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## Approval process report

York St John University, Paramedic, 2023-24

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### Executive Summary

This is a report of the process to approve paramedic programme(s) at York St John University. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) are fit to practice.

We have

- Reviewed the institution against our institution level standards and found our standards are met in this area.
- Reviewed the programme(s) against our programme level standards and found our standards are met in this area following exploration of key themes through quality activities.
- Recommended all standards are met, and that the programme(s) should be approved.
- Decided that all standards are met, and that the programme(s)] is approved.

Through this assessment, we have noted:

- The programme(s) meet all the relevant HCPC education standards and therefore should be approved.

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Previous consideration	Not applicable. This approval process was not referred from another process.
Decision	The Education and Training Committee (Panel) is asked to decide whether the programme(s) is approved.
Next steps	Outline next steps / future case work with the provider: <ul style="list-style-type: none"><li>• The provider is currently going through their performance review and we are in the quality activity stage.</li></ul>

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## Included within this report

Section 1: About this assessment .....	3
About us .....	3
Our standards.....	3
Our regulatory approach.....	3
The approval process .....	3
How we make our decisions .....	4
The assessment panel for this review.....	4
Section 2: Institution-level assessment .....	4
The education provider context .....	4
Practice areas delivered by the education provider .....	5
Institution performance data .....	6
The route through stage 1 .....	8
Admissions.....	8
Management and governance .....	9
Quality, monitoring, and evaluation .....	10
Learners.....	11
Outcomes from stage 1 .....	13
Section 3: Programme-level assessment.....	14
Programmes considered through this assessment.....	14
Stage 2 assessment – provider submission .....	14
Quality themes identified for further exploration .....	14
Quality theme 1– ensuring adequate resources to support learning .....	14
Quality theme 2 – how the volume of clinical placements will ensure structure, duration and range of practice-based learning.....	15
Quality theme 3 – clarity around the number of compensable modules available .....	16
Section 4: Findings.....	17
Conditions.....	17
Overall findings on how standards are met.....	17
Section 5: Referrals.....	21
Recommendations.....	21
Section 6: Decision on approval process outcomes.....	21
Assessment panel recommendation.....	21
Education and Training Committee decision .....	21
Appendix 1 – summary report .....	22
Appendix 2 – list of open programmes at this institution .....	24

## Section 1: About this assessment

### About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the approval process undertaken by the HCPC to ensure that the programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) approval / ongoing approval.

### Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

### The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)

- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **How we make our decisions**

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments, and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

### **The assessment panel for this review**

We appointed the following panel members to support this review:

Paul Bates	Lead visitor, Paramedic
Tim Hayes	Lead visitor, Paramedic
Temilolu Odunaike	Education Quality Officer

## **Section 2: Institution-level assessment**

### **The education provider context**

The education provider currently delivers eight HCPC-approved programmes across four professions. It is a Higher Education Institution and has been running HCPC approved programmes since 1992.

The education provider is undertaking their performance review in this academic year. Their first engagement with our current model of quality assurance was for the approval of their MSc Paramedic Science (Pre-registration) programme in 2021/22. This was a new profession and the programme was approved by the Education and Training Panel in July 2022.

Previously, in the legacy model of quality assurance for their undergraduate occupational therapy programme, they reported through the major change process an amendment to a module in 2019. In November 2019, our Education and Training Committee (ETC) agreed there was sufficient evidence to demonstrate the programme continued to meet the relevant standards. They again engaged with the major change process in 2021 to make changes to module assessment. Due to the limited impact of the changes on the way the programme met our standards, we decided the most appropriate way to assess the changes was through the programme's next annual monitoring submission.

In 2019 for the physiotherapist profession, they reported twice through the major change process. First for the undergraduate provision, a new part time route was introduced. In addition, the education provider decided to revise the programme by making changes to the curriculum and changing the way collaboration was done with the practice education providers. There was also an increase in learner numbers across the two routes. Later they reported a curriculum redesign, and changes to assessments and the introduction of a part time route. In January 2020, and August 2020 the Education and Training Committee (ETC) agreed there was sufficient evidence to demonstrate the programmes continued to meet the relevant standards.

### Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved since
<b>Pre-registration</b>	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1992
	Paramedic	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2022
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	1999
	Practitioner psychologist	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2019

## Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks, and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution, and does not include the proposed programme(s).

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	208	228	2022	The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure, plus the number of learners the education provider is proposing through the new provision.
Learners – Aggregation of percentage not continuing	3%	2%	2020-21	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects.</p> <p>The data point is below the benchmark, which suggests the education provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's</p>

				<p>performance has improved by 1%.</p> <p>We did not explore this data point through this assessment because it showed the education provider is performing well in this area and no impact on the SETs was considered.</p>
<p>Graduates – Aggregation of percentage in employment / further study</p>	94%	98%	2019-20	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p> <p>When compared to the previous year's data point, the education provider's performance has improved by 2%.</p> <p>We did not explore this data point through this assessment because it showed the education provider is performing well in this area and no impact on the SETs was considered.</p>
<p>Learner satisfaction</p>	76.7%	77.9%	2023	<p>This National Student Survey (NSS) positivity score data was sourced at the subject level. This means the data is for HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing above sector norms.</p>

				We did not explore this data point through this assessment because it showed the education provider is performing well in this area and no impact on the SETs was considered.
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## The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

### Admissions

#### **Findings on alignment with existing provision:**

- **Information for applicants –**
  - The admissions policies ensure individual programmes are required to follow institution-level policies around clarity and transparency of information for applicants.
  - Where there is specific variation under the policy (for example prerequisite entry criteria) this is detailed in the Programme Specification and displayed on the webpage for the programme as well as all other advertising material.
  - It is clear from the documentation provided that the new provision will take this approach.
- **Assessing English language, character, and health –**
  - Policies for assessing English language, character and health. For example, the English Language Policy and the Fitness to Practise and Study Policy are set at institution level and will be applied to the new programme.
  - Additional character assessment detail is held in the programme specification and fitness to practise policies.
  - The new provision will align with the arrangements in the existing provision.
- **Prior learning and experience (AP(E)L) –**
  - Academic Regulations and Prior Experiential Learning are some of the institutional policies around prior learning and experience. These



policies function to provide an institutional level oversight as well as allowing profession specific application.

- Profession specific requirements are clearly outlined in each relevant programme specification document.
- These policies will apply to the new provision.
- **Equality, diversity and inclusion –**
  - The Equality and Diversity Policy helps to ensure that each programme delivered by the education provider is not only compliant with the law but is also doing its best to increase diversity and promote equality.
  - There will be no changes to how this institution-wide policy applies to the new provision.

**Non-alignment requiring further assessment:** None.

### Management and governance

#### **Findings on alignment with existing provision:**

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup> –**
  - The Academic Regulations details the structure and function of all provision at the education provider. Such details include how learners can progress and rules for graduation.
  - The Assessment Policies govern the nature and structure of assessment to ensure they are robust and with accountable practice. The Quality and Programme Design policies set out the requirements and principles used in the design of programmes at the education provider. They also ensure all regulatory standards are met.
  - Where there is a need for programmes to be approved by a regulatory body, such as the HCPC, the policies detail that the programmes must conform to the requirements.
  - All the above policies function to ensure compliance with regulation, both internal and external. They are set and managed at institution level.
  - There is clear alignment of the new programme with existing policies and no changes will be made.
- **Sustainability of provision –**
  - There are structure and governance policies that ensure sustainability of provision at the education provider. The Governance policy ensures that provision is sustainable going forward and where there are potential issues, they are managed according to the risk they pose to continuation of a programme.
  - The Student Protection Plan sets out how the education provider will preserve the continuation of study for all learners whenever there is a risk to the continued study of learners.

