

Non-ambulance paramedic practice-based learning – reviewing HCPC requirements

Executive Summary

Within the paramedic education sector, expectations about the range of practice-based learning for paramedic pre-registration programmes have evolved over time, meaning that most organisations now expect some form of non-ambulance practice-based learning.

When developing our standards of proficiency (SOPs) for paramedics, we introduced new requirements, and some existing standards that were unchanged can be understood differently, due to the range of setting in which a paramedic can now practice.

With other organisation taking a clearer position on their expectations for non-ambulance experience in paramedic education and training programmes, as the regulator we consider it is right for the HCPC to consider our own position on this area. This will enable us to be clear about our regulatory requirements, and why we have reached this decision.

Previous consideration	Standards of proficiency review
Decision	The Committee is asked to consider the paper, including the options presented in section 8, and decide on next steps.
Next steps	Pending the Committee’s decision, provide advice and information to our stakeholders
Strategic priority	<ul style="list-style-type: none">• Promote high quality professional practice• Promoting the value of regulation
Financial and resource implications	None
EDI impact and Welsh Language Standards	None
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1. Background

- 1.1. Within the paramedic education sector, expectations about the range of practice-based learning for paramedic pre-registration programmes have evolved over time, meaning that most organisations now expect some form of non-ambulance practice-based learning. These changed expectations are linked to the diversification of the paramedic role, with paramedics routinely practicing in primary care, the independent sector, care homes, and many other settings, in addition to the traditional double-crewed emergency care ambulance setting.
- 1.2. When developing our standards of proficiency (SOPs) for paramedics, we introduced new requirements, and some existing standards that were unchanged can be understood differently, due to the range of setting in which a paramedic can now practice. For example, we have included new referenced to ‘primary and community care’ within the standards. We made the updates to ensure the threshold SOPs for safe and effective practice, required to protect the public, are at the right level to reflect current paramedic practice.

1.3. With other organisation taking a clearer position on their expectations for non-ambulance experience in paramedic education and training programmes, as the regulator we consider it is right for the HCPC to consider our own position on this area. This will enable us to be clear about our regulatory requirements and why we have reached this decision.

2. Aims

2.1. We decided to consider how paramedic programmes can deliver the SOPs, paying particular attention to supporting delivery of academic learning through practice-based learning. We intend to provide a regulatory review on what is required within paramedic education and training, linked to the broadening paramedic role and our expectations of threshold practice.

2.2. Through this work, we reviewed how delivery of the paramedic SOPs can be supported through programmes, paying particular attention to the role of ambulance and non-ambulance practice-based learning to support achievement of the SOPs. This was to consider whether we should set further expectations or requirements for education providers linked to the range of practice-based learning needed through programmes.

2.3. We intend to produce clear information on the subject of practice-based learning in paramedic education and training and define how we will work with education providers to understand how their paramedic programmes continue to meet our Standards of education and training (SETs) and deliver our paramedic SOPs (including any changes required).

2.4. We continue to be of the view that it is crucial for paramedic learners to gain experience in the ambulance setting. Reconsidering this point was not within the scope of this work. This is because most new paramedic registrants will work within the ambulance setting for at least part of their early career.

3. Current HCPC position

3.1 Our Standards of education and training require that the “structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of proficiency” (SET 5.2)

3.2 The current version of the standards of proficiency (SOPs) for paramedics became effective in September 2023

3.3 From this date, all education programmes need to deliver this version of the SOPs to new cohorts of learners

3.4 The paramedic SOPs set out safe and effective practice in the paramedic profession. Newly qualified paramedics must meet all the standards of proficiency to register with us

3.5 Revisions to the paramedic SOPs:

3.5.1 We made revisions which reflect emerging areas of practice within paramedic roles – namely, there are now references to ‘primary and community care’ within two standards (SOPs 12.10, and 13.13)

3.5.2 Many SOPs in the following areas may also require broader skills, knowledge, and/or understanding than the previous version of the SOPs, due to the diversification of settings within which paramedics can practice, based on service delivery in the NHS and on other settings:

- SOP 12 – understand and apply the key concepts of the knowledge base relevant to their profession;
- SOP 13 – draw on appropriate knowledge and skills to inform practice; and
- SOP 14 – establish and maintain a safe practice environment.

