisations			
	Diploma	Degree	Other	No answer	Diploma	Degree	Other	No answer
Q2. If you agree that SET 1 for paramedics should be changed, what should it be changed to and why?	178 (16%)	775 (70%)	45 (4%)	116 (10%)	5 (18%)	22 (79%)	1 (4%)	0 (0%)

	Individuals				Organisations			
	Yes	No	Don't know	No answer	Yes	No	Don't know	No answer
Q4. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010?	193 (17%)	810 (73%)	84 (8%)	27 (2%)	7 (25%)	18 (64%)	1 (4%)	2 (7%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add up to 100%.
- Questions 3 and 5 invited comments or suggestions rather than 'yes' or 'no' answers and so have not been included in the above tables. A summary of responses to these questions can be found in section 4 of this document.

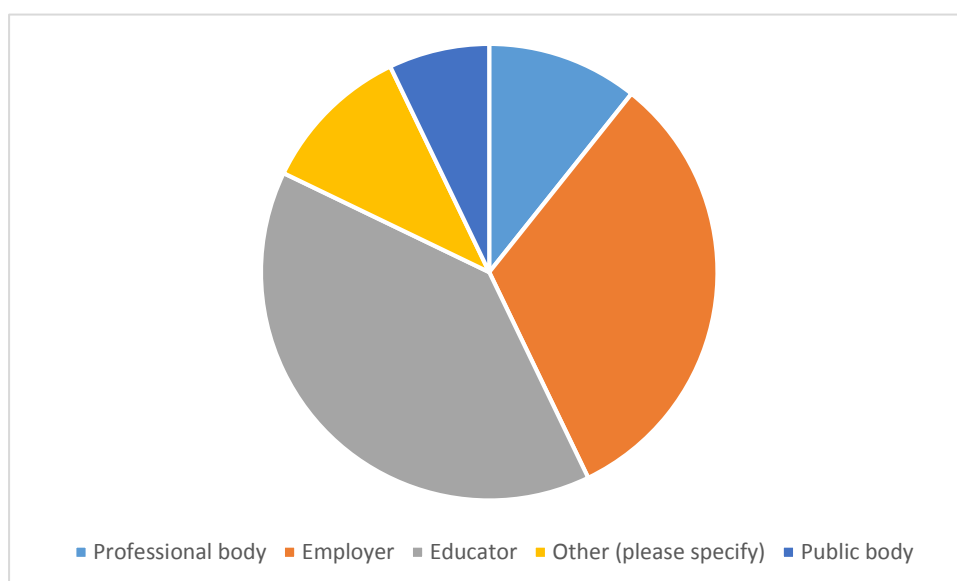
Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as trainees, student paramedics, ambulance service employees (including emergency medical / Institute of Healthcare and Development (IHCD) technicians), retired paramedics, A&E nurses and doctors, amongst others.



Graph 2 – Breakdown of organisation respondents

Respondents were asked to select the category that best described them. The respondents who selected 'other' identified themselves as a trade union, a commissioning organisation and a national body undertaking workforce planning and education commissioning of paramedic education in Wales.



3. Summary of responses

Changing SET 1 for paramedics

- The majority of respondents (82%) agreed that SET 1 for paramedics should be changed, increasing to either diploma or degree level. Respondents in favour of this change felt it would better reflect the needs of contemporary paramedic practice, equipping paramedics to make the independent, complex decisions increasingly required of them. It would also future-proof the profession, giving paramedics greater opportunity to take on more advanced skills and roles, and better reflect the advances the profession has made over recent years.
- A minority (15%) disagreed, instead arguing that SET 1 should remain the same. Respondents who disagreed felt that change was unnecessary and would negatively affect recruitment or retention of staff, as well as prevent certain demographics and those already working in emergency technician (EMT) roles from internal progression.

The level of SET 1 for paramedics

- 90% of respondents responded to this question. Of those, the majority (78%) wanted SET 1 for paramedics to change to degree level. Respondents discussed the benefits of a third year of study, including the ability to develop critical thinking and evidence based practice skills, as well as enabling providers to devote further time to topics such as mental health. Respondents also felt a degree would benefit the profession by standardising entry routes to the paramedic Register and achieving parity with other allied health professionals.
- Of those that responded, a minority (18%) considered that SET 1 should be changed to diploma level. Respondents felt this option minimised disruption to the profession and had the benefit of enabling more people to join the Register. A diploma was also seen to better prepare students because respondents felt it typically provides much more practical experience.

Implementation

- We received a broad range of suggestions for when any change to SET 1 should be implemented, ranging from immediately to 2030. Respondents were broadly in favour of a relatively short implementation period (within the next two years). The majority of respondents wanted the change to be implemented 'as soon as possible' (37%).
- A minority of respondents suggested a longer implementation period, ranging from 2020 to 2030. These suggestions argued that more time is necessary

due to the impact of bringing about such a change and the need for new education programmes to be approved, particularly in Wales, Scotland and Northern Ireland.

- On the whole, organisations were in favour of a later date, compared to individuals.

Equality and Diversity

- The majority (73%) of respondents did not consider that a change to SET 1 could result in equality and diversity implications for groups or individuals based on one or more of the protected characteristics defined by the Equality Act 2010.
- A minority (18%) of respondents felt there were aspects of our proposals that may have equality and diversity implications. Primarily, respondents felt that any impact would be negative and could disproportionately affect the protected characteristics of age, disability, pregnancy and maternity and sex. Respondents also discussed the potential impact on those at socioeconomic disadvantage. A small number of respondents felt there could be positive equality and diversity implications of a change to SET 1, as degree level education could attract more diverse students and universities generally have well-developed equality and diversity processes.