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<sup>1</sup> This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed

- These policies are set at institution level and apply to all programmes.
- The new provision will follow this approach.
- **Effective programme delivery –**
  - The Quality and Programme Design policies are some of the policies that ensure effective delivery. All policies that support effective delivery are set at institution level and are equally applied to all programmes.
  - Apart from ensuring effective delivery in alignment with the aims and directions of the education provider, compliance is ensured through the education provider's approval and change processes.
  - It is clear that the new provision will follow the same approach.
- **Effective staff management and development –**
  - The Staff Performance and Development Policy together with Governance policies are institution-wide policies that help to ensure the quality of the programmes as a whole and are part of the initial approval of all programmes. Under both sets of policies, staff are supported by the education provider to maintain and develop professional and teaching skills throughout their tenure.
  - There will be no changes to how the new provision aligns with these policies.
- **Partnerships, which are managed at the institution level –**
  - There are collaborative provision policies as well as individual memorandum of understandings (MOUs) that support effective partnerships at institution level.
  - These policies are responsible for managing and organising practice education placements across a number of professions. This is to ensure a consistent approach to regularity and legal requirements as well as adequate resourcing.
  - Individual programme requirements are managed through the MOU process and fed into the central team. A centralised team is dedicated to managing partnerships at institutional level and the School Operations Manager oversees school-specific partnerships.
  - The new provision aligns with this approach.

**Non-alignment requiring further assessment:** None.

#### Quality, monitoring, and evaluation

#### **Findings on alignment with existing provision:**

- **Academic quality –**
  - The Quality and Programme Design policies provide a clear framework of internal and external assessment of the quality of approvals and changes to programmes. The policy works by ensuring the programme design paperwork for a HCPC approved provision for example meets the education provider's quality standards as well as external requirements such as the QAA (The Quality Assurance Agency for

Higher Education). The policy also works to ensure such approval paperwork meets pedagogic best practice.

- Some aspects of staffing, sustainability and design are also covered by these policies which are set at institution level.
- The new provision will benefit from these policies to ensure academic quality.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
  - There are institutional policies in place that help to ensure that the practice-based learning environments are safe, effective, appropriate, and sustainable for learners. These are contained in Placement Provider documentation and Support for Learning in Practice documentation.
  - These policies and resources apply to all programmes, with specific addition for newly created programmes.
  - The new provision will also align with these policies.
- **Learner involvement –**
  - The Student Voice and Assessment Policies are some of the institution-wide policies that ensure the involvement of learners, and they apply equally to all programmes.
  - There is a requirement to include the student voice in both planning and feedback systems.
  - The policy also helps to ensure a standardised approach to including the student voice in both design and change process.
  - These policies will apply to the new provision in the same way.
- **Service user and carer involvement –**
  - The Service User Policy of the School of Science, Technology and Health (STH) is set at the School level and includes all health programmes. It sets out the engagement and collaboration with service users across all healthcare programmes, including HCPC approved provision. The education provider noted that similar practice occurs in other Schools that have HCPC approved provision, without the need for a formal collaborative policy.
  - The Quality and Programme Design policies require input from stakeholders during the process. They also require compliance with professional body requirements for service user involvement in the design and programme.
  - These policies function to ensure that service user and carer involvement is embedded into programmes consistently by including it in the design and change processes.
  - We understand the new provision will follow the same approach.

**Non-alignment requiring further assessment:** None.

Learners

### **Findings on alignment with existing provision:**

- **Support –**
  - There are institution-wide policies that function to ensure appropriate support is available to all learners. Some of these include the Student Charter and the Academic Tutoring policy.
  - The Academic Tutoring policy ensures that the appropriate ongoing academic support is provided to learners as they progress and this includes monitoring of engagement.
  - The Student Charter was designed in collaboration with learners and ensures that all provision is delivered within a supportive environment that promotes learning. Student Support Services are a dedicated team that provide support to learners when required.
  - These policies and service ensure compliance with relevant regulation, consumer protection legislation and partnerships with learner representative bodies.
  - Our understanding is that these will apply in the same way to the new provision.
- **Ongoing suitability –**
  - Fitness to Study and Practice, as well as the Academic Regulations, are some of the institution-wide policies that help to ensure ongoing suitability of learners. These policies apply equally to all programmes.
  - The Quality and Programme Design policies form part of the design and change process of programmes and is included in decisions about progression. The policies also provide a means to support learners to understand the requirements of their chosen career and challenges involved.
  - It is our understanding that the new provision will align with these institutional policies and processes.
- **Learning with and from other learners and professionals (IPL/E) –**
  - The Interprofessional Learning (IPL) strategy is a School level policy that describes the guiding principles of interprofessional learning. Details of IPL is then reflected in the design narrative of individual programmes.
  - The Quality & Programme Design policies, which are set at institution level ensure programme design, including the IPL component meets professional body requirements as well as QAA Benchmark Standards.
  - The new provision will be following these policies so we can be confident in the alignment with the overall education provider approach.

