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

Executive summary and recommendations

Introduction

At its meeting on 12 June 2017, the Education and Training Committee considered a paper on the threshold level of qualification for entry to the Register for paramedics (‘SET 1’). The Committee agreed that it would consider a draft consultation document on proposals to change the standard. The Committee expressed its view that no change to SET 1 is not a viable option.

A draft consultation document is attached. The Committee also requested that the Executive explore options to reduce the time taken from the start of the consultation to the final decision being made by the Committee and by the Council. The options are set out after this cover sheet. The Executive’s preferred option involves a 17 week consultation extended to cover the holiday period, with consideration by the Committee and the Council of the outcomes at their meetings in June and July 2018.

Decision

The Committee is invited to:

- discuss the attached draft consultation document;

- agree and recommend the draft consultation document for approval by the Council (subject to any changes agreed at the meeting and minor editing amendments and legal scrutiny); and

- agree the proposed timetable for this work.

Background information

- Threshold level of qualification for entry to the Register for paramedics (ETC, 12 June 2017)
  
  [http://www.hcpc-uk.org/assets/documents/10005418Enc02-ThresholdlevelofqualificationforentrytotheRegisterforparamedics.pdf](http://www.hcpc-uk.org/assets/documents/10005418Enc02-ThresholdlevelofqualificationforentrytotheRegisterforparamedics.pdf)

- The HM Government Consultation principles do not specify a time period for consultations but say that the length must be proportionate to the nature and impact of the proposals. To date, we have typically consulted for a minimum of
12 weeks (the previous benchmark) unless there are good reasons (agreed by the Council) to do otherwise.

**Resource implications**

- Resource implications include 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 and will be included in planning for 2018-19.

**Financial implications**

- Laying out of the amended standards and guidance (if changes are subsequently agreed).

- These financial implications will be accounted for in Policy and Standards and Communications planning for 2018-19.

**Appendices**

As outlined in draft consultation document

**Date of paper**

25 August 2017
Options for timetable

Option one: Consultation extended over Christmas (preferred option)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
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</thead>
<tbody>
<tr>
<td>Consultation document to Education and Training Committee</td>
<td>7 September 2017</td>
</tr>
<tr>
<td>Consultation document to Council</td>
<td>20/21 September 2017</td>
</tr>
<tr>
<td>Consultation</td>
<td>2 October 2017 to 26 January 2018 (17 weeks)</td>
</tr>
<tr>
<td>Deadline for Education and Training Committee papers</td>
<td>TBD – normally ten days prior to meeting</td>
</tr>
<tr>
<td>Consultation analysis to Education and Training Committee</td>
<td>7 June 2018</td>
</tr>
<tr>
<td>Consultation analysis to the Council</td>
<td>4/5 July 2018</td>
</tr>
<tr>
<td>Implementation</td>
<td>To be agreed</td>
</tr>
</tbody>
</table>

- This is the Executive’s preferred option.

- The consultation start date allows time for any amendments and final legal scrutiny prior to publication of the consultation. The end date extends the consultation over the Christmas period, allowing more time given the subsequent timescales.

- It is normal practice to extend a consultation if part of it falls over the Christmas period – not doing so is liable to risk criticism from stakeholders, particularly given that education providers are a key audience for this consultation.

- The gap between the end of the consultation and the paper deadline for the Committee’s meeting on 1 March 2018 is too short to allow thorough analysis of the consultation responses and formulation of policy proposals as a result to take place. Legal advice / input will also need to be sought.

- The above timescale allows time for thorough analysis and consideration of policy proposals, as well as developing communications plans prior to the Committee’s consideration – this is crucial given stakeholder interest in this area.
• Although the implementation arrangements will be considered as part of the consultation, it may be thought unlikely, in any event, that the Committee would wish to implement any change to SET 1 from the 2018-19 academic year.