4 Current picture – HCPC approved programmes

4.1 We reviewed the National Education and Training Survey 2023 results¹ where at least 10 paramedic learners responded for an education provider. 16 out of the 18 education providers that met this criteria had non-ambulance practice-based learning in the data. We can infer from this data that most paramedic programmes have non-ambulance practice-based learning, but cannot be certain this ratio would translate to all 85 HCPC-approved programmes.

5 Professional input

5.1 To consider the paramedic SOPs at a granular level, we engaged two educationalist paramedic partners to consider the following:

- Whether any of the SOPs would require learners need to gain experience outside of the ambulance setting
- How programmes may deliver relevant SOPs to a threshold level if they only had ambulance placements

5.2 We specifically focused on SOPs with changes, but also reviewed all of the SOPs as part of this exercise.

5.3 The key points from this review were:

- Some SOPs can only be delivered through academic learning, meaning these SOPs did not need to be directly supported by practice-based learning
- The terms used in the SOPs are important related to the above point – with SOPs requiring registrants ‘understand’ and ‘know’ now always needing to be supported in the practice setting.
- The remaining SOPs could all be supported through practice-based learning in the ambulance setting, or simulation (or a combination of the two).
- This means that no SOPs specifically need to be delivered/supported through non-ambulance settings.

¹ [NETS 2023 | NHS England | Workforce, training and education \(hee.nhs.uk\)](https://www.hee.nhs.uk/NETS-2023)

- However, there is value of non-ambulance practice-based learning, to support deeper knowledge, understanding and experience for learners linked to the SOPs.
- The ambulance setting is not ubiquitous – there is a range of experience gained depending on the specific setting/employer/geographical location and the experience gained is dependent of what happens on each shift.
- The same point about ubiquity is relevant to non-ambulance practice-based learning. With the wide range of settings where learners may gain experience (such as hospital and primary care, accident and emergency, mental health units, care homes, primary care and GP practices), it is impractical to expect experience in all settings that would always enable equity of experience and coverage of all potential areas of paramedic practice.
- Supporting delivery of the SOPs through non-ambulance settings can be managed in the same way as for ambulance-based practice-based learning.
- This means that paramedic learners will always need to gain experience of the SOPs through a blend of academic learning, practice-based learning, and simulation, to ensure all areas are appropriately covered.

5.4 With the above points in mind, the partners engaged in this assessment did not consider that non-ambulance practice-based learning is required to support the delivery of the SOPs at a threshold level. Rather, they considered that the SOPs should be delivered and supported through academic learning, simulation, and practice-based learning, as relevant to support the delivery of each SOP, depending on the skills, knowledge and / or understanding required by each SOP.

6 Views of other organisations

6.1 We worked with several key organisations to understand their expectations and requirements linked to this area.

The College of Paramedics (COP)

6.2 The College of Paramedics released their sixth [curriculum guidance](#) in April 2023. In the guidance they note that practice-based learning “should enable learning in a variety of environments and settings, ensuring that the learner has extensive exposure to a wide range of service users (and clinical presentations), and environments...” (page 32).

6.3 They recommend that:

- overall “time allocated to.. [practice-based] learning is no less than 30 weeks (1125 hours) across a pre-registration programme” (page 32); and
- “no less than 20% (6 weeks/225hours) is targeted at practice experience in areas that are **not front-line traditional ambulance** (double crewed vehicle)” (bolding added) (page 33).

6.4 They note that this “is to ensure that learners are exposed to a breadth of experiences and are supported in their learning by subject matter experts across all of the curriculum and practice domains.” (page 33).