4. Thematic analysis of responses

4.1 This section provides a summary of the responses we received, outlining the key themes in responses to each consultation question.

Q1. Do you agree that SET 1 for paramedics should be changed? If so, why? If not, why not?

4.2 A large majority of respondents (82%) agreed that SET 1 should be changed, increasing from 'Equivalent to Certificate of Higher Education' to either diploma or degree level. Of those organisations that responded however, a significantly larger majority (93%) agreed SET 1 should be changed.

Arguments in favour of changing SET 1

4.3 A number of different arguments were raised by respondents in favour of changing SET 1.

Role of paramedics

4.4 Many respondents highlighted how the role of paramedic has evolved in recent years, moving away from primarily providing transport to hospital in emergencies. Paramedics are now expected to make decisions on site about a patient's on-going care, often independently and without the immediate support of a clinical supervisor.

4.5 A number of respondents noted that paramedics are now expected to use their clinical knowledge to re-direct patients away from emergency care, which requires more complex decision-making. Respondents were therefore concerned that those trained on shorter courses, such as certificate level programmes, will only be capable and confident in dealing with emergencies and would not have sufficient experience to handle urgent and primary care cases. Whilst in the short term this training may help meet emergency targets, these respondents felt that in the long term this level of training risks more patients being inappropriately treated, transferred to hospital or discharged at home.

Future development of the profession

4.6 Respondents believed that changing SET 1 would help ensure paramedics are equipped to meet the healthcare needs of the future. Many felt that paramedics are not always taken seriously and that a change to SET 1 would assist them in gaining general acceptance in other health care fields. It was argued that raising SET 1 would also improve opportunities for paramedics to develop more advanced roles and skills, such as independent prescribing.

4.7 Some respondents commented that changing SET 1 could be a catalyst for more paramedics to enter post-graduate education, which they felt would benefit patients. Others noted that it may help the profession's current

retention problems, as recruits are more likely to remain within the profession if they have greater career development opportunities.

- 4.8 Respondents suggested this change would also improve public expectations and paramedic professionalism.

Arguments against changing SET 1

- 4.9 A minority of respondents (15%) felt that SET 1 should not change. Their arguments are set out below.

Future recruitment risks

- 4.10 Many of these respondents were concerned about on-going recruitment. Respondents referenced the current employment crisis, with ambulance services struggling to meet quotas. They felt the ambulance service is too unstable to manage if paramedic numbers were to drop as a result of this change. Respondents suggested that the ability to recruit in the near future was already uncertain, in light of Brexit, and that any move towards a higher education threshold level would only amplify these issues. Some compared the change to the nursing profession (which moved to degree entry level), and the recruitment difficulties they have faced since.
- 4.11 There were some concerns that graduates could become disillusioned by workloads and pay much quicker than paramedics trained to a lower educational level and might leave the profession early. Respondents therefore felt that, in the long term, this would decrease workforce resilience and retention levels.

Unnecessary

- 4.12 Many respondents were sceptical about the need for such a change. Whilst they noted that there can be benefits to higher education, respondents felt this should be an optional top-up for those who want to pursue this as opposed to the minimum educational requirement for all paramedics.
- 4.13 A few respondents felt that there is no evidence to support that degree level education better equips prospective paramedics for practice. Respondents referred to their personal experiences of what they considered to be poorly skilled graduate paramedics, or positive experiences of certificate level educated paramedics. Respondents highlighted that the profession has succeeded in achieving Agenda for Change Band 6 pay and support from the Commission for Human Medicines to be able to train to independently prescribe under the existing SET 1. Respondents argued that without evidence that registrants trained at certificate or diploma level cannot meet the Standards, SET 1 should not change.
- 4.14 Respondents noted that being a paramedic is a 'practical job', and that the vast majority of recruits will be working on the emergency frontline as

opposed to in advanced roles. Some respondents argued that the ability to research and write essays was not helpful in day-to-day work. Many respondents discussed the need for 'life experience', bedside manner, communication skills and 'common sense'. Respondents suggested that graduates can leave higher education without these skills and are often unable to work autonomously. They felt that this could raise patient safety issues, as paramedics often work independently or assisted by unqualified support staff.

Reduce diversity of workforce

- 4.15 Several respondents were concerned that changing SET 1 would result in certain demographics being excluded from the profession. Examples included mature students, those that cannot afford student loans and people with disabilities (such as dyslexia) for whom a degree might be especially challenging. Respondents felt that the current blended workforce has a positive impact on the profession.
- 4.16 Respondents also noted that a change to SET 1 may exclude those already working towards entry to the profession from progressing, such as EMTs. It was argued that people who are already working are unlikely to be able to afford a student loan or take time out of employment to complete a degree. Similarly, it was argued that ex-service personnel often are less able to get a diploma or degree and therefore will be unable to join the profession. No further information was given to explain why this was the case.
- 4.17 Many respondents discussed these concerns in greater detail in question 4. A more detailed commentary on these comments can be found from paragraph 4.68.

Other responses

- 4.18 A very small number of respondents appeared to misunderstand what SET 1 currently is. For example, a small number of respondents selected 'no' on the basis that SET 1 should not be a degree, whilst supportive of the current 'diploma threshold'. Some said 'no' on the basis that the threshold level should not be lowered, speaking in favour of retaining a degree level. Others said 'yes' on the basis that SET 1 should move away from degree.
- 4.19 Some responses appeared to misunderstand the implications of any change to SET 1, believing that the existing workforce would need to re-train to meet the new threshold level or, if they were educated to a level below the new threshold, be removed from the Register. They therefore opposed a change to SET 1 on this basis.

