

## ULSTER UNIVERSITY

### REPORT OF A JOINT UNIVERSITY/HEALTH AND CARE PROFESSIONAL COUNCIL (HCPC) MEETING FOR THE EVALUATION/APPROVAL OF THE FDSC IN PARAMEDIC PRACTICE AT NORTHERN IRELAND AMBULANCE SERVICE (NIAS), KNOCKBRACKEN HEALTHCARE PARK, BELFAST

3 and 4 May 2018

**PRESENT:** Professor Paul Bartholomew, Pro-Vice-Chancellor (Education),  
Ulster University [Chair]  
Ms Karen Fearon, Associate Professor/Head of Department, School of  
Health Sciences, Birmingham City University  
Mr Neil Hore, Senior Lecturer, School of Health Sciences, Swansea  
University  
Mr John Burnham, Head of Education & Professional  
Development/College of Paramedics National Education Adviser  
(Scotland), Scottish Ambulance Service (Employer representative)  
Mrs Frances Devine, Lecturer, Department of Hospitality and Tourism  
Management, Ulster University (Internal)

#### Visitors representing Health and Care Professions Council (HCPC):

Mr Robert Fellows, London Ambulance Service NHS Trust (Paramedic)  
Ms Deirdre Keane, Lay visitor  
Mr David Whitmore, Self-employed/Mountain Rescue (Paramedic)

**IN ATTENDANCE:** Ms Amal Hussein, Education Department, HCPC  
Ms Debbie Troy, Academic Policy and Standards Officer,  
Academic Office, Ulster University

## 1 BACKGROUND/INTRODUCTION

The panel was convened to consider the FdSc in Paramedic Practice. The course would be delivered at the Northern Ireland Ambulance Service Regional Ambulance Clinical Training Centre (RACTC) based at the Knockbracken Healthcare Site, Belfast.

The University had been successful in its tender as a HEI to partner with the NIAS to validate and deliver the level 5 FdSc Paramedic Practice at the NIAS. The course had been developed in response to key service developments and would be delivered full-time over two years of study, at the NIAS RACTC. The Foundation degree builds on and complements current provision in the areas of Nursing and Allied Health Professions and widens opportunities for interdisciplinary learning.

## 2 DOCUMENTATION

The Panel received the following documentation:

1. Course submission;
2. Guidelines for Evaluation and Revalidation Panels;
3. QAA subject benchmark statement for Foundation Degree Characteristics (2015)
4. Preliminary comments from Panel members;
5. Reports from central University departments on Library and IT resource matters;
6. Preliminary comments from Panel members.

### 3 MEETING WITH SENIOR MANAGEMENT TEAM

#### 3.1 Background and Rationale

The Senior Team advised that the Faculty of Life and Health Sciences currently had a portfolio of HCPC accredited professional healthcare programmes. The FdSc Paramedic Practice was an extension of this existing provision and was aligned to future plans for partnerships. The Panel enquired as to how students were made aware of academic policies around appeals for example, and if these were NIAS or Ulster policies. The policies and procedures would align with those at Ulster and within the Faculty, for example in relation to examinations, external examining and academic appeals.

#### 3.2 Admissions Process

It was noted that students initially coming onto the programme would be NIAS employees. The Panel enquired if Ulster staff would be involved in the admissions process and was advised that the Subject Partnership Manager (SPM) within the Faculty would work with NIAS in this regard and be the key link between the two institutions.

The Panel asked what would happen if an applicant was unsuccessful in their application to the foundation degree and if they would retain their existing technician status. The Senior Team advised that discussions had taken place with NIAS Human Resources staff as well as the Trade Unions around the whole area of admissions. A commitment had been provided that an Emergency Medical Technician (EMT) post would be protected to which unsuccessful applicants could return. This information would be clearly set out in the course material provided to prospective applicants.

In relation to APEL and the intention to permit NIAS employees holding the IHCD EMT and/or Associate Ambulance Practitioner (AAP) qualification to apply for APEL to year two of the programme, the Senior Team set out the entry requirements for the Panel. This included the agreement around APEL plus bridging to allow current IHCD qualification holders advanced entry to year 2. The Panel noted that this would involve carrying out the APEL process for all 48 students would be quite a challenge and very resource intensive. When asked about the content of the bridging programme, the Senior Team advised that having undertaken a gap analysis the bridging module ensured coverage of any identified gaps. The bridging programme was non-credit bearing and must be successfully completed prior to starting the foundation degree.