**Non-alignment requiring further assessment:** None.

### Assessment

### **Findings on alignment with existing provision:**

- **Objectivity –**

- Assessment Policies and External Examiners are institution-wide policies and processes that ensure objectivity in assessment. These ensure a robust and consistent approach to assessment that is compliant with relevant regulation and academic standards.
- All programmes must ensure compliance at the design stage and through ongoing monitoring.
- These will apply to the new provision in the same way.
- **Progression and achievement –**
  - Policies that govern progression and achievement do this by ensuring there is a requirement to ensure that learners undertake assessments that remain relevant and authentic as well as robust, ensuring appropriate assessment of learning outcomes.
  - The Code of Practice for Assessment describes the institutional level approach to ensure all learners understand the relationship between learning outcomes and assessment including the achievement of the HCPC standards of proficiency.
  - Our understanding is that the new programme aligns with this approach.
- **Appeals –**
  - The Appeals and Complaints Policy provides a clear, fair and appropriate pathway for learners to raise concern with an aspect or decision regarding their study. The policy also helps to ensure compliance with regulation and law governing the business of the institution.
  - The new programme will follow this policy in line with requirements at the education provider.

**Non-alignment requiring further assessment:** None.

### **Outcomes from stage 1**

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

Education and training delivered by this institution is underpinned by the provision of the following key facilities:

- The programme already has a person with overall responsibility in place and additional staff will be recruited in subsequent years.
- Specialist teaching space is also in place.
- Staffing resources follow the education provider's employment pattern and will be in place at the start of the programme. All other resources are in place or planned for purchase.

**Risks identified which may impact on performance:** None.

**Outstanding issues for follow up:** None.

### Section 3: Programme-level assessment

#### Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic	20 learners, 1 cohort	23/09/2024

#### Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

#### Quality themes identified for further exploration

We reviewed the information provided, and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

#### Quality theme 1– ensuring adequate resources to support learning

**Area for further exploration:** The programme validation document demonstrated funding is in place for additional “skills-based equipment” to support programme delivery. However, there was little evidence provided to show how the resources will be available to the new learners when they need them. Therefore, we requested evidence to demonstrate there are adequate resources for this programme as it will be running alongside the already approved Masters programme.

**Quality activities agreed to explore theme further:** We explored this area through further documentary evidence. We considered this the most effective way to address the visitors’ concerns. We requested evidence such as timetable and / or any

evidence that demonstrated equipment will be available to all learners when they need them.

**Outcomes of exploration:** The education provider explained that the BSc programme has been developed as a new provision with additional resources planned. We understood that when the facilities were developed in 2022, the education provider considered the needs of both programmes and the business case, approved by the education provider executive, ensures ongoing resourcing.

The education provider noted that timetabling is done around six months in advance of the start of the academic year. An example timetable was provided which demonstrated the allocation of teaching spaces such as classrooms and specialist spaces.

The visitors were satisfied that the education provider's response had explained how the classrooms and equipment will be managed. Therefore, they determined that the quality activity had adequately addressed their concern and that the standard was met.

Quality theme 2 – how the volume of clinical placements will ensure structure, duration and range of practice-based learning

**Area for further exploration:** The evidence showed that learners would undertake 15 weeks in an ambulance setting, 12 weeks in hospital and wider health care placements across the three years of the programme.

