

ST GEORGE'S, UNIVERSITY OF LONDON

REVALIDATION REPORT

BSc (Hons) Paramedic Science conjoint revalidation/endorsement event with the College of Paramedics

8th and 9th September 2022

Panel:

Sally Mitchell (Chair)	Head of Centre for Innovation and Development in Education (CIDE), St George's University of London
Jedd Billing	External Panel Member (University of the West of England)
Dr Aileen O'Brien	Reader in Psychiatry & Education, St George's University of London
Bob Willis	External Panel Member (De Montfort University)
Chris Moat	College Education Visitor, College of Paramedics
Paul Vigar	College Education Visitor, College of Paramedics

In attendance:

Glen Delahaye	Quality Assurance and Enhancement Manager, St George's, University of London
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Introduction and Context

- 1) SGUL has, through the Faculty of Health, Social Care and Education (joint with Kingston University) offered pre-registration paramedic programmes since 2004. The Faculty initially offered a paramedic-specific pathway within a generic Health and Medical Sciences framework. In 2006, the pathway was superseded by a free-standing Foundation Degree in Paramedic Science (FdSc). BSc (Hons) Paramedic Science was validated in 2015 to supersede the FdSc programme at SGUL.
- 2) BSc (Hons) Paramedic Science was intended to be reviewed in 2019-20, but the review was delayed as a result of the pandemic, as well as the dissolution of the Faculty of Health, Social Care and Education. The programme now sits within the Centre for Allied Health within SGUL. At the 2015 validation, the course team intended to design a programme that was future-proof and as a result, only minor changes were being introduced by the course team through this 2022 revalidation.

Conduct of the meeting

- 3) The event was attended by two College Education Visitors from the College of Paramedics and was a joint event to both revalidate the programme on behalf of SGUL and to seek endorsement from the College of Paramedics.

- 4) Prior to the meeting, the Panel received the documents listed in annex A. The Panel held a private meeting at which it confirmed the range of issues that it wished to explore through the event. The Panel then held four meetings with staff with executive and operational responsibility for the BSc Paramedic Science programme (see Annex B for the list of staff attendees), as well as a meeting with students.

Decision

- 5) The SGUL Panel recommended reapproval of the BSc (Hons) Paramedic Science programme to Senate for a further period of five years with no conditions. Areas of good practice and recommendations agreed by the SGUL Panel are listed in paragraphs 7 and 8. The course team would not be required to submit a formal response to the recommendations, but would be expected to provide updates on them through SGUL's routine Annual Monitoring processes. The College of Paramedics endorsed the programme with no conditions and issued a separate report to confirm this.
- 6) The SGUL Panel also concluded that the Paramedic Science programme was compliant with the expectations of the UK Quality Code for Higher Education published by the QAA. The content of the programme had been cross-referenced to the paramedic science benchmark statement as well as the HCPC standards.

Good Practice

- 7) The following areas of good practice were agreed by the SGUL Panel:
 - a. The strong, well-informed senior leadership support and advocacy, as well as impressive programme leadership. The collegial approach by the course team was evident in the way that they took turns to answer questions and engaged in open discussion during meetings with the Panel and the feedback received during the Panel's meeting with students.
 - b. The programme was well resourced, strategically.
 - c. The Blue Light Champions, which the Panel thought should be adopted by other course teams.
 - d. The pastoral support for students.
 - e. The authenticity of the simulations, including the use of actors.
 - f. The use of service users throughout the programme, from interview through to assessment.
 - g. The outreach programme for ethnic minorities.
 - h. The embedding of mental health within the curriculum.
 - i. The platforms for engaging with students for the purposes of student feedback.

Recommendations

- 8) The following recommendations were agreed by the SGUL Panel:

Recommendation 1

Working with the London Ambulance Service (LAS), encourage the admission of international students on the programme (paragraph 10).

Recommendation 2

The Panel noted that there was expected to be a shortfall of paramedics in five years' time and that demand for the programme was therefore likely to increase. They recommended to the course team that, if there was a strategic desire for student numbers to increase, the University would need to ensure that further investment was made to the estate to ensure that the additional students could be accommodated without any impact on quality (paragraph 30).

Meetings with staff

Admissions

- 9) MMIs had to be moved online during the pandemic, but would now be coming back on site. The course team viewed the MMIs as an essential part of assessing applicants. They would soon be rewriting the MMI questions and would involve students and service users in that process.
- 10) The University relied heavily on international students, but international students were not currently being admitted onto the programme, as LAS could not provide them with placements. LAS focussed on UK-based students, as they believed they were more likely to progress into employment in the UK.