The Senior Team informed the Panel that the next stage of development of a BSc Hons course was very much on their agenda. They had already commenced the engagement with the Department of Health and the requirements for commissioning and this was the reason behind this initial HE course being set at Level 5. When the HCPC recently changed the threshold around the requirement from 2021 for paramedic education to be BSc Hons level, a meeting had been arranged with the Department of Health. This would take place later in May.

The Panel queried the inclusion of the statement that 'the offer standard may vary from year to year' within the admissions criteria, however, this was clarified as a generic University text that allowed for discretion amongst programme teams.

The Panel sought further details on the inclusion of reference to direct entry applications. The Senior Team advised that direct entry was included as an option in the event of insufficient numbers of existing EMTs coming forward, although this did not appear to be an issue at this time. Direct entry would involve running year 1 of the course as well as year 2 for those eligible to undertake bridging and entry directly to year 2.

### 3.3 Course Director

The Panel enquired how the course director had been identified and if they were suitably equipped for that role. The Panel was informed that Ulster had no input into their selection but that the Faculty and School would be supporting the course director role. This support would be provided by the Head of School of Nursing as well as other key staff within the School and the SPM, with the latter being the day to day linkage between NIAS and the University. The SPM, who was located within the School of Nursing, would attend all committee meetings at NIAS and would report to the Associate Dean (Education) in the Faculty of Life and Health Sciences as well as to the Faculty Committee in relation to collaborative provision. The SPM would be involved in all aspects of the course and would attend Staff/Student Consultative meetings, staff team meetings, examination boards as well as meet with students on their own.

The Panel noted that the Course Director (Clinical Training Manager) was identified as a temporary position and asked what were the longer-term plans for this role. The Senior Team advised that the position had been created for the initial project which had now evolved and as a result, some restructuring was currently ongoing. Assurance was provided that the role of course director would be in place in a more permanent capacity within the new structure.

### 3.4 Equality and Diversity

The Panel enquired how equality and diversity was included and monitored across the partnership. The Senior Team advised that these aspects were monitored by the Faculty from admissions onwards and if any student issues were declared at that point or arose later, the necessary support would be put in place. The Ulster Senior Team noted that this partnership with NIAS was unique in that significantly more support would be required than that for other partnerships with the NI regional colleges. NIAS were clear that they would be working to Ulster policies in relation to supporting students and any academic related issues. It was essential that students were clear whose policy applied for different issues.

### 3.5 Roles and Responsibilities

The Panel noted the lack of clarity in relation to roles and responsibilities. The Team informed the Panel that NIAS was the provider of the programme. A core team was in place who reported to their clinical training manager (CTO). Lines of responsibility were in place within NIAS and students would fit within the normal lines of reporting within the Service. The Recognition Agreement with the University would also set out the responsibilities of the two parties.

### 3.6 Resources

The Panel had undertaken a tour of facilities prior to the meeting. It was noted that there was currently no library on site but that plans and costings were already agreed for this resource to be put in place. The Ulster librarian's report had set out costings for purchase of core texts and other requirements and these would be taken on board. The Panel sought and received assurance and commitment from the Senior Team that the library would be ready for the first intake of students. The Senior Team also assured the Panel of the commitment to purchase the core texts and e-book licences. This had been fully costed and adequate resources had already been set aside. It was also noted that as associate students of Ulster University, NIAS students would have access to the University library at all campuses as well as access through HONNI as Trust employees to QUB Medical Library and other libraries throughout the province. HONNI also had a dedicated AHP librarian who would provide students with a library induction.

The Panel enquired if it were possible for 96 students to be on site at the same time but was advised that this was unlikely.

It was noted that eight days were incorporated within the tender for Ulster staff to contribute to course delivery. The Ulster senior team confirmed that sufficient resource was in place to facilitate this.