The visitors noted some ambulance placements such as community groups, dementia care, and learning disability settings in each year and a mixture of placement types across all three years. However, they noted there was only 2 weeks of ambulance placement in Year 1 which the visitors considered low volume of clinical placement opportunities. It was therefore unclear how learners will achieve all the required competencies to be signed off in Year 1 with the low volume of ambulance placements. The visitors therefore requested to know how the learners will meet their Year 1 Placement assessment level sign offs with the volume of clinical placement provided. This was required to ensure learners can meet all the associated learning outcomes and progress to meeting the standards of proficiency.

**Quality activities agreed to explore theme further:** We explored this area through email clarification. We considered that this was an area that could be clarified by providing additional information via email.

**Outcomes of exploration:** The education provider firstly corrected an error they identified within their initial documentation. They clarified that the planned service user experience blocks will be five weeks, not three which was previously mentioned in the documents. This meant learners will have 17 weeks of ambulance-based practice and 17 weeks of wider healthcare practice. We understood first year

practice education will concentrate on basic communication and limited medical assessment which will occur mainly through observations. Learners in their first year will spend eight weeks in practice to achieve the competences. We understood competencies learned are considered again in second and third year to ensure appropriate standards of proficiency on graduation.

In addition, the visitors reviewed further evidence which provided an overview of the placement structure. The visitors were therefore reassured that there is sufficient volume and range of practice-based learning to enable learners to meet associated learning outcomes and the standards of proficiency for paramedics. Following the quality activity, the visitors had no further concerns.

### Quality theme 3 – clarity around the number of compensable modules available

**Area for further exploration:** The education provider stated that they have designed assessments in a way that meet the expectations in both their Learning, Teaching and Student Experience Strategy 2026 and their academic standards. We noted assessments were mapped against the programme learning outcomes and against individual modules. The information provided in the programme validation document demonstrated that module assessments are appropriate for module content and there was a mixture of the assessment methods which the visitors considered was appropriate. For example, we noted written assignments, objective structured clinical examination (OSCEs) and practice assessments.

However, the visitors noted that 10 of the 17 modules listed were compensable. It was unclear what the education provider meant by compensable as we noted some of the ten modules were practice modules with learning outcomes that must be achieved for learners to meet the standards of proficiency. As such, we were unable to determine how learners will meet the standards of proficiency or the standards of conduct, performance and ethics associated with these modules.

**Quality activities agreed to explore theme further:** We explored this area through email clarification and further documentary evidence. We requested further information to understand what the education provider meant by compensable. We needed this to provide reassurance that sufficient and appropriate module learning outcomes must be met to meet the standards of proficiency and the standards of conduct, performance and ethics on successful completion of the programme.

**Outcomes of exploration:** The education provider noted in their response that as an institution, they have moved away from module learning outcomes to only Programme Learning Outcomes (PLOs). They stated that the PLOs for this programme are mapped to multiple modules and assessments, and this would ensure a part of the total learning outcome is achieved. They further explained that this means that each programme has overlap and therefore some redundancy within assessment and modular design and it is this redundancy that allows for the compensation rule.



We understood that the education provider allows for compensation in line with their academic regulations where up to 20 credits has been marginally failed (by no more than 10%), and where there are sufficient average marks in the remaining modules to allow for an overall pass mark (when all modules for that year are averaged). They further explained that compensation is not allowed when the module is the only one that is used in the assessment of a PLO and practice education modules are excluded from this rule. The education provider reassured us that learners will have to meet PLOs to graduate and as such they will be meeting the standards of proficiency and the standards of conduct, performance and ethics.

The visitors were satisfied with this clarification as it was clear that only one module can be compensated, and that all module content is covered in more than one module. We were reassured that learners will not be able to compensate a placement module so they will still be able to meet the standards of proficiency even if compensation is applied. Following this quality activity, the visitors had no further concerns.