**Option two: 15 week consultation, closing shortly after the New Year**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Consultation document to Education and Training Committee</td>
<td>7 September 2017</td>
</tr>
<tr>
<td>Consultation document to Council</td>
<td>20/21 September 2017</td>
</tr>
<tr>
<td>Consultation</td>
<td>25 September 2017 to 5 January 2018 (15 weeks)</td>
</tr>
<tr>
<td>Deadline for Education and Training Committee papers</td>
<td>TBD – normally ten days before meeting</td>
</tr>
<tr>
<td>Consultation analysis to Education and Training Committee</td>
<td>1 March 2018</td>
</tr>
<tr>
<td>Consultation analysis to the Council</td>
<td>21/22 March 2018</td>
</tr>
<tr>
<td>Implementation</td>
<td>To be agreed</td>
</tr>
</tbody>
</table>

• This option is not preferred but would be feasible.

• The start date allows minimal time for any final amendments and final legal scrutiny prior to publication of the consultation document. The end date is suggested to avoid closing the consultation close to the holiday period, but could be closed after 12 weeks on 15 December 2017 if preferred.

• This option involves starting the consultation at the earliest possible opportunity, holding a 12/15 week consultation and bringing the analysis of the consultation to the March 2018 meeting.

• Holding a consultation which ends so close to the end of a holiday period may be liable to lead to criticism by stakeholders (and has in the past). It may also not meet HM Government’s consultation principles which say:
‘When the consultation spans all or part of a holiday period, consider how this may affect consultation and take appropriate mitigating action.’

- Given the deadline for papers, the period for analysis, formulation of policy proposals and seeking legal input would still be tight (given available resource and other departmental priorities).

- Although the implementation arrangements will be considered as part of the consultation, it may be unlikely, in any event, that the Committee would wish to implement any change to SET 1 from the 2018-19 academic year. This would make earlier consideration of the consultation outcomes unnecessary.

**Option three: Special meeting of Education and Training Committee prior to the May 2018 Council meeting**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation document to Education and Training Committee</td>
<td>7 September 2017</td>
</tr>
<tr>
<td>Consultation document to Council</td>
<td>20/21 September 2017</td>
</tr>
<tr>
<td>Consultation</td>
<td>2 October 2017 to 26 January 2018 (17 weeks)</td>
</tr>
<tr>
<td>Special meeting / Council paper deadline</td>
<td>TBD – normally 10 days before meeting</td>
</tr>
<tr>
<td>Hold special meeting of Education and Training Committee</td>
<td>23 May 2018</td>
</tr>
<tr>
<td>Consultation analysis to the Council</td>
<td>23/24 May 2018</td>
</tr>
<tr>
<td>Implementation</td>
<td>To be agreed</td>
</tr>
</tbody>
</table>

- This option is not preferred but would be feasible and would allow sufficient time for the consultation and for analysis.

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• Holding a special meeting of the Committee would mean that any other planned Council development activities prior to the May 2018 meeting may not be able to take place.

• Although the implementation arrangements will be considered as part of the consultation, it may be unlikely, in any event, that the Committee would wish to implement any change to SET 1 from the 2018-19 academic year. This would make expediting a decision unnecessary.
Consultation on the threshold level of qualification for entry to the Register for paramedics

A consultation proposing to change the threshold level of qualification for entry to the Register for paramedics set out in the first of the Standards of education and training (‘SET 1’).

1. Introduction............................................................................................................... 8
2. Background to the consultation.............................................................................. 11
3. Consultation proposals and questions................................................................... 14
1. Introduction

1.1 This consultation seeks the views of our stakeholders on changing the threshold level of qualification for entry to the Register for paramedics set out in the first standard of the Standards of education and training (‘SET 1’).

1.2 This consultation proposes that the level specified in SET 1 for paramedics should be changed, seeking views on what level SET 1 should change to and on timescales for implementation.

1.3 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 registered paramedics, or students part way through pre-registration education and training programmes.

1.4 The consultation runs from 2 October 2017 to 19 January 2018.

About the HCPC

1.5 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called ‘registrants’.