Q2. If you agree that SET 1 for paramedics should be changed, what should it be changed to and why?:

a. Diploma of Higher Education (level 5/8 on the qualification frameworks)

b. Degree (level 6/9/10 on the qualification frameworks)

c. Other (please specify)

4.20 90% of respondents answered this question. The majority of those that responded (78%) were in favour of SET 1 changing to degree (level 6/9/10 on the qualification frameworks).

4.21 All organisations responded to this question, whereas only 90% of individuals did. There was no significant difference between the responses made by organisations and individuals, with the majority of both in favour of a change to degree level.

Arguments in favour of SET 1 changing to degree level

4.22 In responding to this question, respondents raised similar arguments to those outlined against question 1, highlighting the benefits of a move to degree level entry. However, in our analysis below we have focused on summarising arguments specific to the benefits of a move to degree level, as opposed to diploma level or to remaining at certificate level.

Length of education

4.23 Respondents felt that the length of study a certificate or diploma programme provides, compared to that of a degree, was insufficient to adequately prepare students for registration, particularly given the broad scope of practice of a paramedic.

4.24 It was noted that the third year of a paramedic degree is critical in developing evidence based practice, assessed through a dissertation or research project. One degree educated paramedic discussed the benefit of these research skills in the workplace, reporting that they enable ongoing, self-directed learning.

4.25 Respondents also felt that the length of a degree enables students to develop a much greater understanding of subjects like mental health, chronic conditions and child protection, which paramedics are expected to handle more and more often. This depth of knowledge was felt to be essential and that, by comparison, diploma level programmes can lack sufficient training in these areas.

Parity with other allied health professionals

- 4.26 Respondents noted that other HCPC registered professions require degree level training to gain entry to the Register and that the same is true in similar professions, such as nursing. It was argued that there is no reason why paramedics should not also require training to this level, particularly as the profession requires such a vast range of knowledge and autonomous decision-making without close supervision from the point of registration.
- 4.27 If the threshold level for entry to the profession was changed to degree, some respondents felt this would assure other health professionals of the standard of paramedic training, thereby opening up more career opportunities.

Need for degree-specific skills

- 4.28 Many respondents argued that a degree would better equip students to meet our standards of proficiency, on the basis that the skills someone with a level 6 qualification should have (according to the 2016 revised Quality Assurance Agency (QAA) Frameworks for Higher Education Qualifications) most closely align with these standards. In particular, a respondent noted that according to this framework, a bachelor's degree with honours should impart the 'qualities needed for employment in situations requiring the exercise of personal responsibility, and decision-making in complex and unpredictable circumstances'. They considered that personal responsibility and decision making of this nature is integral to paramedics' day-to-day role.
- 4.29 It was also argued that the move would benefit patients, as there is evidence from other professions, such as nursing, that a move to degree level education can reduce morbidity and mortality rates.
- 4.30 Other benefits of a degree that respondents cited included the following.
- Giving students a means to develop personally, gaining confidence, adaptability and the ability to interact with students from other professions.
 - Providing students with a baseline for future study, research and teaching opportunities.
 - Supporting the profession's move towards independent prescribing.
 - Developing a new generation of 'thinking paramedics' who can analyse data and make plans based on critical decision-making, better equipping them to practice autonomously.

Standardise entry routes into the profession

- 4.31 Several registrants highlighted the great variation in routes of entry to the profession. They believed this can generate a lot of confusion, disparity of skills and inequality within the profession. It was argued that this does not meet the public's expectations, who would likely expect every paramedic they meet to be trained to the same standard.
- 4.32 A number of respondents referenced the findings of research, including the Paramedics Evidence Based Education Project (PEEP) study commissioned by the Department of Health. This highlighted the variations in current education and training models, recommending a standardised approach to take the profession to an all-graduate status by 2019.
- 4.33 Respondents noted that registrants are currently having to complete top-up education courses in order to 'catch up' with their profession. This is because many advanced roles require education at degree or masters level, so registrants trained to a lower level are disadvantaged when it comes to career progression. It was argued that raising the threshold level would avoid confusion and standardise the profession's skill level, making access to these opportunities fairer.
- 4.34 Some respondents caveated their support for a degree, requesting that financial support for student loans be provided or that more placement time be incorporated into the programme.

Arguments against a phased approach

- 4.35 Some respondents used this question to explain why a short-term move to diploma, followed by an eventual change to degree level, would not be suitable.
- 4.36 Respondents presented counter-arguments to some of the concerns raised against a move to degree, such as a lack of on-the-job experience or that degrees are unaffordable for certain groups. Respondents felt that placements on degree courses enable students to get the required vocational experience. They noted that degrees can be delivered through work-based training programmes, so those with previous degrees or who are changing careers are not prevented from joining the profession. In response to concerns regarding recruitment, respondents noted that workforce challenges are a pervasive issue in the NHS and that there will be no 'right time' to make significant change.
- 4.37 Respondents felt that a move to diploma level would only be an intermediate step and that, within a short time, further review of a move to degree level would be inevitable. Respondents stressed that it has been almost four years since the PEEP report was published and it will likely take several more years

to implement. Therefore, they felt that any further delay would not be justifiable.