In relation to the development of Practice Placement Educators (PPEs) and how they were developed, the Team advised that currently thirty clinical support officers (CSOs) were utilised for this purpose and it was the intention to develop this further going forward. Approximately thirty paramedic supervisors would also be available. Over 100 expressions of interest had already been received to undertake the PPE role and dates for the two initial two-day non-credit bearing induction which would be undertaken by Ulster had already been identified. It was also the intention to develop a credit-bearing Level 6 module for PPEs going forward.

CPD for PPEs would be discussed further with Ulster but it was noted that a 20 credit point Level 6 module on Teaching and Assessment in Practice was already in place at the University and that this could be tailored accordingly.

When asked about the level of service user and carer involvement in the development and delivery of the programme, the Team advised that some preliminary discussions and meetings had been held with a number of service user groups including Mencap, Inspire, the Public Health Agency and Diabetes UK and it would be the intention to develop and formalise such networks going forward. All were keen to be involved in the content and delivery of the programme and practice placement experiences.

### 3.7 Higher Education provision

The Panel stated that the delivery and culture of a higher education programme was new to NIAS and asked how the Team felt that such a programme would fit in within the organisation. The Senior Team advised that associate student status afforded to NIAS students on the foundation degree would bring many opportunities for interprofessional learning across the School of Nursing and the Faculty of Life and Health Sciences. It would be an opportunity to enhance the NIAS student experience and embrace many new opportunities that the partnership would offer.

In relation to the eight days support for teaching to be provided by Ulster staff, the Ulster senior team explained how this would work and outlined some of the extra activities in which NIAS students could be involved at Ulster including the simulation exercise held annually at the Magee campus.

In relation to learning support, the Senior Team stated that as the programme would evolve, Ulster would have a responsibility in terms of enhancement of support going forward and in which the SMP would play a key role. This would include use of digital technology and alternative learning methods, academic writing skills and many other areas where practice could be shared with NIAS colleagues. NIAS staff would be invited to attend Ulster events and seven staff had already been invited to undertake the First Steps into Teaching course.

In terms of management of higher education, it was confirmed that for academic issues the responsibility lay with Ulster. Normal line management responsibility remained for any NIAS employment related issues. It was also noted that NIAS were responsible for the practice placement educators. It was important that the reporting structures were made explicit to students.

#### 4 MEETING WITH STUDENTS

The Panel met with five NIAS paramedic students. During discussions the following points were noted.

- It had initially been a challenge being a student but support, advice and guidance from staff had been excellent.
- Support for learning had been really positive and availability of supervisors had been more than adequate.
- The students had really enjoyed all the practical elements of the course previously undertaken which had included role-plays and being out with ambulance crews.
- It had been a challenge having to work full-time on 12-hour shifts whilst also balancing study and home life. The new programme afforded time away from work and this was a real bonus and very much welcomed by all prospective applicants.
- Assessment and feedback had previously been very good and was normally provided within one week of submission. Staff were also very willing to provide comments and feedback on drafts prior to final submission.
- Non-ambulance staff had delivered some elements of the previous programme. This had included dealing with someone with a tracheostomy, those with diabetes and epilepsy, as well as input from the Fire and Rescue Service and Midwifery staff.
- The role of CSO was clarified as being threefold - as a mentor, supervisor and to ensure standards. They also assisted the clinical training instructors in the classroom.
- It was noted that students would get a dedicated mentor in the new programme which would be of great benefit.
- It was exciting to be going to University and to undertake a higher education programme. There had been no University involvement in the AAP programme.
- There had been no issues in relation to access to resources – this included use of mannequins and the three syndicate rooms where all required equipment was always available. Ambulances were also available for training which allowed students to put learning in the classroom into practice.
- Syndicate rooms and equipment were available at all times of the day which allowed students to make use of them at different times when they were not working. Again, support from the clinical support officers had been excellent and they were very flexible in their availability through into the evening.
- Any previous resource issues which had been raised had now been addressed, for example, Wi-Fi access, and a vast improvement could be seen across the board and this would be of great benefit to future students.
- The maximum cohort previously had been 24 and when asked, 23 of these had been accommodated when required to undertake parts of the course away from their station.
- No concerns were raised in relation to support and who to approach in this regard.
- Only positive comments were forthcoming in relation to views of the partnership with Ulster and, in particular, the level of academic support that it would bring.
- The practice placement portfolios completed in previous courses had been paper based. It was the responsibility of the student to complete and the CSO would sign it off. This included a logbook setting out learning outcomes and what had been undertaken to meet the outcomes. Students were now provided with iPads which was a much more effective and efficient way to work.
- There was a real enthusiasm for the new foundation degree and it would allow successful applicants to be better paramedics - this was the main goal. It would be a much more transparent programme in terms of clear learning outcomes, assessments and criteria and this was really welcomed.
- The fact that NISA were facilitating staff to undertake the course outside of work and as a student rather than an employee was a real attraction. There had only been positivity and

excitement around the proposed new course and this included access to University resources including the library and support from Ulster academic staff.