Placements

- 11) The Centre for Allied Health had a contract with the LAS for an annual commission of student paramedic places, which was determined by workforce needs in London. The course team discussed student numbers with LAS in advance of a new academic year to ensure that there would be sufficient placements available for the full cohort. An overflow was allowed, if student numbers were to suddenly increase, but the course team generally did not expect that to happen.
- 12) There were constant communications between the course team and placement providers, including monthly meetings to ensure that concerns could be raised and adjustments made where necessary. The pandemic had helped to create a closer relationship between the course team and placement providers, as they began to meet online instead of communicating by email and over the phone.
- 13) The course team had two separate placement guides for ambulance and non-ambulance placements, which they provided to the placement providers. All of the documentation that placement providers needed was sent in advance, including learning outcomes and anything that needed to be signed.
- 14) Historically, students did not always attend the placement pre-briefs. This could result in them having a disappointing experience during the placement, as they did not know what to expect. The pandemic had helped to encourage students to attend the pre-brief, as it became

a requirement for them to listen to the Covid-19 briefing. This was helping to mitigate disappointment.

- 15) The Panel advised the course team to continue to work towards a more joined-up and supportive approach with its practice educators and consider developing website resources that they could access.

Student welfare

- 16) The course team was coming in line with SGUL's personal tutor system and had been receiving training for it.
- 17) Students on placement were constantly monitored. The pre-brief provided an opportunity to let students know about the systems that were in place to ensure student welfare while on placement. Students on placement were encouraged to report when they had a difficult experience. They could email reflections to a staff member of their choice.
- 18) A QR code had recently been added to the Practice Assessment Document (PAD) to allow placement providers to quickly submit feedback to report any problems.

Assessment

- 19) A "golden thread" throughout the programme helped to ensure academic progression for students. Workshops were arranged to help students develop academic writing skills and additional support was available from personal tutors. Students were encouraged to refer to marking rubrics, which set out requirements very clearly. The course team stated that when marking assessments, they could usually tell the difference between the students who had read the rubrics and those who had not.
- 20) The PAD was used to chart student progress across the whole three years of the programme, demonstrating that students were developing the required skills and that they were completing sufficient supervised hours to fulfil HCPC requirements. The PAD was pass/fail and non-credit bearing.
- 21) The PAD was originally part of a credit-bearing module, but this caused problems as students were not able to progress if they hadn't completed that module. This could occur if LAS was unable to provide sufficient placement hours for the student. By taking the PAD out of the module, students were able to progress to the next academic year and could then be supported in completing the PAD.
- 22) The PAD was currently a printable word-document. There was a desire to develop a fully digital version. Funding was secured to develop a digital PAD in 2021, but the company that had offered to develop it pulled out unexpectedly. The course team still intended to consider developing a digital PAD in the future and the Panel advised them to do so.
- 23) The course team had also considered discontinuing the PAD altogether. Some allied health professions had stopped having the PAD as part of their assessment. The PAD resulted in a significant amount of additional work and stress for students and exceeded the HCPC standards.

Simulation

- 24) Simulations were facilitated with simulated patients and allowed students to learn through a lived experience. First and second year students were able to take part in the simulations together. High-fidelity simulations typically began at the end of the second year, but were not available to first-year students.
- 25) Pre-briefs were provided for the actors involved in the simulations. Actors were provided with outlines of scenarios, which they could then research. Students were also briefed about simulations in advance, so that they would know what to expect. The outcome of simulations was not pre-determined, as it depended on how the student communicated with the simulated patient. There were no magic solutions to the simulations. Students were provided with time-out cards that they could use during simulations, if they found themselves in difficult situations.
- 26) The simulations included a collaboration with the Baked Bean Theatre Company. The Company consisted of professional actors with learning disabilities, who acted as simulated patients in an admission avoidance simulation. A de-brief took place at the end of the simulation with both the actors, as well as the students. This allowed the actors to provide students with feedback on how well they had communicated.
- 27) In addition to the simulations, there was a rape and sexual assault audio presentation. This was optional for students and they were briefed before and after the presentation. The course team had been considering developing it into a simulation in the future.

Staff development

- 28) The course team had recently become SGUL staff, following the dissolution of the Faculty of Health, Social Care and Education (joint with Kingston University). SGUL's HR team had been very supportive throughout the transition. The course team was pleased to now be fully SGUL staff instead of being caught between the two institutions.
- 29) Staff that aspired to complete PhDs were being supported. A number of members of the course team had been encouraged to complete SGUL's PgCert Healthcare and Biomedical Education, which aimed to help them develop their teaching and assessment practice.