Arguments in favour of SET 1 changing to diploma level

- 4.38 18% of those that responded to this question were in favour of SET 1 changing to diploma of higher education (level 5/8 on qualification frameworks).
- 4.39 Similar concerns were raised to those in response to question 1, including concerns about recruitment, the skillset of graduates and the potential to exclude certain demographics. However, in our analysis below we have focused on the specific arguments raised in favour of a move to diploma.

Minimise impact on profession

- 4.40 Respondents argued that moving the threshold level to diploma reflects the majority of current approved programmes and therefore any impact of changing SET 1 would be gradual for both current and future paramedics.
- 4.41 Degree level / top-up programmes were seen to be beneficial for some, as it gives paramedics the opportunity to progress, but was considered “a step too far” if it became a requirement for entry to the profession. Respondents raised concerns about the financial implications and time constraints of a degree. They also discussed the impact on countries such as Northern Ireland, where there are currently no approved paramedic programmes and only plans to develop a diploma level programme in the near future.

Benefits of diploma education

- 4.42 Some respondents discussed their personal experiences of diploma and degree programmes. One respondent felt they received insufficient training in practical and clinical skills during their degree. Another respondent highlighted the lack of clarity around what the additional year on a BSc provides in terms of skills and knowledge for the majority of the workforce.
- 4.43 By comparison, a diploma course was seen as more favourable as it included the opportunity for trusts to provide training in-house, thereby enabling students to have ‘a more suitable mix of academic and practical training’, whilst also being more accessible. Diploma level programmes were seen to better cover the requirements of front-line ambulance work. In particular, respondents highlighted the large variation between ambulance services with regards to treatment options and available resource. As a result, a lot of skills are learnt on the job rather than during academic study. A diploma was also felt to cater to paramedics who did not want to advance into specialist roles.

Diploma as an intermediate step

- 4.44 Some of the comments we received in favour of a change to diploma expressed an ultimate goal of moving to degree, but felt that at present an intermediate step to diploma was necessary for transitional reasons.
- 4.45 Respondents noted that a move to degree level would take time to develop and would not be suitable in the interim, when there is a national shortage of paramedics. A phased approach was seen to be preferable as it would enable the profession to assess the impact of the change on all involved, allowing better future-planning.

Other arguments

- 4.46 The remaining 4% of respondents who answered this question selected other. Over half of these respondents were against SET 1 changing. Arguments raised in response to question 1, such as a shortage of paramedics, were reiterated here.
- 4.47 Other suggestions included a master's degree (level 7/11), an honours degree (level 6/10), a move away from academia altogether or a move towards vocational training routes such as the old IHCD paramedic qualifications.
- 4.48 One respondent highlighted the need for equivalent qualifications at the same level to be included, such as vocational qualifications at degree level. Another respondent felt there should be 'earn and learn' methods of qualification or a means for already qualified EMTs to upgrade. Finally, it was suggested that we should have a tiered approach to registration with both degree and diploma trained paramedics able to register.

Q3. If agreed, when should the change to SET 1 for paramedics be implemented?

- 4.49 We received 895 responses to this question, which raised a broad range of suggestions ranging from immediately to 2030.
- 4.50 In the consultation paper, we stated we would welcome views on when any change to SET 1 should be implemented. However, respondents appear to have interpreted 'implementation' to mean different things. Some considered 'implementation' would mean the point at which no new students can join programmes below the new threshold level. Others considered it to be the point at which no education programmes could operate below the threshold level. As a result, we have received a wide range of responses to this question where the respondent's intention regarding how the change be implemented is unclear. As far as possible, we have reflected this in our analysis.
- 4.51 Broadly, suggestions can be categorised as short term (over the next 2 years) and longer term (within the next 3 to 12 years).

Short term implementation

- 4.52 The majority of responses we received to this question (84%) were in favour of a relatively short implementation period. This varied from requests that the implementation be immediate, to an implementation date of 2020.
- 4.53 Respondents in favour of a shorter implementation period generally argued that, as the majority of programmes are above the current threshold level and most education providers who have diploma level programmes also provide degree level programmes, there is no need for a longer implementation period. Many respondents stressed the change was overdue and that the profession is 'lagging behind'. Demand for a shorter implementation period was also more common where respondents were in favour of SET 1 changing to diploma level.
- 4.54 The largest cohort of responses (37%) wanted implementation to be 'as soon as possible'. However, respondents noted that education providers and employers would need sufficient time to prepare for such a change, and the influx of paramedic students would need to be managed to avoid any fall in new registrants.
- 4.55 20% of respondents favoured an implementation date of 2020. Respondents argued that this date would ensure a 'smooth transition', allowing institutions (such as the Universities and Colleges Admissions Service (UCAS) and education providers) enough time to implement any changes required. This might involve applying for a major change or a new programme visit.
- 4.56 13% of respondents were in favour of an implementation date of 2019. Respondents noted that this date provides sufficient time for any registrants on foundation degrees / diplomas to complete their course and to register with us. It also ties in with the next registration renewal period for paramedics. Only 3% of respondents requested an immediate change.
- 4.57 Few respondents provided further clarification regarding the manner of implementation they would expect by their suggested date. One respondent suggested that no students should be permitted to start a programme which is not a BSc(Hons) from January 2018, and then from January 2020 no student be permitted to register with a qualification other than a BSc(Hons). Another felt that all courses beginning in 2020 should have to meet the new threshold level. Where respondents suggested a shorter implementation date (such as 2018 or 2019) they were more likely to consider that students currently on training programmes should be held to the existing threshold level, whereas all new students should meet the new threshold level.