- 6.5 The COP references the [AHP principles of practice-based learning](#) in this section, and specifically principle 2 “Practice-based learning takes place across all areas, pillars and levels of practice”. The COP reference the following areas that paramedics work across:
- different sectors of health and care including the independent sector, the NHS and voluntary organisations; and
 - different settings including people’s homes, GP practices, acute hospitals, charities, care homes, universities and many more (page 33).
- 6.6 Although we do not require that programmes deliver curriculum guidance, we do expect that they have considered relevant guidance in their programme design (SET 4.3).

Health Education and Improvement Wales (HEIW)

- 6.7 HEIW is the strategic workforce body for NHS Wales. They commission Allied Health Professional (AHP) programmes in Wales, including paramedic programmes. As part of their commissioning arrangements, they currently require that learners on paramedic programmes undertake four weeks of IPE placements, and there are differing ways that education providers and Health Boards in Wales manage this.

NHS Education Scotland (NES)

- 6.8 NES is an education and training body and a national health board within NHS Scotland. They are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies, including for the paramedic profession.
- 6.9 NES use the term ‘cross-sector placements’. All education providers in Scotland are expected to include 30 weeks of practice-based learning in the ambulance setting, and 20 weeks of cross sector placements.
- 6.10 NES have produced a [Q&A document](#) to support education providers in delivering cross-sector placements.

NHS England (NHSE) – Workforce, Training and Education (WTE) directorate

- 6.11 NHSE WTE directorate aim to “help improve the quality of life and health and care services for the people of England by ensuring the workforce of today and tomorrow has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.”²
- 6.12 The [NHS Long Term Workforce Plan](#) in England proposes that “paramedics have more rotational training placements across hospital, community and primary care settings”³, and there is “increased community and primary care preparation [built] into

² [\[ARCHIVED CONTENT\] About | Health Education England \(nationalarchives.gov.uk\)](#) - Health Education England (HEE) merged with NHS England on 1 April 2023, which is now responsible for HEE’s aims

³ [NHS England » NHS Long Term Workforce Plan](#) (section 2, paragraph 25)

pre-registration training”⁴ NHSE are working to deliver these aims by including specific actions in the delivery phase of the plan, and have noted that they would “welcome any support that the HCPC can lend in relation to regulatory position” in delivering these actions.

6.13 NHSE note the benefits of the inclusion of non-ambulance placements (which they describe as ‘system placements’) “for both the learner, in respect of increased confidence and skill-mix, but also future workforce requirements.” They also note that they “recognises the challenges in capacity to ensuring quality of system placements” but also “[acknowledge] the appetite for [system placements] from all major stakeholders within the profession and recommends that universities work towards enabling system placements.”

6.14 NHSE have noted that the HCPC “actively considers professional body accreditation, and alignment with professional expectations, as part of its regulatory assessment of programmes”, but that they “would welcome a stronger emphasis, perhaps through the upcoming review of the Standards of Education and Training, on expectations and benefits around system placements, and by extension professional body endorsement of programmes.”

7 Risks

7.1 We consider there are the following potential risks linked to this area, that should be mitigated by the outcome of this work:

Risk	Impact	Mitigation(s)
The SOPs are not effectively delivered to paramedic learners	<ul style="list-style-type: none"> Those who complete programmes are not fit to practice, which is a public protection issue Undermines the legitimacy of our Education quality assurance model 	<ul style="list-style-type: none"> Programmes are approved and monitored against our SETs, which ensure SOPs are delivered The SETs include a requirement that curricula are kept up to date (SET 4.4), and we have judged that all programmes meet this standard Next steps from this paper are intended to mitigate this risk further
New registrants could begin their practice in areas where they are not fit to work	<ul style="list-style-type: none"> Those recruited directly to non-ambulance settings do not have the required experience to undertake these roles safely 	<ul style="list-style-type: none"> Learners meet SOPs linked to scope of practice (SOP 1) and professional autonomy (SOP 4) through their programme, meaning they understand the limits of their practice Expectation that newly qualified paramedics would not normally begin their careers in non-