1.6 We currently regulate 16 professions.

– Arts therapists
– Biomedical scientists
– Chiropodists / podiatrists
– Clinical scientists
– Dietitians
– Hearing aid dispensers
– Occupational therapists
– Operating department practitioners
– Orthoptists
– Paramedics
– Physiotherapists

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http://www.hcpc-uk.org/education/standards/
– Practitioner psychologists
– Prosthetists / orthotists
– Radiographers
– Social workers in England
– Speech and language therapists

Consultation questions

1.7 We would welcome your response to this consultation. We have listed some consultation questions below.

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

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)

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

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

Q5. Do you have any further comments on SET 1 for paramedics?
How to respond to the consultation

1.8 You can respond to this consultation in one of the following ways:

- By completing our easy-to-use online survey: [link]

- By emailing us at: consultation@hcpc-uk.org

- By writing to us at:

Consultation on paramedic SET 1
Policy and Standards Department
Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

1.9 Please note that we do not normally accept responses by telephone or in person. We ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on +44 (0)20 7840 9815 to discuss any reasonable adjustments which would help you to respond.

1.10 Please contact us to request a copy of this document in an alternative format, or in Welsh.

1.11 Once the consultation has finished, we will analyse the responses we have received. We will then publish a document detailing the comments received and explaining the decisions we have taken as a result. In this document we will list the organisations that responded but not individuals. This will be available on our website. If you prefer that we do not make your response public, please indicate this when you respond.
2. Background to the consultation

2.1 This section sets out some background information which has informed the consultation questions we have asked.

2.2 In this document, we refer to the level of qualifications with reference to the Framework of Higher Education Qualifications (FHEQ) and the Scottish Credit and Qualifications Framework (SCQF).

- Certificates of higher education are level 4 on the FHEQ and level 7 on the SCQF.

- Diplomas of higher education and foundation degrees are level 5 on the FHEQ and level 8 on the SCQF.

- Degrees (with / without honours) are level 6 on the FHEQ and level 9/10 on the SCQF.

About SET 1 for paramedics

2.3 The threshold level of qualification for entry to the Register for paramedics is currently ‘Equivalent to Certificate of Higher Education’ (level 4/7). This has remained unchanged since the standards of education and training were first published in 2004.

2.4 SET 1 sets out the level of qualification we would normally expect for approved programmes leading to registration in each of the professions we regulate.

2.5 We have set the level for each profession based on what we think is needed for programmes to deliver the standards of proficiency (SOPs). The standard contains the word ‘normally’ and some of the entry routes include the word ‘equivalent’. This is to show that education providers may be able to design a programme which leads to a different qualification but which meets the rest of the SETs and SOPs, and so can still be approved by us. By law, we could not refuse to approve a programme just based on the form of award. Please see paragraphs 3.10-3.12.

2.6 SET 1 is one influence on the level of education and training – others include commissioning and funding arrangements and the influence of stakeholders including service providers and employers.
Paramedic education and training across the UK

2.7 Appendix 1 provides information about the profile of existing approved pre-registration programmes leading to eligibility to be registered as a paramedic.

2.8 The majority of programmes (96%) are now delivered in excess of the current threshold level. The biggest single type of award is a Bachelor of Science (BSc) degree (with / without honours; 37%) but a majority of approved programmes (58%) are level 5/8 awards.

2.9 There are differences in the profile of programmes across the four countries in the UK.

- In England, 42% of approved programmes are now degrees (level 6/9/10). However, a small majority of programmes are still delivered at level 5/8 (53%). We are continuing to see further development of degree provision is England.

- In Wales, the highest level of existing approved programme is a Diploma of Higher Education (level 5/8). At the time of writing we understand that a degree programme is planned (in addition to provision at diploma level).

- In Northern Ireland, there are no current approved paramedic programmes. At the time of writing we understand that proposals for possible degree level provision are being developed.