- The course also provided an opportunity for more mature staff to undertake professional development.
- Those present were aware of what would happen should their application to the foundation degree be unsuccessful and that they could reapply for an EMT post although the same station at which they had previously been based was not guaranteed.

The Panel thanked the students for their enthusiasm and engagement and wished them well in their studies and careers.

## DAY 2

### 5 MEETING WITH PRACTICE PLACEMENT PROVIDERS AND EDUCATORS

The Panel met with a group of practice placement educators (PPEs) including from NIAS, Public Health Agency, Department of Health and Health and Social Care Trusts. During discussions the following points were noted.

- There was a real interest and enthusiasm in becoming a PPE for the Paramedic Practice programme.
- Training for such a role would be provided through a PPE Handbook which set out all the requirements. Work was also ongoing in respect of development a Level 6 credit-bearing module in this regard which would bring additional CPPD opportunities. None of those present had yet had sight of a Handbook or any documentation.
- During discussions with the SPM, potential PPEs had been advised of the process and support. Two initial two-day training sessions had already been organised to take place in May and September at Ulster.
- Paramedic Practice did not currently sit within AHPs but this was currently under discussion with the Department of Health. Many were existing PPEs for AHP provision and had much experience in this regard. The new course would fit in easily with existing arrangements and systems and the existing established PPE network or others which could be re-established.
- The new programme was seen as a fantastic opportunity as was the proposed BSc Hons in a few years' time.
- No issues were raised in relation to the Practice Educator portfolio and that discussions were ongoing with NIAS and Ulster's School of Nursing and it would be ensured that everyone involved would be very familiar with the documentation.
- Some meetings had already taken place with potential PPEs although nothing had been formalised to date.
- The group noted that over 100 expressions of interest had been received to undertake the role of placement provider and educator. If these were all successful, they would all be used and it was confirmed that this number could be accommodated in the Ulster training sessions.
- Support mechanisms would be in place for students who had any issues in relation to placement. If necessary, they could be moved and this was not uncommon currently. The SPM would be very much involved and the escalation of concern process was set out clearly to both PPEs and students in the respective handbooks.
- The proposed PPE to student ratio would depend on the placement but it would normally be 2/3 students per station. (There were currently 30 CSOs and 32 stations.)
- More details were provided on simulation and it was suggested that a maximum be set for simulation, for example 30%. It was noted that if a student was not gaining sufficient real life activity, that they could be moved to a different station and a busier environment. Previously, where gaps had been identified, colleagues from PSNI and HEMS for example, had been involved.

- The process for a student to take leave or absence was already well established and included the involvement of the CSO. Leave was not normally permitted during placement. Sickness during placement could be accommodated by extending it for short-term but other arrangements would have to be made for longer term absence.
- Attendance at placement was mandatory. Annual leave was scheduled in the timetable.
- Selected experiences set out in the document included theatres, EDs, paediatrics for example and it was the intention going forward to extend this to other areas including GP surgeries and community nursing teams. This was a work in progress, the practicalities of which were required to be formalised going forward.
- Interprofessional learning (IPL) opportunities were very readily available within clinical placements and provided an enriched student experience. A potential additional AHP would not be a vast change to the existing governance framework but would involve identification of a dedicated AHP lead for paramedic practice and the mapping out of the skills to be covered. Assurance was provided that this could be achieved for a September 2018 start.
- Nursing colleagues were already working with AHP colleagues and this had been a similar transition for the nursing profession to that proposed for paramedic practice. A positive and supportive learning environment would be ensured.
- Paramedic Practice students would be able to participate in the disaster simulation module delivered at the Magee campus and which involved a wide range of IPL opportunities.
- All placements would be educationally audited. The audit document was available but this process was yet to be re-established for the new programme. The NIAS team was confident that it would be completed before the start of the programme in September.
- Fitness to practice issues would be raised through the CSO. For an educational programme, Ulster's Fitness to Practice Panel consisting of a DTO, Associate Dean (Education), an independent chair and professional representation, would be involved. Any appeals in this regard would be heard by a panel chaired by the Pro-Vice-Chancellor (Education).
- A Welfare programme was currently being developed by NIAS.
- Mechanisms would be in place for students to provide feedback and raise issues – this included Staff/Student Consultative Committees, student meetings with the SPM and course team meetings.
- PPEs would be well prepared in advance of students going onto placement. They would meet with placement leads who would explain the process and set out expectations and assessment requirements. The link would be well established prior to any student arriving to undertake a placement.
- No mapping to existing AHP placements had been carried out to date.