Longer term implementation

- 4.58 We received a range of responses suggesting an implementation period of more than two years, ranging from 2021 to 2030.
- 4.59 On the whole, a longer implementation date was seen to be a more realistic target for education providers and employers to meet. This approach was broadly supported by more organisations, as well as in representations from the devolved countries. In particular, almost all employers who responded to the consultation and who were in favour of SET 1 changing to degree level were in favour of a later implementation date (the average suggestion being 2022).
- 4.60 A longer implementation date was also seen as necessary to counteract many of the concerns raised throughout the consultation about recruitment. Respondents believed that the number of degree level programmes across the UK at present would be insufficient to meet the demand for new paramedics. They felt education providers need time to convert courses at lower levels, which would then need to be re-approved. Respondents also noted that the implementation period would need to consider the time it will take to train up new paramedics, and ensure this is phased to match the drop-off in certificate / diploma level students.
- 4.61 One ambulance service expressed their preference for implementation in 2023 on the basis that a five year transition period would allow current staff enough time to train up, bridging any potential capacity gap. Likewise, the Scottish Ambulance Service felt any change to SET 1 should not be implemented before the academic year 2022/23, due to the work required to ensure standardisation across UK paramedic programmes.
- 4.62 Another respondent, in favour of implementation in 2025, discussed the 'significant barriers in achieving higher numbers' of degree level students due to clinical placement issues. A respondent in favour of implementation in 2022 felt that a further consultation was necessary with ambulance services to ensure any implementation is possible.

Other suggestions

- 4.63 A small number of responses (1%) used this question to reiterate their disagreement with any change to SET 1. 2% of respondents expressed no preference or indicated that they were unsure due to their limited knowledge of effecting such a change.

Further comments

- 4.64 In response to this question, we received a broad range of comments on implementation. One respondent requested there be a degree of grandparenting rights as part of the process. Another noted this should not be implemented until 'a realistic working / student loan combination is agreed on

behalf of paramedics'. Several respondents highlighted the need for any implementation date to be 'realistic'.

- 4.65 Some responses believed that if SET 1 was changed to diploma, the change could be almost immediate as it reflects the current distribution of courses. However, if changed to degree then it was suggested any implementation date should be much more cautious.
- 4.66 One respondent suggested that for existing paramedics who were IHCD trained, as well as EMTs and those in other operational support roles, there may need to be some provision for recognition of their prior learning to enable them to upgrade to degrees. Another respondent stressed the importance of ensuring that degrees are maintained at the highest standard possible, with a substantial amount of supernumerary time and avoidance of two year compressed degrees. Another suggestion was that all trusts and affiliated universities have a uniform pathway to achieve the new SET 1, to prevent a postcode lottery.

Q4. Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010? If yes, please explain what could be done to change this.

- **Age**
- **Gender reassignment**
- **Disability**
- **Pregnancy and maternity**
- **Race**
- **Religion or belief**
- **Sex**
- **Sexual orientation**

- 4.67 The majority (73%) of respondents did not consider that a change to SET 1 could result in equality and diversity implications for groups or individuals based on one or more of the Equality Act 2010's protected characteristics.

No equality and diversity implications

- 4.68 Most respondents who considered that a change to SET 1 would cause no equality and diversity implications did not comment further.
- 4.69 Where these respondents provided comments, they often highlighted that universities have established systems to protect equality and diversity. Some noted that there should be no more impact to equality and diversity than has been seen in other degree professions, such as nursing.

- 4.70 It is perhaps significant that almost all education providers who responded to this consultation felt that there would be no equality and diversity implications. By comparison, almost 50% of employers who responded to the consultation felt there could be equality and diversity implications.
- 4.71 Several respondents noted that they felt higher education is already accessible to all. Some referred to their personal experiences of accessing university later in life and reported that they did not face additional barriers. Respondents noted that student finance is widely available for many looking to embark on a degree course.
- 4.72 A number of respondents raised that vocational, flexible and on-the-job qualification routes should still be made available to those unable to pursue direct entry to the profession.

Negative equality and diversity implications

- 4.73 18% of respondents felt that a change to SET 1 could result in equality and diversity implications. Predominately, respondents felt that any impact would be negative and could disproportionately affect the protected characteristics of age, disability, pregnancy and maternity, or sex.

Age

- 4.74 Of those individuals who felt a change to SET 1 could result in negative equality and diversity implications, the majority (60%) raised concerns regarding age.
- 4.75 Generally, the basis of these concerns was that mature students may be less able to commit to degree level study. Commonly cited reasons included the following.
- Financial and family obligations may mean it is not viable to return to full-time, unpaid study. This could be due to limitations in time, money or both.
 - Older persons' previous education may not qualify them for degree level study. Such individuals may not be able to commit to studying a foundation access course (or similar) as well as a degree.
 - Alternatively, older people may have previous degrees, which may mean they are not eligible for further student loans.
 - Older 'career-changers' may have difficulty studying at degree level after a long break from education.
 - 'Career-changers' may be deterred by the fact that retraining would take a minimum of three years.