Future plans

- 30) The course team did not wish to compromise on the quality of the programme and therefore did not intend to increase student numbers unless there was an expansion in the estate size and the availability of placements. Currently the student numbers were at a level that allowed the course team to get to know all of the students individually.
- 31) The course team was considering adding a research project to the programme in the future. If any changes were made to the course in the future, then these would involve consultation with students and service users.

Meeting with students

32) The Panel met with five students who had completed the programme in June 2022 and five current students.

Covid-19

33) The meeting included students who had already been studying on site when the University took the decision to move teaching online, as well as students who joined the programme during the pandemic and therefore started it online. All of them felt that the University had handled the move to online teaching well, including the arrangements for online exams.

Placements

34) The students occasionally faced problems with the arrangements for their placements. Information about shifts was not always communicated from the placement provider to the course team on time. Another student had a problem when their mentor left without it being communicated. Despite this, the students were confident that the course team was doing everything they could to mitigate such problems.

35) Some of the students had enjoyed all of their placements, while others had found some placements to be disappointing. They felt that this came down to luck. Some mentors were very engaging, while others were not.

Assessment

36) The students appreciated that assessment dates were all provided at the beginning of the academic year, as it allowed them to plan ahead. Some of the students spoke of an occasion where there had been two deadlines that were very close together. They fed this back to the course team and the deadlines were changed to increase the gap between them.

37) The students stated that the OSPEs were particularly well run throughout all three years. They found the group presentation to be challenging, as not all the students in the group made the same amount of effort. However, they appreciated that each student had the opportunity to write a reflection about the group presentation, which was marked individually instead of as a group.

Student support

38) The students found the programme to be challenging and noted that each year was more challenging than the last. Some of the students stated that it was difficult to fully engage with and understand all of the content in the second year, as there was so much to cover, but they accepted that this was probably unavoidable and noted that although there was a big increase in content from the first to second year, there was a lot of support to help students progress from Level 4 to Level 5. The library provided many resources to help students progress from writing basic essays to critical analysis, including a team that could provide support for writing medical-based papers.

39) There were critical analysis workshops and tools available on Canvas to support students. Personal tutors were available if the students required any additional support. The students found the course team to be very good at tailoring support towards the specific needs of individual students. The different cohorts of students all knew each other, forming a very close community.

- 40) The students spoke highly of the Blue Light Champion scheme. Third year students lead the scheme and were able to volunteer as Blue Light Champions, who provided peer support to students and enhanced preparedness for practice.
- 41) One student had needed to take a year out from the programme due to health-related reasons and found the course team to be very supportive in facilitating that, as well as ensuring that LAS could be supportive of her needs.
- 42) The students spoke of a podcast that had been recorded by a member of staff, in which various topics relating to the programme were explored, for example OSPEs. They found the podcast to be very helpful.

Annex A – course documents

Definitive Document
Programme Regulations
Programme Specification
Admissions Handbook
Module Directory
Resource Document
PAD
Scheme of Assessment
Practice Placement Handbook
Placement FAQ guide
External Examiner Policy
Service user Policy
EDI Policy
Monitoring Student Attendance in Placement
Moderation Policy
Student Support Policy
Student Raising concerns in Practice
Guide for non Ambulance PPEs
Guide for Ambulance PPEd
Audit process document
HCPC, COP, QAA Mapping Documents
EE reports
APMR reports

Annex B – Programme Team

Dr Nameer Abdulahad (DR and pathology museum lead)
Chris Baker (Professional Lead)
Paul Burke (Senior Lecturer and 1st year lead)
Prof Iain Beith (Head of Centre)
Brenda Cluffer (Paramedic administration officer)
Steve Cowland (Placement Lead LAS)
Declan Coyle (Admin Lead)
Emily Daniel (Placement administrator)
Paul Joyce (IT lead)
Caroline Neveu (Sim Centre Manager/3rd year lead)
Andy O'Neill (Simulation Centre Technician)
Katie Pavoni (Course Director/Pastoral Lead)
Naomi Seekings (Manager of actors used for simulation)
Lisa Shennan (Senior Lecturer and 2nd year lead)
Sam Thompson (Placement Lead / SECAMB, taking up role of Bureau Lead)
Pete Woodford (AP for placement/Revalidation project lead)