- In Scotland, the only approved programme is a Diploma of Higher Education (level 5/8). At the time of writing we understand that a degree programme is planned (in addition to provision at diploma level).

Developments in paramedic education and training and practice

2.10 The growing number of pre-registration degree programmes seen over recent years reflects the recommendations of a number of reports, including the Paramedic Evidence Based Education Project (PEEP; 2013)\(^2\) and Health Education England’s work in considering how the recommendations of the PEEP report should be taken forward.\(^3\)

\(^2\) Allied Health Solutions (2013). Paramedic Evidence Based Education Project (PEEP) report. [https://www.collegeofparamedics.co.uk/publications/paramedic-evidence-based-education-project-peep](https://www.collegeofparamedics.co.uk/publications/paramedic-evidence-based-education-project-peep)

\(^3\) [https://hee.nhs.uk/our-work/developing-our-workforce/paramedics](https://hee.nhs.uk/our-work/developing-our-workforce/paramedics)
2.11 Over a number of years, there has been a shift in ambulance services from service models based on conveyance to hospital to those which require paramedics to assess, treat, manage and decide on the appropriate care pathway for their patients. Paramedics are now increasingly required to deliver urgent and unscheduled care, in addition to emergency care.

2.12 The PEEP report argued that a degree qualified paramedic workforce was necessary to achieve improved outcomes for service users. It argued that degree was required in order to cover in sufficient depth the knowledge, understanding and skills required to deliver urgent and unscheduled care, ensuring that paramedics at entry to the Register have the level of clinical decision making skills needed to be best able to manage the ‘complex case mix’ now required of them. The PEEP report advocated a phased approach, proposing that SET 1 should change to diploma first, before moving to degree.

2.13 In developing our consultation proposals and questions, we have taken into account the findings of the PEEP report and other work about paramedic education and training. We are also cognisant of paramedic workforce challenges in some parts of the country.

Consultation on standards of education and training

2.14 We consulted in 2016 on revised standards of education and training and supporting guidance. We did not make any proposed changes to SET 1 for paramedics at that time, as we intended to address this issue in a separate consultation.

2.15 We received a number of consultation responses about SET 1 for paramedics. There was consensus that SET 1 for paramedics needed to be changed, with many respondents expressing disappointment that it had not. The most common argument was that it should be changed to a degree at entry, but others argued for a diploma threshold as the first step in a movement towards all degree entry to the profession.
3. Consultation proposals and questions

3.1 This section discusses the key issues and outlines our proposals.

Changing SET 1 for paramedics

3.2 As a regulator, our role is to protect the public. This means we have to make sure that our standards are set at the threshold level required for safe and effective practice; they must not be aspirational. We recognise, however, that what is considered safe and effective practice may change over time as a profession develops. We regulate paramedics UK-wide, so we also have to make sure that our standards are appropriate across all the countries of the UK.

3.3 We have not previously changed SET 1 for any of the professions we regulate. The following are relevant factors in deciding whether we should change SET 1 for paramedics.

- We have to consider whether the level in SET 1 is sufficient to deliver the standards of proficiency for paramedics (the standards for safe and effective practice for entry to the Register). This includes considering whether the depth of knowledge, skills and understanding expected and required in meeting the standards has changed. The standards of proficiency for paramedics were reviewed and re-published in 2014.

- We also have to consider the profile of current approved pre-registration programmes. Whilst recognising that education and training will develop over time, we have to make sure that SET 1 is not clearly out of step with the level of education and training of the majority of entrants to the profession.

- We also need to consider the feasibility and impact of any changes we may make – for example, upon education providers, service providers and service users.

3.4 We are proposing that SET 1 for paramedics should be changed for the following reasons.

- The vast majority of approved pre-registration programmes across the UK are delivered above the current threshold, with just 3 of 73 programmes resulting in an award which is a Certificate of Higher Education. There is therefore evidence that SET 1 is out of step with the level of education and training of the majority of entrants to the profession.
There is evidence that practice has changed over time, with paramedics required to deliver urgent and unscheduled care in addition to emergency care. Models of care have moved from stabilisation and transfer to increasingly providing more definitive care on scene and referring to appropriate care pathways.