- 4.76 Around a quarter of all respondents raised the need for support from higher education institutions, ambulance services, the NHS and the Government to improve access to paramedic education. Provisions for mature students was a common theme. Suggestions included paramedic bursaries, part-time study options, NHS funded training and the ability to study to degree level whilst in employment.
- 4.77 Some respondents pointed out that for individuals currently 'working their way up' through emergency care assistant and technician roles, raising SET 1 may prevent their continued development to become a registered paramedic. Others raised that currently registered paramedics who do not top-up their training to diploma or degree level may experience hampered career progression, since application to advanced roles may require these qualifications. These issues would disproportionately impact older people.
- 4.78 On the other hand, one respondent noted that raising SET 1 to degree level would effectively impose a minimum age of 21 on the profession. This might exclude younger aspiring paramedics who could qualify before the age of 21 through a certificate level course.

Disability

- 4.79 Of those respondents who considered that a change to SET 1 would have equality and diversity implications, 12% raised concerns about disability.
- 4.80 Predominantly, respondents felt that people with Specific Learning Difficulties (SpLDs) such as dyslexia or dyspraxia may be disadvantaged by a change to SET 1. A few considered that individuals with Autistic Spectrum Disorders (ASDs), including Asperger syndrome, could also be affected.
- 4.81 Explanations for this disadvantage included the following.
- Poorer performance at school may limit access to degree level courses.
 - Perceived inability to perform in a higher education setting may deter people with SpLDs or ASDs from entering the profession.
 - Actual difficulty in meeting the academic standards for a degree may prevent people with SpLDs or ASDs from qualifying to this level.
 - Variable support from education providers may not properly enable people with SpLDs and ASDs to achieve their potential at degree level.
- 4.82 A small number of respondents considered that people with physical disabilities may be disadvantaged by a change to SET 1. However, most went on to note that unfortunately, the physical demands of a paramedic's role

prevents many such individuals from entering the profession, regardless of educational requirements.

Sex, Pregnancy and Maternity

- 4.83 Of those respondents who considered that a change to SET 1 would have equality and diversity implications, 7% raised concerns regarding either sex or pregnancy and maternity.
- 4.84 Respondents explained that parents of young children, women who are pregnant or those who wish to conceive could be placed at disadvantage if education providers cannot meet their needs around maternity leave and childcare arrangements. Some respondents felt that the longer period of study involved in diploma or degree level education would make this more difficult.
- 4.85 There was concern among respondents that women currently enrolled in paramedic training who choose to take maternity leave during their course would risk becoming subject to the new SET 1.
- 4.86 Should SET 1 be raised to degree level, respondents called for the availability of flexible qualification routes to support women and parents. Suggestions included part-time study options and the opportunity to defer years of study if necessary.

Socioeconomic disadvantage

- 4.87 38% of respondents who considered that a change to SET 1 could have equality and diversity implications discussed financial status, financial ability or funding issues.
- 4.88 Some respondents commented that a change to SET 1 could disproportionately impact groups or individuals with protected characteristics that are over-represented in low-income socioeconomic groups. For example, people from minority ethnic backgrounds.
- 4.89 Several respondents expressed that university education is often perceived as available only to people who are young, white and middle class.
- 4.90 Respondents relayed their understanding of the 'Australian experience', where they felt a general transition from 'on-the-job' paramedic training to pre-employment, university based training has resulted in a younger, more homogenous and more affluent workforce.

Positive equality and diversity implications

- 4.91 Some respondents felt that raising SET 1 would have a positive impact on equality and diversity. Respondents felt that universities generally have established equality and diversity systems aimed at widening access to higher education, which would benefit students.
- 4.92 One education provider reported that they have seen an increase in paramedic students from BME backgrounds since offering the course at BSc (Hons).

Objective justification

- 4.93 A number of respondents considered that, while an impact to equality and diversity is possible, a change to SET 1 is necessary regardless. These respondents generally argued that raising SET 1 is crucial to protect public safety, ensure effective patient care and promote the paramedic profession. Respondents therefore felt that while equality and diversity considerations are important, they were not sufficient basis to dismiss a change to SET 1.

Q5. Do you have any further comments on SET 1 for paramedics?

- 4.94 20% of respondents took the opportunity to add further comments to their response.
- 4.95 Of this group, 13% expressed general support for raising SET 1, describing it as a positive step forward for patient safeguarding and for the profession.
- 4.96 3% of these respondents expressed general feelings against raising SET 1. They believed the current SET 1 is sufficient and could either see no advantage to changing it, or felt that doing so would have negative impacts.
- 4.97 The remaining 84% of respondents who provided comments gave more detailed responses. Some comments contained duplicate arguments to those discussed under earlier sections of this analysis. These arguments have not been repeated here.

Viewing this consultation in context

- 4.98 Respondents discussed the wider policy and political landscape as it currently affects the paramedic profession. Points raised included:

Higher education provision

- 4.99 Respondents noted that the Department for Education (DfE) Institute for Apprenticeships is in the process of developing a degree level paramedic apprenticeship. A standard has already been approved and made publicly available, while work is underway to deliver an assessment plan. This will provide an avenue for employers to offer flexible, paid, degree level learning opportunities that are widely accessible to prospective paramedics.

4.100 Respondents widely reported concerns that registered paramedics who have not received degree level training should not be 'left behind'. Respondents were conscious that the 'skill gap' or 'educational imbalance' that an increased SET 1 may create within the workforce could leave experienced and valued paramedics feeling isolated or professionally vulnerable. As such, respondents felt that making funded top-up training available to current paramedics should be a priority, with the aim of boosting skill across the whole workforce. It was highlighted that little to no funding is currently in place for this type of training.

The NHS budget

4.101 Some respondents felt that increasing SET 1 may drive increased NHS funding towards paramedic education. Others felt that fees for higher education are too high for ambulance services to be able to fund enough training to meet their workforce needs, as previously discussed at paragraph 4.10.

