Paramedic Evidence Based Education Project (PEEP)

Executive Summary and Summary of Recommendations

August 2013
Maximising paramedics’ contribution to the delivery of high quality and cost effective patient care.

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Executive Summary

The increase in attention that the education and training of paramedics has received in recent years led the National Allied Health Professional Advisory Board, England, to commission this study. Our aim has been to develop an evidence based business case, for the College of Paramedics, to progress the strategic direction of the standardisation of education and training for this key workforce.

As a consequence of local influence and local funding decisions between education commissioners, education providers, and their partner ambulance services, there are various education and funding models in place across the United Kingdom (UK). This situation is considered to be a critical risk for the profession, especially when combined with the concerns about financial sustainability and a potential for continued inconsistencies, particularly in England. This Paramedic Evidence-Based Education Project (PEEP) has attempted to address these issues.

This report presents the findings of this study and chronicles the existing evidence to support the future direction of paramedic education and training.

Samples of representatives of stakeholder organisations from each of the four nations of the UK were invited to take part in this study. We spoke to representatives of patients who receive care from paramedics; senior managers with responsibility for developing the paramedic workforce; managers who develop and guide clinical policy; education and training providers to the paramedic workforce; paramedics, and students. In addition, a one day summit was held by the Department of Health in England for a UK wide invited group of participants. This provided considerable insight into the whole systems approach that needs to be taken to progress the standardisation of the education and training of the paramedic workforce.

The potential contribution that a well-educated and highly trained paramedic workforce can make to healthcare, through its unique field of practice that intersects healthcare, public health, social care and public safety, has yet to be fully appreciated and understood. Paramedics are very well regarded by the general population. A closer engagement of this workforce with pre-hospital urgent care, and prevention of hospital admission, should be of benefit to the wider community.

The emerging consensus is that paramedics are autonomous professionals at the point of registration and well placed to effectively deliver a patient led, out of hospital urgent care service. To enable this situation to be realised, a more robust education and training system needs to be in place. The current education and training model, in England, is locally determined, resulting in very different student experiences, and different levels of learning outcomes achieved at the point of registration.

While this is not a definitive study, it highlights the need for the standardisation of approach to education and training, and to developing a clear framework that will enable this to happen. This study highlights a number of areas in the education and training of paramedics that could be developed, and also proposes a model that leads to an all graduate paramedic profession by 2019. The proposed model attempts to address the key stages required to ensure all key stakeholders are empowered to engage and inform the development of a unified approach. The result should be an education and development framework for paramedics that is sustainable. It is recognised that many may contend
that this timeframe is far too long. However, a carefully staged approach is strongly recommended, and it is proposed that the College of Paramedics establishes a UK wide stakeholder steering group, to take the development systematically through the identified stages.

One key deliverable is to raise the minimum threshold entry onto the Paramedic Register, of the Health Care Professions Council, so that all student paramedics enrol on programmes leading to a minimum award of a diploma in higher education (DipHE), by September 2015. This requires the education sector to reflect on the appropriateness of the use of a foundation degree, or an apprenticeship model, for developing the paramedic workforce, as currently these two models of education and training are also used to develop the healthcare support workforce. Post-registration and continuing professional and personal development (CPPD) opportunities should be readily available to all paramedics, who wish to achieve the new minimum threshold, or prepare themselves for an all graduate profession.

The current funding model to support the students is very varied and favours those who can financially support themselves through their training. While this might be financially advantageous to the service it does not promote fair or widened access to the profession. The findings of this study indicate that the most appropriate funding model for England is the Higher Education England (HEE) /Local Education and Training Board (LETB) commissioned model with access to bursary support in line with other NHS non-medical trainees. This would provide security of supply to the service and the higher education (HE) sector; a national overview of numbers in training; and enable prospective students from diverse backgrounds to apply to train as paramedics. It would also further the discussion about bursary support and a clinical tariff for training the students. The governance of this funding model also quality assures the clinical learning environment which is fundamental to a standardised approach to developing the paramedic workforce.