There appears to be wide consensus amongst stakeholders that the existing threshold does not reflect the needs of contemporary practice described above, in that paramedics at entry to the profession need increased depth of knowledge, understanding and clinical skills to deliver these models of care.

We have further concluded that the context described above appears out of step with the descriptors of qualifications at level 4/7 which refer to only ‘sound knowledge of the basic concepts of a subject’ equipping graduates for the exercise of ‘some limited personal responsibility’ where the ‘criteria for decisions and the scope of the task are well defined’.4

Consultation question

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

The level of SET 1 for paramedics

3.5 Having proposed that SET 1 for paramedics should change, we are seeking views on what it should change to. There are likely to be two options.

- A diploma threshold (levels 5/8)
- A degree threshold (levels 6/9/10)

3.6 The UK-wide picture is very important to our considerations here. There appears to us to be wide consensus amongst most stakeholders involved in representation, education and training and service delivery in the profession of the desirability of degree level education and training, with some progress being made towards making that aspiration a reality.

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4 See descriptors for level 4/7 qualifications
3.7 However, there does not appear to be complete consensus about the pace of change. Whilst degree programmes are the single largest type of award in England, at the time of writing no degree programmes are currently approved in the other countries and in respect of Wales and Scotland we understand that planned degree provision is intended to be additional provision rather than replacement provision at this stage. Current intentions across the UK for an all degree at entry workforce are therefore currently unclear, and further complicated by workforce challenges in some areas.

3.8 The majority of programmes UK-wide and in each of the countries (apart from Northern Ireland where there are no current approved programmes) are delivered at level 5/8. Whilst it is clear to us that the trajectory is towards all degree level at entry, and that there are cogent arguments for this change, given the existing profile of education and training and differences across the UK, as a result it may not be feasible or appropriate for SET 1 to change to degree at this stage. One possible option might be for us to agree a diploma level threshold now, with the intention to consult in the near future on a further change to degree level if the profession and education provision continues to develop as expected.

3.9 However, we have not reached any firm conclusion on this topic and would welcome stakeholder views on what they consider to be the most appropriate contemporary level.

**Consultation question**

**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 (levels 5; 8 on the qualification frameworks)
- b. Degree (levels 6; 9/10 on the qualification frameworks)
- c. Other (please specify)
Implementation

3.10 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 registered paramedics (who may have completed training at different levels in the past), or students part way through their pre-registration education and training programmes. They would not be required to retrain in order to retain their registration or register. This kind of change has happened in the past - for example, we still register other allied health professionals who completed diploma level qualifying education and training prior to their professions becoming all degree at entry. As the contemporary entry level changes, employers will want to consider what up-skilling their existing workforce may need to meet service needs, but this is very separate from eligibility to be registered.

3.11 If SET 1 was changed, this would not mean that approved programmes leading to different awards would automatically have their ongoing approval removed. SET 1 sets out a ‘normative’ level and it would not be lawful if we refused approval solely on the basis of form of award (please see paragraphs 2.3-2.6). However, we would want to see evidence that regardless of the form of award, programmes could demonstrate that they reached the level indicated in SET 1. We would ensure this via our approval and monitoring processes.

3.12 Finally, if a change to SET 1 is agreed, we would need to agree an appropriate timescale for implementation. We consider that a lead-in period is likely to be appropriate to allow any affected programmes a reasonable period to change and to allow time to communicate the change to stakeholders. We are seeking views on when any change to SET 1 should be implemented.

Consultation question

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

Impact of the consultation proposals

3.13 In responding to the consultation questions, we would welcome comments about the likely impact of the consultation proposals, whether positive or negative.