## Section 4: Findings

This section details the visitors' findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

### **Conditions**

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

### **Overall findings on how standards are met**

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

### **Findings of the assessment panel:**

- **SET 1: Level of qualification for entry to the Register** – this standard is covered through institution-level assessment.
- **SET 2: Programme admissions** –
  - The programme documentation clearly articulates the entry and selection criteria on to the programme.
  - The selection and entry standards have been selected to align with requirements of the profession, as found in the HCPC standards of proficiency (SOPs), as well as the general academic standards of the education provider.
  - Admission details were provided on the website so that applicants can make an informed decision about the programme.
  - We were satisfied that the entry criteria are appropriate to the level of the programme and will in turn ensure that learners are able to meet our standards for registration once they have successfully completed the programme.
  - Therefore, the visitors were satisfied that the relevant standards in this SET area is met.
- **SET 3: Programme governance, management and leadership** –
  - There is evidence of collaboration and quality assurance between the education provider and the practice placement providers. The education provider noted their key practice education partner is Yorkshire Ambulance Service (YAS). Notes from meetings with YAS showed evidence of regular partnership and collaboration. In addition, the education provider already delivers an approved MSc Paramedic programme so this provided further reassurance that there is existing collaboration between them and their practice education providers.
  - From receiving additional information, we understood YAS has formally expressed their support for the programme and modelled practice education capacity up to 2027. In addition, modelling by NHS England showed there is sufficient capacity to support practice education. Aside from these, the education provider has developed contingency plans, shifting current allocation for the MSc programme across to the new provision, should this be required.
  - Staffing plan and Curriculum Vitae (CVs) of current staff showed the staff have the appropriate qualifications and experience and the amount of time spent working on the programme is proportionate. We are aware that subject to successful recruitment of two new lecturers, the education provider will have five academic staff delivering across their MSc and BSc programmes. With 20 learners on each programme, the visitors determined this was appropriate.
  - The evidence provided also demonstrated that that there is currently a 20:1 ratio of staff to learner and there will be two additional staff recruited. We understood that guest lecturers will be sourced from

within practice education areas and they will enhance the learner experience.

- From the initial submission, the education provider noted that an electronic practice assessment document will be available for learners to record their practice education. Through [quality theme 1](#), we learnt about other resources including teaching spaces such as classrooms and specialist spaces that would be used to support learning and teaching.
- The visitors were satisfied that there is sufficient evidence that demonstrates that all standards within this SET area are met.
- **SET 4: Programme design and delivery –**
  - Evidence in the mapping document, showed that the learning outcomes meet the 2022 standards of proficiency for paramedics. Evidence provided in the practice education guide and the module specification also showed the standards of conduct, performance and ethics are being met.
  - The education provider noted that the programme has been mapped to the relevant QAA Benchmark standard and designed in line with the education provider's curriculum guidance. The visitors determined that the programme learning outcomes are appropriate and have been mapped against appropriate standards and evidences the philosophy of the programme.
  - The information provided in the professional practice modules 1 and 2 demonstrated that the programme is relevant to current practice.
  - The visitors noted the programme has practice modules each year and an appropriate mix of theory and practice modules showed adequate integration between the two.
  - The visitors noted a mixture of lecture and skills, reinforced with placements demonstrated that teaching methods are appropriate to modules.
  - The module information provided in professional practice 1 and 2 and other modules, as well as the assessment methods, covered appropriate content that supports and develop autonomous and reflective thinking. There are specific learning outcomes targeted at reflective and reflexive thinking in practice.
  - We noted modules on evidence informed practice, as well as research modules. Specific programme learning outcomes provide an opportunity for learners to develop their own expertise in developing and understanding evidence in practice.
  - There was sufficient evidence to demonstrate that the programme has been designed in a way that would ensure that learners who complete it meet our standards for their professional knowledge and skills and are fit to practise.
  - The visitors were therefore satisfied that all standards within this SET area have been met.