The Panel thanked the group for taking the time to participate in the evaluation and for their engagement and input into the new programme.

## 6 MEETING WITH SERVICE USERS AND CARERS

The Panel met with a representative group from organisations - Diabetes UK, Mencap, the Public Health Agency and Inspire.

The Panel asked how paramedics had been involved with agencies to date and was advised that considerable partnership working with other professions had been ongoing for a number of years. In relation to mental health, the agency had a very strong service user led group which was involved in co-delivery in other programmes. The PHA promoted the public health message and Healthy living as well as the unscheduled care agenda and alternative care. The representative from Mencap would welcome co-delivery training to highlight learning disability awareness, and experiences of Mencap services. NIAS would be the frontline contact with service users and it was important that staff were adequately trained in this regard.

In relation to diabetes, it was important that staff were aware of the complexities of dealing with diabetic patients.

It was noted that NIAS had initially contacted service user groups approximately six weeks previously and two meetings had been held subsequently. All groups were keen to develop formal links if the course was approved and a formal commitment would be put in place to solidify partnerships going forward.

All were of the view that the programme and the partnership with Ulster University would bring exciting opportunities as well the opportunity to inform the curriculum with regard to key issues in each field. Mechanisms for this would also be embedded within placements. Ulster delivered a diabetes module at the Magee campus and a research partnership in this area already existed.

When asked if there had been any discussions around alternative practice learning potential, the group advised that similar already took place with nursing students and this model could be tailored for Foundation degree Paramedic Practice students.

The Panel thanked those present for attending and for their support of the programme.

## 7 MEETING WITH COURSE TEAM

The Panel met with the NIAS course team and representatives from the School of Nursing.

### 7.1 Proposed intakes

The Panel noted that the decision had been taken to change to one intake of 48 students rather than the originally proposed two intakes of 24. It was further noted that the focus for the first intakes was on candidates who would be admitted through APEL into Year 2. Both of these matters were confirmed by the Team. It was also confirmed that APEL would be carried out on an individual basis and that sufficient resource was available to undertake this task for 48 individuals. This would be a joint programme with NIAS as the education provider, with annual monitoring undertaken entirely by the SPM in collaboration with NIAS colleagues.

### 7.2 Practice Placement Educators

It was unclear if the PPEs were already in place. Furthermore, to release 110 staff to undertake the two-day training course at Ulster would be a challenge. The Team were confident that the PPEs would be trained and ready prior to the start of the course.

The Team advised the Panel that feedback from PPEs was encouraged and provided through the CTO as well as via the audit tool. Areas of best practice or those for development would be identified and shared anonymously with Ulster colleagues. Areas of concern would be directed to the Clinical Support Officer. Feedback would also be provided by students following their placement.

The Panel enquired if an agreed CPD programme for PPEs was in place and was advised that all relevant staff had enrolled on the first step which was the two-day Ulster programme. Commitment had been given by management that staff would be supported for development going forward.

### 7.3 Course Design

When asked how any external input had informed the design and development of the course the Team advised that mechanisms were built into the current course. This had included input from Staff/Student Consultative meetings, student representatives and course evaluations completed by students. Feedback from practice educators would also inform course development going forward.