Change within the paramedic profession

4.102 It was noted by respondents that paramedics are increasingly undertaking roles in non-traditional environments including general practice, accident and emergency or minor injury departments.

4.103 Respondents reiterated that, even within their traditional professional role, modern paramedics operate with unprecedented autonomy and are expected to make complex clinical decisions. Respondents considered that the clinical risk burden carried by paramedics often outstrips that of other allied healthcare professions that require degree level education. It was proposed that setting higher educational requirements is therefore necessary as a matter of public protection, to support paramedics in providing safe and effective patient care.

What should paramedic training look like?

4.104 A number of respondents called for increased standardisation of paramedic training programmes across the UK. Some felt that changing SET 1 to degree level would help to achieve this. Others endorsed the setting of a mandatory curriculum or called for a move towards the 'medical model' of education.

4.105 Respondents indicated that there should be more training provided on the management of minor illness and primary care. The need for this was attributed to the increasing role of paramedics in treating this patient group. It was suggested that an hours-based requirement for pre-qualification 'on-the-road' experience could be helpful. Others proposed there should be minimum requirements for placements in external specialities including obstetrics (maternity care) and paediatrics. Finally, if SET 1 is raised to degree level, respondents raised the need for formal practical assessments of clinical skills to complement classroom learning.

4.106 If SET 1 is raised to degree level, some registrants proposed a system of formal, mandatory supervision for newly qualified paramedics similar to the Foundation Programme that must be completed by junior doctors. It was felt that this may compensate for any loss of practical experience in their pre-qualification training.

5. Our comments and decisions

5.1 We have carefully considered all the comments we received to the consultation. The following section explains our decisions in some key areas.

Changing SET 1 for paramedics

5.2 The responses to the consultation arguing for a change to the threshold level for paramedics were consistent with the reasons we gave for the proposed change in the consultation document.

5.3 It is clear to us that contemporary paramedic practice requires increased depth of skills and knowledge at entry to the profession, and that these are out of step with the descriptors of qualifications at certificate of higher education level (level 4/7 on the qualification frameworks; the level of the existing threshold). This includes expectations that paramedics make more independent, complex decisions about patient care, including deciding whether or not to convey a patient to hospital. They are required to handle a complex mix of emergency, unscheduled and primary care cases. In addition, the existing level of SET 1 is very clearly out of step with the level of education and training of the majority of entrants to the profession.

5.4 We have considered the concerns expressed by the minority who argued that the threshold level should not change.

- Some were concerned about challenges in recruiting sufficient numbers of qualified paramedics. In our view, the profession is already very clearly well advanced on a pathway towards higher levels of education and training. In any event, these challenges can be overcome through careful implementation and are no reason for maintaining the status quo.
- Some were concerned about the practical experience of graduate paramedics compared to those who had undertaken shorter, more vocational programmes, particularly in the soft skills required for patient care. These skills are already well reflected in the Standards of proficiency for paramedics and we will only approve programmes that can demonstrate that someone who successfully completes that programme meets our standards. This change is about the level of education and training required for entry to the profession – it is in no way criticism of the existing paramedic workforce and their essential contribution to patient care.
- Some were concerned that longer, degree level education and training would reduce the diversity of entry routes into the profession – for example, for those already in technician roles. We have concluded that there is no reason why that should be the case and there are many

examples of existing collaboration between education providers and ambulance services to ensure access to paramedic education and training.

- 5.5 Having carefully considered all the comments we received, we have agreed that the threshold level of qualification for entry to the Register for paramedics should be changed.

The level of SET 1 for paramedics

- 5.6 A large majority of respondents, including both individuals and organisations, argued that the threshold level should be changed to degree level.
- 5.7 In the consultation document we noted that diploma level provision at that time formed a small majority and as a result it may not be feasible or appropriate to change SET 1 to degree immediately. However, the profile of approved pre-registration education and training programmes has continued to develop. At the time of writing, 49% of programmes were delivered at degree level, with 45% of provision at diploma level. Just 4 of 69 approved programmes result in a Certificate or Certificate of Higher Education qualification. Degree programmes are approved in three of the four countries of the UK. Many diploma and foundation degree programmes are delivered alongside degree provision.
- 5.8 Arguments for degree level in the consultation inevitably overlapped with those advocating for a change to the threshold level. Whilst respondents made a variety of arguments, including a desire for parity with the education and training of other allied health professions, our decision has to be about the level necessary to deliver the Standards of proficiency.
- 5.9 We have concluded that degree level education and training is necessary to deliver the Standards of proficiency to the depth required for contemporary paramedic practice. The descriptors at level 6/9/10 articulate requirements for 'personal responsibility' and decision making in 'complex and unpredictable circumstances', which is consistent with what stakeholders told us about the contemporary requirements of paramedics in practice (see paragraph 5.3). There was near consensus in the consultation on the necessity of degree level training to achieve this depth of knowledge, understanding and skills for patient care.
- 5.10 We carefully considered the arguments for moving to a diploma level threshold, including doing so as an intermediate step before a change to degree level. However, we concluded that many of the challenges raised here were matters that could be managed through a careful and considered approach to implementation of a degree level threshold.
- 5.11 SET 1 is written using the names of awards to indicate levels. This means that when changed, it will read:

‘Bachelor degree with honours for: ...paramedics’