- **SET 5: Practice-based learning –**
  - The module specification showed aspects of the programme where practice education is being taught. These include Introduction to Practice (PAR4006P); Developing Practice (PAR5006P); and Developing Autonomous Practice (PAR6005P). There are also theoretical components that are integrated into practice-based learning. These include Fundamental Skills & Simulation (PAR4003M), and Caring for the Critically Ill Patient (PAR5003M). We understood that learners who do not successfully pass the practice-based learning element will be unable to graduate.
  - There is appropriate mixture of practice-based learning types across all three years. The visitors initially noted “low” volume of ambulance practice-based learning. However, as detailed in [quality theme 2](#) above, further evidence showed learners will have access to 17 weeks of ambulance-based practice and 17 weeks of wider healthcare practice. Sufficient detail was provided to evidence that the structure, range and duration of practice-based learning supports achievement of the learning outcomes.
  - The education provider noted that YAS is the main supplier of practice educators that will be involved in the programme and they have confirmed availability of appropriately trained staff to support the programme. We understood that other staff members who would support learners in practice-based learning will be upskilled through the Support for Learning in Practice (SLIP) programme and individual needs assessments as they arise.
  - There is evidence that practice educators are appropriately qualified and that they undertake a two-day training programme to enable them to support learners effectively. Practice educators are supported primarily by YAS, with additional support through the education provider’s SLIP programme and practice support pages.
  - The visitors saw sufficient evidence to determine that all standards within this SET area are met.
  
- **SET 6: Assessment –**
  - Written assignments, objective structured clinical examination (OSCEs) and practice assessments showed that assessments have been signed in a way that would allow learners to achieve the standards of proficiency (SOPs) for paramedics. Through [quality theme 3](#), we were reassured that compensation applies to only one module and that this will not impact how learners meet the SOPs.
  - Standards of professional practice are embedded into the programme learning.
  - Assessment methods have been selected for their ability to assess the Programme Learning Outcomes and comply with the university assessment policies.

- Evidence showed that the assessment methods used such as written assignments, OSCEs and practice assessments have the ability to assess the programme learning outcomes and comply with the university assessment policies.
- The visitors saw sufficient evidence to determine that all standards within this SET area are met.

**Risks identified which may impact on performance:** None.

## Section 5: Referrals

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval, focused review, or performance review process).

There were no outstanding issues to be referred to another process.

### **Recommendations**

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. They do not need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

The visitors did not set any recommendations.

## Section 6: Decision on approval process outcomes

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee that all standards are met, and therefore the programmes should be approved

### **Education and Training Committee decision**

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that the programmes are approved.

## Appendix 1 – summary report

If the education provider does not provide observations, only this summary report (rather than the whole report) will be provided to the Education and Training Committee (Panel) to enable their decision on approval. The lead visitors confirm this is an accurate summary of their recommendation, and the nature, quality and facilities of the provision.

Education provider	Case reference	Lead visitors	Quality of provision	Facilities provided
			<p>Through this assessment, we have noted the programme(s) meet all the relevant HCPC education standards and therefore should be approved.</p>	<p>Education and training delivered by this institution is underpinned by the provision of the following key facilities:</p> <ul style="list-style-type: none"> <li>• The programme already has a person with overall responsibility in place and additional staff will be recruited in subsequent years.</li> <li>• Specialist teaching space is also in place.</li> <li>• Staffing resources follow the education provider's employment pattern and will be in place at the start of the programme. All other resources are in place or planned for purchase.</li> </ul>
<b>Programmes</b>				
<b>Programme name</b>			<b>Mode of study</b>	<b>Nature of provision</b>
BSc (Hons) Paramedic Science			Full time (FT)	<ul style="list-style-type: none"> <li>• Taught (HEI)</li> </ul>



Appendix 2 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/08/2018
MSc Occupational Therapy (Pre-registration)	FTA (Full time accelerated)	Occupational therapist			01/03/2017
MSc Paramedic (Pre-Registration)	FT (Full time)	Paramedic			19/09/2022
MSc Physiotherapy (Pre registration)	FT (Full time)	Physiotherapist			01/01/2013
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2019
BSc (Hons) Physiotherapy	PT (Part time)	Physiotherapist			01/08/2019
MSc Physiotherapy (Pre registration)	PT (Part time)	Physiotherapist			01/01/2021
Doctorate of Counselling Psychology (DCounsPsy)	FT (Full time)	Practitioner psychologist	Counselling psychologist		01/08/2019