### 7.4 Student Support and Staff Resources

The Panel enquired what mechanisms were in place for support and wellbeing of students in all settings. The Team advised that at the RATC, academic and pastoral support was provided by the syndicate leader (advisor of studies) – this was on a 1 to 12 staff/student ratio. Links were also communicated to staff/students in relation to occupational health and other work related issues within other areas of the Trust as the employer. Named points of contact with CSOs were also provided. Pre-course support was given to all students.

It was noted that for year 2, there were only three staff identified to cover all modules and provide support for 48 students. The Team advised that assurance had been provided by NIAS that five training officers (4 training officers plus the course director) would be in place for the 48 strong cohort and that this would be a ring-fenced team. It was noted that from an equality and diversity perspective, there might be an opportunity to make the course team more diverse from a gender perspective. Ulster was also committed to providing the 8 hours teaching. Given that there was now only one cohort, this would now be a commitment of 16 days for year 2 and would significantly enhance the student learning experience. Staff from the Clinical Education Centre as well as other clinical specialists would also be drawn upon as and when required. It was also confirmed that a member of Ulster staff had now been identified as the Associate Course Director and this role would provide additional support to the SPM role as well as an additional link with the University.

### 7.5 Policies and Procedures

It was essential that the policies and procedures relevant to a learning programme were clearly communicated to and easily located by students. It was noted that these would be Ulster policies and links to them should be included on the NIAS website and elsewhere. It was also essential that equality and diversity within the programme be monitored.

The Panel noted some concern in relation to what policies and procedures were relevant to students, for example, in relation to a complaint. The Team confirmed that Ulster policies would apply for all academic issues and this information would be set out clearly in the student handbook and elsewhere.

### 7.6 Admissions Process

It was noted that admissions would be undertaken through the Trusts' regional recruitment portal – this would involve a trawl followed by a recruitment and selection procedure. It was a value based selection process involving multiple 'mini' interviews with representation and input from service users, NIAS and Ulster. Candidates' performance at each assessment station would be scored with applicants shortlisted on this basis.

### 7.7 Practice Based Learning

In relation to the two two-day training sessions to be delivered by Ulster, it was noted that the numbers undertaking the training would be in the region of 100. Assurance had already been provided by Ulster that this number could be readily accommodated. It was also hoped that

the training could also be undertaken by all current paramedics. If additional dates were required, Ulster team advised that this could be facilitated. The development of the Level 6 credit-bearing module on teaching and assessment was also highlighted and that it could be provided to some staff over the summer period.

In respect of practice placements, the Team advised the Panel that no mapping exercise had yet been undertaken. It was the intention to try to place students at the station most geographically convenient to their home, however, there was an understanding that this might not always be possible and some students might be asked to travel. This would be managed on an individual basis with each student. It was noted that students on the foundation degree would not be in post but would be studying full-time so there was more flexibility and opportunities to travel to the best locations for their learning. It was the intention to move paramedic PPEs into an academic framework such as that which existed currently with AHPs.

It was noted that evidence of audits having been carried out on all placements would be required to ensure that each provided a safe and supportive learning environment.

#### 7.8 Roles and Responsibilities

The Panel sought clarification on the roles and responsibilities and the interchanging of titles for example, the use of Syndicate Leader rather than Studies Adviser and the use of mentor rather than the preferred Practice Placement Educator. It was important that the roles and responsibilities were aligned to those used at Ulster and that they were consistent throughout the documentation.

#### 7.9 Reflective Skills and Practice

The Panel enquired how students were given opportunities to develop reflective practice and other skills. The Team advised that it was expected that the first intakes would comprise AAP students who had already developed some skills in this regard and it was also part of the required bridging module to ensure that all students were brought up to the appropriate academic standard prior to entry. It was acknowledged that some students may be coming onto the programme without these skills and this was the reason for including the reflective piece in the bridging module as well as it being embedded early in the programme itself and further developed as students moved through the course. Paramedics were already reflecting and developing these skills through their normal day to day work and life experiences.

#### 7.10 Service Users and Carers

The Panel enquired how service users and carers had been involved in the planning and development of the programme and their future involvement. The Team advised that they had initially tapped into an ongoing 10,000 Voices project for the planning of the course. A Service User Manager was a post within NIAS and this role engaged with regional service user and carer forums. NIAS staff had held meetings with a number of groups and it was evident how this expertise could fit into the delivery of the course. It was the intention, if the course was approved, for formal arrangements to be put in place. From the Ulster University perspective, it was involved in the NI Patient Client Council which provided a very rich learning environment for students. Service user engagement was very high on Ulster's civic agenda as was a partnership approach to learning. It was noted that NIAS did currently have a strategy for continuous service user engagement but specifically for the course it was a work in progress. Procedures for seeking and gaining consent were of key priority within this.