3.14 We have considered whether changing the threshold level to diploma or degree would have any significant equality and diversity implications which we might be able to mitigate.
3.15 Our initial view is that changing the threshold level would not itself have any significant equality and diversity implications. A diploma threshold would reflect that the vast majority of pre-registration education and training is already delivered at this level or above and with either option existing students on programmes and the existing paramedic workforce would not be directly affected by any change. A diploma or degree level threshold may arguably have potential implications for the diversity of entrants to the profession. These potential implications are, however, mitigated by others involved in education and training and service delivery, and have to be balanced against the intended benefit for service users and the public of any change we may subsequently agree, that of paramedics with the depth of knowledge, understanding and skills for contemporary practice.

3.16 We would, however, welcome any feedback to ensure we consider all relevant issues.

Consultation question

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

Other comments

3.17 We would welcome any other comments you might have on this topic.

Consultation question

Q5. Do you have any further comments on SET 1 for paramedics?
Appendix 1 - Profile of pre-registration paramedic programmes

Figures correct as of 24 May 2017

[DN: This data will be updated when the consultation document is considered for ratification by the Council. There have been no significant changes in the overall profile of programmes]

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.

<table>
<thead>
<tr>
<th>Type of award</th>
<th>Number of programmes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSc with Honours</td>
<td>25</td>
<td>34%</td>
</tr>
<tr>
<td>BSc</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Level 6 Diploma</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Foundation degree</td>
<td>19</td>
<td>26%</td>
</tr>
<tr>
<td>Diploma of Higher Education</td>
<td>21</td>
<td>29%</td>
</tr>
<tr>
<td>Higher National Diploma</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Equivalent to Diploma of Higher Education</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Certificate of Higher Education</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: All approved programmes by level of award

<table>
<thead>
<tr>
<th>Level of award</th>
<th>Number of programmes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 6/9/10</td>
<td>28</td>
<td>38%</td>
</tr>
<tr>
<td>Level 5/8</td>
<td>42</td>
<td>58%</td>
</tr>
<tr>
<td>Level 4/7</td>
<td>3</td>
<td>4%</td>
</tr>
</tbody>
</table>
Table 3: Approved paramedic programmes by type of award, by country

<table>
<thead>
<tr>
<th>Type of award</th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>Northern Ireland</th>
<th>UK*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSc with Honours</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSc</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 6 Diploma</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundation degree</td>
<td>18</td>
<td></td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Diploma of Higher Education</td>
<td>16</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equivalent to Diploma of Higher Education</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Higher Education</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>66</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

*Open University provision

Table 4: Summary of proposed new provision by award (includes programmes visited but not yet approved)

<table>
<thead>
<tr>
<th>Type of award</th>
<th>Level</th>
<th>Number of programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Country</td>
</tr>
<tr>
<td>BSc with Honours</td>
<td>6/9/10</td>
<td>10 England (9) Wales (1)</td>
</tr>
<tr>
<td>BSc</td>
<td>6/9/10</td>
<td>1 Scotland (1)</td>
</tr>
<tr>
<td>Level 6 Diploma</td>
<td>6/9/10</td>
<td>2 England (2)</td>
</tr>
<tr>
<td>Foundation degree</td>
<td>5/8</td>
<td>0</td>
</tr>
<tr>
<td>Diploma of Higher Education</td>
<td>5/8</td>
<td>0</td>
</tr>
<tr>
<td>Equivalent to Diploma of Higher Education</td>
<td>5/8</td>
<td>1</td>
</tr>
<tr>
<td>Certificate of Higher Education</td>
<td>4/7</td>
<td>0</td>
</tr>
<tr>
<td>Equivalent to Certificate of Higher Education</td>
<td>4/7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>
Table 5: Summary of proposed new provision by level (includes programmes visited but not yet approved)

<table>
<thead>
<tr>
<th>Level of award</th>
<th>Number of programmes</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 6/9/10</td>
<td>13</td>
<td>93%</td>
</tr>
<tr>
<td>Level 5/8</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Level 4/7</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>