⁴ [NHS England » NHS Long Term Workforce Plan](#) (section 2, paragraph 58)

	<ul style="list-style-type: none"> • Public safety for service users in those settings 	<p>ambulance setting (although there is no regulatory reason for this)</p> <ul style="list-style-type: none"> • Employer recruitment processes • Employer support for new registrants moving into practice, supported by our preceptorship principles • Environments where paramedics practice are normally regulated (eg by the Care Quality Commission (CQC) in England)
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8 Options consideration

8.1 We have four options for how to proceed:

	Option	Benefits	Risks
1	Do nothing	<ul style="list-style-type: none"> • No further resource impact 	<ul style="list-style-type: none"> • We are not clear about our regulatory expectations, which leads to uncertainty in the sector, and that risks identified are not always mitigated effectively
2	Produce advice, and provide to sector stakeholders, with no further regulatory action	<ul style="list-style-type: none"> • Clear regulatory expectations set out for stakeholders • Limited resource impact, only to produce and share information 	<ul style="list-style-type: none"> • Education providers do not understand or adopt our advice, meaning risks identified are not always mitigated effectively
3	Produce advice, provide to sector stakeholders, then require reflections through our regular performance review monitoring process	<ul style="list-style-type: none"> • Clear regulatory expectations set out for stakeholders • Assurance gathered that education providers have met regulatory expectations • Aligns with our approach to change • Sits within our current resourcing model and existing operational processes 	<ul style="list-style-type: none"> • Assurance gathered over a five-year period, meaning any problems are not picked up in a timely manner, risks identified persist for longer than needed
4	Produce advice, provide to sector stakeholders, then undertake an	<ul style="list-style-type: none"> • Clear regulatory expectations set out for stakeholders 	<ul style="list-style-type: none"> • Resource intensive for the HCPC and education providers

	<p>extraordinary review exercise</p>	<ul style="list-style-type: none"> • Assurance gathered in the short term that education providers have met regulatory expectations 	<ul style="list-style-type: none"> • Makes assumptions about the scale of the potential problem – in that education providers are not already considering this area • Undermines our approach to change – whereby we have made the judgement that HCPC-approved education providers are ‘properly organised’ to deliver education and training, including responding to sector initiatives and evolving expectations
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8.2 Option 3 is the education team’s recommendation. Although there is a risk that problems are not picked up in a timely manner, this approach is consistent with our consideration of all developments for approved education providers and programmes. This is due to us making an explicit judgement that HCPC-approved education providers are ‘properly organised’ to deliver education and training, including responding to sector initiatives and evolving expectations.

8.3 This option is a proportionate response in a changing environment, with other parties setting linked expectations and/or requirements that need to be considered by education providers. This is consistent with our ‘right touch’ regulatory approach to education quality assurance.

Appendix 1 - Proposed advice for education providers

We recognise the current drive for non-ambulance practice-based learning within pre-registration paramedic education and training programmes. We have produced this information for education providers to enable consideration of our regulatory requirements and standards when developing in this area.

Our standards

The paramedic standards of proficiency (SOPs) set out safe and effective practice in the paramedic profession. Newly qualified paramedics must meet all of the SOPs to register with us.

The current version of the paramedic SOPs became effective in September 2023. From this date, all education programmes needed to deliver this version of the SOPs to new cohorts of learners.

Emerging areas of practice within paramedic roles are reflected within the current version of the SOPs – namely, there are now references to ‘primary and community care’ within two standards (SOPs 12.10, and 13.13).

Many SOPs in the following areas may also require broader skills, knowledge, and / or understanding, due to the diversification of settings within which paramedics can practice:

- SOP 12 – understand and apply the key concepts of the knowledge base relevant to their profession;
- SOP 13 – draw on appropriate knowledge and skills to inform practice; and
- SOP 14 – establish and maintain a safe practice environment.

Our Standards of education and training (SETs) require that the “structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of proficiency” (SET 5.2).