### 7.11 Health and Care Professions Council

The Panel enquired how students were made aware of and taught about the HCPC. The Team advised that this was introduced firstly in the bridging module and then in the first module in the course – Foundations for Professional Practice. The application pack would also include details on the HCPC and the requirement for registration to practice. It was acknowledged that the information provided could be augmented going forward.

### 7.12 Benchmarks

Inaccuracies were noted in relation to the latest versions of QAA Benchmark statements and College of Paramedic Practice documentation. The Team stated that they did not undertake a mapping exercise per se but had simply referenced these in the course. They provided assurance that the latest versions had been used in each case. The module content was also heavily informed by Ulster's curriculum design framework.

### 7.13 Bridging module

Details of the bridging module were distributed to the Panel at the meeting. It included the IHCD Ambulance Aid qualification as a pre-requisite. The Team stated that other areas which may be required for those not coming onto the programme with that qualification, would be covered during induction

The Panel noted the very positive feedback from students and asked how students were supported in relation to academic writing and study skills. The Course Team advised that this support commenced during induction and was embedded throughout the course. There was also the recognition that many students may not have a higher education background which made this even more important.

### 7.14 Higher Education

When asked how the Team would ensure the academic nature of the course whilst maintaining the authenticity of the area, the Team advised that the move into HE had been a challenge and many discussions had been held in this regard. The Panel noted that the reference to 'Advanced Practice' within the course document was not deemed applicable for this level of course and could also confused with 'Advancing Practice' provision – all references should be removed.

### 7.15 Learning and Teaching Strategy

The Team informed the Panel that they were moving away from the traditional styles of learning and teaching towards student centred learning and the use of technology, including the 'flipped' classroom model. Each students was also provided with an iPad. The Team outlined that the reason for the figure of 750 hours practice was as a result of having benchmarked against other Trusts. The reason for this figure was also clarified as it viewed as approximately 50% of the total effort hours over the year. The learning and teaching strategy was informed through engagement with the Ulster learning model and a collaborative, student centred approach. The Team had also been introduced to, and engaged with, Ulster's curriculum design principles from the start of the process and this had strongly influenced the learning and teaching strategy. It was noted that this had also had a cascading effect on other courses, including the AAP programme. Students had been given sight of the new proposed curriculum and only positive comments had been received, in particular students very much welcomed the clear assessments and marking criteria as well as the clear articulation routes on completion.

## 7.16 Technology

The Panel enquired what training and support was available to staff on using technology for learning and digital literacy. It was noted that some NIAS staff had already undertaken a one day digital technology course and training was available for staff and students through the HSC Leadership Centre. The Course Team were very much advocates of technology and additional training will be made available in relation to learning and teaching to include use of podcasts, webinars, for example, going forward. Expertise was also available at Ulster including through the curriculum design consultants, to provide support in this regard. Associate students did not have access to the University's BlackBoard Learn environment but other options to incorporate Turnitin could be explored in collaboration with Ulster colleagues.

The Course Team advised that students currently provided online peer-to-peer support and this was particularly useful given the geographical spread.

## 8 MEETING WITH SENIOR MANAGEMENT TEAM

At the Panel's request, a further meeting was held with senior staff from the Faculty including the Associate Dean (Education), Head of School of Nursing and two senior NIAS staff, in order to provide some further clarification on the proposal.

The Associate Dean outlined the underpinning philosophy for the programme. It was important for the Panel to know that the Faculty was fully committed to this higher education course and this was acknowledged by the fact that they had applied for the tender. The model being presented was that set by the Department of Health in that the course would be delivered by NIAS in collaboration with an HE institution. As an institution, Ulster had vast experience in collaborative course delivery and this programme fitted very well into the Faculty's strategy and current provision. There were plans to scaffold learning at Ulster throughout the programme and both Ulster and NIAS would benefit greatly from this learning environment. Ulster staff would also be contributing to course delivery. In relation to work-based learning, the Faculty would be very closely involved in quality assurance and enhancement.