Implementation

- 5.12 A large majority of respondents were in favour of a relatively short implementation period of up to two years for any change. However, we are mindful that respondents interpreted the question of the implementation date in a variety of different ways.
- 5.13 In putting in place arrangements for implementation, we have to strike a delicate balance. Having decided that degree level education and training is necessary to ensure that new entrants to the profession are capable of safe and effective practice, we need to implement this change as soon as possible. However, we have to take full account of the practical implications of doing so. In particular, education providers will need sufficient time to develop new provision or to increase the capacity of existing provision. Service providers will also need to factor this change into their workforce planning to ensure that there continue to be sufficient numbers of qualified paramedics to deliver services. We need to ensure that we do not inadvertently create a ‘fallow year’ in which there are insufficient numbers of registered paramedics. We have been mindful of responses from some service providers and education providers who raised these concerns.
- 5.14 We have decided upon arrangements for implementation that aim to strike this balance. The arrangements make it very clear that the profession is moving to all degree level entry, but in a manner that provides a realistic and proportionate lead-in period, to avoid any negative consequences. In doing so, we know that some stakeholders may consider the lead-in period to be insufficiently generous, whilst others may feel it is too long. We have decided the following.
- 5.15 From 1 December 2018, we will not accept any new applications for approval of paramedic programmes that are delivered at below degree level (level 6/9/10). To avoid any doubt, this means that programmes delivered below degree level (level 6/9/10) that apply to be visited before that date will be visited, assessed against the existing Standards of education and training and, subject to meeting those standards, will be approved. After that date, only programmes delivered at degree level (level 6/9/10) will be able to apply to be approved.¹
- 5.16 This ensures that we are not changing requirements overnight in a manner which is unfair for those programmes that have already submitted requests for approval against the current Standards, or for programmes that are in an

¹ Please note Council did not approve this recommendation (see minutes to be published 25/05/18 at <http://www.hcpc-uk.org/aboutus/council/councilmeetings/index.asp?id=815>).

advanced stage of development based upon those standards and that plan to seek approval in the near future.

- 5.17 From 1 September 2021, we will only continue to approve paramedic programmes that are delivered at degree level. To avoid any doubt, this means the following:
- Approved programmes which are delivered below the new threshold level will be able to commence new cohorts up to 31 August 2021. These cohorts will be the last to graduate from these programmes with eligibility for registration.
 - From 1 September 2021, we will withdraw approval from programmes delivered below the new threshold level. They will not be able to take on any new cohorts.
 - From 1 September 2021, only programmes delivered at degree level or above will be approved to take on new cohorts.
- 5.18 These arrangements will provide sufficient time for education providers to increase the capacity of existing degree level provision or to have new provision approved. For service providers, it is intended to provide sufficient time for them to put in place plans to avoid a fallow year.
- 5.19 This means, for example, that students can continue to be admitted to two-year diploma programmes up to 31 August 2021 and graduate with eligibility to register, typically in 2023. There is therefore approximately a five-year transition period to the last students graduating from programmes below the new threshold level.

The existing workforce

- 5.20 A minority of respondents appeared to misunderstand the practical implications of a change to SET 1.
- 5.21 SET 1 is about the level of education and training which an approved programme must deliver to confer eligibility for entry to the profession. Importantly, any change to SET1 does not affect the status or rights of existing registered paramedics who do not hold a degree level qualification. They will continue to be registered by us and their rights to practise as a paramedic are unaffected by this change.
- 5.22 As the contemporary entry level changes, employers will want to consider whether their existing workforce may need additional skills to meet current service needs. However, this is a separate issue from eligibility to be registered.

5.23 The changes we have outlined in this document will not directly affect existing students who are part way through their education and training – either now, or when the change is implemented on 1 September 2021. They will be able to continue to complete their approved programmes and then will be eligible to apply for registration with us.

Equality and diversity

5.24 The majority of respondents did not consider that there were equality and diversity implications associated with changing the threshold level for entry to the Register or considered that if there were, these were justified and necessary on the grounds of protecting public safety.

5.25 It is important to the HCPC to be a fair and inclusive regulator. We are conscious that our decisions should not inhibit groups or individuals with protected characteristics from accessing or gaining entry to the professions that we regulate. However, our over-arching objective is to protect the public.

5.26 Of the equality and diversity issues raised by respondents, any impact of a change to SET 1 on people with protected characteristics would be indirect.

5.27 The impact is nevertheless important and should be taken into account by education providers and service providers in meeting their obligations under relevant legislation. We note that education providers have well established approaches to widening participation into higher education. We are also encouraged that the alternative study formats many respondents considered necessary to minimise equality and diversity impacts are already under development, such as degree-level apprenticeship programmes.

5.28 We have carefully considered the comments we received here in reaching our conclusions, and do not consider that any issues identified are sufficient that they should change the outcome of this consultation.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

Allied Health Professions Federation

Association of Ambulance Chief Executives

CARE

College of Paramedics

Council of Deans of Health

East Midlands Ambulance Service

East of England Ambulance Service

Glasgow Caledonian University

GWAS Ambulance Service

Health Education England

Kingston and St Georges University London

London Ambulance Service

Medipro

National Association of Educators in Practice

NHS Employers

NHS England

North West Ambulance Service

Northern Ireland Ambulance Service

Oxford Brookes University

School of Health Sciences and Social Work, University of Portsmouth

Scottish Ambulance Service

TEAMSS

UNISON

University of Sunderland

University of Brighton

University of Surrey

University of the West of England

WEDS, NHS Wales Shared Services Partnership