Views of other organisations

The College of Paramedics released their sixth [curriculum guidance](#) in April 2023. In the guidance they note that:

- practice-based learning “should enable learning in a variety of environments and settings, ensuring that the learner has extensive exposure to a wide range of service users (and clinical presentations), and environments...” (page 32); and
- “no less than 20% [of practice learning time] is targeted at practice experience in areas that are not front-line traditional ambulance (double crewed vehicle)” (page 33).

Health Education and Improvement Wales (HEIW) require that learners on paramedic programmes undertake four weeks of ‘IPE placements’ to meet their commissioning requirements.

NHS Education Scotland (NES) expect that learners on paramedic programmes undertake 20 weeks of ‘cross-sector placements’.

NHS England are currently working on the delivery of the NHS Long Terms Workforce Plan. The Plan proposes that “paramedics have more rotational training placements across hospital, community and primary care settings”⁵, and there is “increased community and primary care preparation [built] into pre-registration training”⁶.

Our requirements of paramedic programmes

We consider that it is best practice for pre-registration paramedic programmes to include non-ambulance practice-based learning. We consider this because:

- there is sector-wide agreement that this type of practice-based learning is beneficial to deliver well rounded paramedics at the point of registration, who meet current professional expectations; and
- non-ambulance practice-based learning supports deeper knowledge, understanding, and experience for learners linked to the SOPs, particularly those which refer to ‘primary and community care’ (SOPs 12.10 and 13.13), and those where the setting is relevant.

However, we are not setting a formal requirement that all paramedic programmes must include non-ambulance practice-based learning. This is because:

- our standards are designed to be flexibly delivered, focusing on the outcome (whether someone meets the standards and is fit to practice on completion of a programme);
- some SOPs can only be delivered through academic learning, meaning these SOPs do not need to be directly supported by practice-based learning;
- the remaining SOPs can all be supported through practice-based learning in the ambulance setting, or simulation (or a combination of the two);
- this means that no SOPs specifically need to be delivered/supported through non-ambulance settings;
- ambulance and non-ambulance settings are not ubiquitous – there is a range of experience gained depending on the specific setting/employer/geographical location and the experience gained is dependent of what happens on each shift;
- this means that paramedic learners will always need to gain experience of the SOPs through a blend of academic learning, practice-based learning and simulation to ensure all areas are appropriately covered; and
- where we expect you to ‘reflect’ curriculum guidance, we do not require adherence (SET 4.3) – this means that you should consider the expectations of curriculum guidance, but that you can make a decision to deviate from this where you consider this is appropriate.

What you need to do

There are two scenarios for HCPC-approved paramedic programmes – you should consider the following for each scenario:

⁵ [NHS England » NHS Long Term Workforce Plan](#) (section 2, paragraph 25)

⁶ ⁶ [NHS England » NHS Long Term Workforce Plan](#) (section 2, paragraph 58)

You do not have non-ambulance practice-based learning:

- Decide whether you will introduce non-ambulance practice-based learning as part of your programme, considering how you deliver the revised paramedic SOPs across a range of teaching and learning, and aligning to SET 5.2.
- If you decide to introduce non-ambulance practice-based learning, ensure that this activity aligns with our standards of education and training, particularly the standards in SET 5 (practice-based learning).
- Consider the expectations of curriculum guidance, and if you decide to deviate from it, ensure you are clear on your reason(s).

You have non-ambulance practice-based learning:

- Consider how you deliver the revised paramedic SOPs across a range of teaching and learning, including practice-based learning in all settings, the academic setting, and simulation.
- Review non-ambulance practice-based learning to ensure it contributes to the delivery of the revised paramedic SOPs, along with your other teaching and learning.
- Consider the expectations of curriculum guidance, and if you decide to deviate from it, ensure you are clear on your reason(s).

We will then review your approach through your next [performance review](#) submission

Sources of guidance and information

The College of Paramedics Sixth [curriculum guidance](#) has information about curriculum domains, and approaches to practice-based learning. We suggest using this guidance to inform programme development, to consider what is best practice as defined by the professional body.