The Faculty provided assurance that they would be very much involved in all aspects of this higher education programme. It was unique provision to which Ulster was very committed – the latter demonstrated by the identification of an Ulster Associate Course Director to work alongside the SPM. It would also bring with it opportunities to build the School's research capacity with paramedic colleagues. The Panel suggested that consideration be given to the appointment of a Paramedic onto the Faculty.

## 8 CONCLUSIONS

The Panel commended the Course Teams on the following:

- i) The commitment to the partnership including alignment to an employment content and the enthusiasm of other external agencies;
- ii) The commitment to enhancing the students' learning experiences;
- iii) The professionalism of students;
- iv) The embracing of learning technology.

The Panel agreed to recommend to the Academic Standards and Quality Enhancement Committee that the programme be approved for two intakes, with the first being **January 2019** rather than the originally proposed September 2018, subject to the conditions and recommendations of the Panel being addressed and a satisfactory response and a revised submission being forwarded to the Academic Office **by 30 June 2018\*** (the Ulster panel

conditions and recommendations must be met **four weeks prior to re-submission to the HCPC**) for approval by the Chair of the Panel.

*[\* Submission date may change depending on the HCPC required timescale which will be set out in its report (due within 30 days of this meeting).]*

#### Exit award title- Chair's Action

The Panel was content with the title of the exit award. ASQEC Chair's action was taken by Professor Bartholomew, on behalf of ASQEC, to approve the different exit award title of CertHE in Ambulance Studies, to that of the main award in Paramedic Practice.

#### Conditions

- i) That all issues identified by the Academic Office and detailed in the appendix to the panel report are addressed. This should also include the review and addressing of inconsistencies and other issues in the HCPC submission document;
- ii) That a review of module learning outcomes, assessment criteria and rubrics is undertaken (support can be provided by Ulster colleagues);
- iii) That 'Advanced' is removed in a number of modules (section 7.14 refers);
- iv) That all students complete the bridging module as preparation for higher education and professional practice, prior to commencing the programme (sections 3.2, 7.9, 7.11 and 7.13 refer);
- v) That the APEL mapping process is carried out under an Ulster framework for an Ulster award (sections 3.2 and 7.6 refer);
- vi) That clarity is provided around the recruitment and selection process, to include Ulster involvement (section 3.3 and 7.6 refer);
- vii) That Ulster's moderation and assessment practice is utilised to support a new course team;
- viii) That a comprehensive pre-course information pack is made available for applicants (section 3.2 refers);
- ix) That the Student Handbook clearly sets out the processes and roles and responsibilities of staff, to include in diagrammatic form, to provide clarity to students (sections 3.5, 7.5 and 7.8 refer);
- x) That the language within the course document is homogenised with that used at Ulster and with a move away from job titles to functional roles (section 3.5 refers);
- xi) That the memorandum of understanding is updated to define new approaches to the partnership including the appointment of the Associate Course Director, and the commitment to support practice educator development and associated monitoring frameworks and the teaching staff;
- xii) That the Placement Audit tool to be co-owned and the audits conducted prior to the start of the programme (section 7.7 refers);

- xiii) That a substantive NIAS Programme Director is in place and NIAS provide a commitment to development teaching staff across the board (section 3.3 refers);
- xiv) That a schedule of taught content, including IPL, is provided for the full academic year at Level 5 (sections 3.6, 4 and 7.4 refer);
- xv) That a signed commitment to required resources is provided by management that reflects the enlarged single cohort (sections 3.6, 4 and 7.4 refer);
- xvi) That a strategy is developed for the involvement of students, service user group and practice placement providers (sections 4, 5, 6 and 7.3 refer);
- xvii) That a finalised Practice Placement document or equivalent is provided to the Panel (sections 3.6, 3.7, 4, 5 and 7.2 refer).

#### Recommendations

- i) To consider the appointment of a Paramedic onto the Faculty (section 8 refers);
- ii) To explore the use of BlackBoard Learn and Turnitin (section 7.16 refers).

## 9 APPRECIATION

The Chair thanked the Panel, in particular, the external members, and the Course Teams for their valuable contribution to the revalidation process.