During the study we found some excellent examples of true partnership working for the benefit of the paramedic student. For example, the Scottish model of the Ambulance Service sponsoring an Academy linked to Glasgow Caledonian University. Another example of how the ambulance service, the commissioners and the education providers work well together is Health Education North West (HENW). Effective partnership working is essential. Arrangements need to be in place to enable the student and the qualified paramedic to receive timely feedback on their clinical decisions to enable them to further develop their knowledge and skills.

In relation to the curriculum review, some of the interviewees reported that the curriculum should include more leadership skills development and improved learning outcomes about dementia and mental health challenges. A matter of concern for the education sector and the profession is how to enhance the multi-professional learning opportunities for the students. All participants in the study recognised the importance of time spent in the clinical learning environment and many of them questioned whether two academic years was sufficient to gain the clinical experience required.

The myriad and complexity of the paramedic education and training models in England will continue until there is an agreed consensus, which requires investment of time and resources. One approach to resolving this situation is to appoint, to a full time role, somebody who would work in partnership with Health Education England and the Local Education and Training Boards; the Ambulance Services in England; the Northern Ireland Ambulance Service; the Scottish Ambulance Service and the Welsh Ambulance Service.
Summary of Recommendations

1.0 Standardised approach to education and training

There should be a standardised approach to all aspects of education and training for paramedics.

1.1 Nationally agreed approach to commissioning and funding

a) There should be a nationally agreed commissioning and funding model for pre-registration paramedic education based on core principles:
   • Equivalent opportunities to access education and training as compared to other non-medical healthcare professionals.
   • Equity of access to funding.
   • Transparent, affordable and sustainable.

b) There should be a standardised approach to paramedic education funding in England based on Multi-professional Education and Training (MPET) including the clinical education tariff.

c) Ambulance services, education commissioners and education providers should agree a regional tri-partite approach to apply a nationally agreed funding model.

d) Commissioners of pre-registration education and training programmes should add paramedic pre-registration programmes to existing National Standard Contracts between commissioners and the education providers.

e) The emergency driving requirement should be the responsibility of the ambulance services not individual students.

1.2 Access to bursary funding

Paramedic students should have access to student bursaries in line with students of other non-medical professions.

1.3 Models of pre-registration education and training

The education providers should review the academic awards offered to paramedic students and bring them in line with the other non-medical professions, particularly Allied Health Professionals (AHPs). The use of the foundation degree as the main award leading to qualification as a paramedic should be discontinued.
2.0 Pre-registration education development model leading to an all graduate profession

The College of Paramedics in partnership with National Education Lead Bodies should agree an achievable pre-registration development model. The model should take the paramedic profession to an all graduate status by 2019.

The stages of development should include, in addition to recommendation 1.2 and 1.3 above, the following steps:

- Review of agreed scope of practice.
- Review of Standards of Proficiency.
- Evaluate education and development opportunities for the existing workforce.
- Embed a whole systems approach to enhance the learning environment for the student paramedic.

3.0 Knowledge and skills enhancement

There are a number of areas in the curricular where the education sector and service sectors working in partnership should enhance the curricular and the effectiveness of the learning environment.

3.1 Content

Suggested additions to the pre-registration and where appropriate post-registration curricular include:

- Dementia and mental health awareness.
- Clinical leadership skills.
- Multi-professional learning opportunities.
- Integrated Care.
- End of Life Care.
- Inclusion Health.

3.2 Clinical Decision Making

The ambulance trusts should review how they support pre-registration paramedics to obtain the appropriate level of clinical decision making skills. The process by which students and qualified paramedics receive timely feedback for clinical decisions should be improved.
4.0 Partnership model

A UK wide approach should be taken to developing a clear strategy for an all systems partnership model to support the future development of the paramedic workforce.

5.0 Paramedic leadership for England

Health Education England in partnership with NHS England and the College of Paramedics should appoint a national lead for education and training of paramedics. This national lead would have the responsibility for standardising the education and training of paramedics in England. They would also work with their counterparts in Northern Ireland, Scotland and Wales to share best practice in paramedic education and training across the UK.

6.0 Standardised approach to identification

To help the patient, service users and the general public, the ambulance services in partnership with the College of Paramedics, should take a standardised approach to the identity of the paramedic profession, including who wears the ‘green uniform’ and what titles the specialist and advanced paramedic practitioner are given.
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