

## Response to the Health and Care Professions Council (HCPC) Standards of Education and Training (SETs) Consultation - February 2026

Thank you for affording the Royal College of Paramedics (RCoP) the opportunity to respond to this consultation.

Our response has been informed by our members following a variety of consultation methodologies including an online member survey, geographical harnessing of intelligence via our Education Leads, engagement with our national Education Network with specific targeting of employers and education institutions, and a hybrid workshop.

Included with this response is the RCoP report: HCPC Standards of Education and Training (SETs) Review Paramedic Education Overview, which presents the views shared by our members.

### General Feedback

Overall, we feel the revised Standards need to be more specific and less open to interpretation to provide the framework to support a consistent approach to design, delivery and review of quality pre-registration programmes which prepare learners for contemporary practice.

It is our understanding that there will be supporting guidance (advice/information) aligned to the Standards (used as a measure/level of quality). If the guidance is a requirement we would suggest that this is incorporated into the relevant Standard. This will support understanding and consistency of application.

While we understand the rationale to separate providers and programmes and that this aligns with the associated quality assurance process, there is a significant risk that this disempowers profession specific programme leaders. Programme delivery needs to be a partnership between the education provider and programme team. How will this risk be mitigated?

Practice-based and university-based educators are now considered together. We feel this change makes measuring relevant Standards more complex due to the differing structures, management and roles of two very different groups and they should be separated.

We believe that in taking an output focussed approach to standards there needs to be explicit consideration of how new providers and programmes/programme routes will be measured against them.

We appreciate the complexity of regulating fifteen professions, however we strongly believe that rather than maintaining generic and interpretable standards to fit all, that the HCPC should (in line with PSA guidance), where appropriate, include profession specific addendums to ensure sufficient specificity and assurance.

### Introduction

The introduction within the proposed standards document provides an overview of the role of professional bodies. This is titled 'Our work with professional bodies' however the section does not detail how we work together. We spent considerable time working with Jamie Hunt (HCPC Head of Education) to shape the section on your webpage about our role ([Education quality assurance and enhancement – how we work with professional bodies | The HCPC](#)). This clearly states the invaluable role of professional bodies and how we inform the HCPC's regulatory assessments. It is therefore important to be transparent and explicit about this in the new Standards both in the introduction and the Standards themselves.

We would expect to see detail such as the paragraph below;

*'When it comes to the professions we regulate, professional bodies are important to our understanding of professional expectations and needs linked to programme design and delivery, as well as key challenges which may be faced by each profession and / or specific stakeholders within the education and healthcare sectors'.*

We would expect to see the indispensable role of Professional Bodies articulated and their contribution clearly stated.

### Standard 1

In light of the current situation across the UK we strongly suggest that this standard include a requirement of workforce intelligence and demand to prevent situations of 'over supply/under supply'.

### Standard 2

The removal of a requirement for the person with overall professional responsibility for the programme to be on the relevant part of the Register is concerning. Those holding professional responsibility need to be suitably qualified, *experienced* and have a deep understanding of the profession (i.e. on the relevant part of the Register). We understand there are exceptions to this but this should be an exception and not the norm. The new phrasing does not allow for the current application of the standard, as has been suggested.

### Standard 3

The consideration of the wellbeing of staff (3.3) is a positive and supportive addition.

### Standard 4

The entry requirements to get onto the pre-registration programmes were brought to our attention by members and the need for a minimum entry standard (an agreed number of UCAS points etc) has been repeatedly suggested.

### Standard 5

We welcome the introduction of Standard 5.6, learners receiving timely and meaningful feedback.

### Standard 7

The removal of threshold entry routes is of great concern. We are supportive of varied routes to registration, however a minimum award of a Bachelor degree with honours recognises the breadth and depth of the Standards of proficiency. It also provides the foundation for further postgraduate study to support retention and progression within their chosen career and career pathway and development of the professions themselves.

66.7% of respondents to the RCoP member survey (301 of n=451) indicated their belief that the minimum qualification threshold for a paramedic to register should be a BSc (HONS).

It is not unusual for there to be challenges with attaining the required practice placement for learners – our experience is that HCPC do not seek rigorous assurance of continued and robust placement capacity. We would like to see standard 7.4 worded and upheld to ensure proper assurance is attained.

### Standard 8

We have heard repeatedly stated our concerns at the inconsistency of pre-registration paramedic programmes and the unwarranted variation of graduates, our members share this concern. We would therefore like to see explicit requirement of adherence to a nationally recognised appropriate curriculum for our profession (the professional body's curriculum). Intelligence suggests that the current variation of curricula potentially results in the graduation of some new registrants that do not meet the HCPC SOPs.

Academic standards for BSc state threshold pass marks be 40%; we (following feedback from our members) believe that this does not enable assurance of learners meeting some

Standards of Proficiency, we would like to see appropriate safeguards within the SETs to address this risk.

### Standard 9

Practice education staff play a critical role in this area, yet they are not explicitly referenced in the revised wording. Additionally, the use of the term '*settings*' lacks sufficient clarity and may allow for an inadequate number of appropriately qualified staff to be in place, as the revised language is not robust enough.

### Additional supporting intelligence and feedback

In addition to the feedback above, employers shared with us intelligence relating to concerns around the inconsistencies of new registrant capabilities.

One NHS ambulance trust shared that they currently have 40% of all their newly registered paramedics (NRP/NQPs) on action plans and 1/3rd of their serious incident cases involves NRPs (despite being 1/10th of the workforce) - this includes fatal harm to patients. This is reflected by other ambulance sector employers.

Resuscitation & Clinical Competence Concerns have been raised by employers – specifically the resuscitation capabilities of new registrants across all age ranges. ECG knowledge and interpretation capabilities are also highlighted.

Employers note that there is an increasing requirement for teaching and educational input during preceptorship rather than simply supervision and guidance.

Another area of challenge that is noted is the Digital & Technological Literacy of new registrants.

Much of the above suggests that new registrants are not demonstrating the SOPs as employers (and ourselves) would expect, this has also been highlighted by the [Health Services Safety Investigations Body '12-lead electrocardiograms \(ECGs\) in ambulance services: paramedic education, training and competence' report](#) of March 2025.

### Closing Remarks

In the last year there have been two high profile issues that have raised concerns relating to the Standards of Education and Training and paramedic education.

The Royal College of Paramedics remains deeply concerned that, in their current form, the proposed Standards of Education and Training will not provide the level of clarity, specificity or regulatory assurance required to ensure consistent graduate capability across paramedic education. The evidence shared by our members and their employers demonstrates that these issues are not theoretical but are already manifesting in variation in competence at the point of registration, with direct and unacceptable implications for patient safety and public confidence.

We therefore urge the HCPC to give serious and immediate consideration to the concerns outlined within this response. Incremental change or reliance on supplementary guidance will no longer be sufficient. The Standards must be robust, explicit and enforceable if they are to fulfil their regulatory purpose and protect the public. We seek clear, demonstrable assurance from the HCPC that the final SETs will meaningfully address the risks identified and will not permit continued ambiguity or inconsistency in programme design, delivery and outcomes. Should these concerns remain unresolved, we would have significant reservations about the ability of the revised SETs to assure safe and effective entry to the paramedic profession.

## Appendix

# HCPC Standards of Education and Training (SETs) Review – Member Survey Report

## Paramedic Education

February 2026

### Executive Summary

This report summarises stakeholder feedback gathered as part of the review of the HCPC Standards of Education and Training (SETs) as they relate to paramedic education. The findings combine quantitative survey data with qualitative free-text responses to provide insight into awareness of current standards, confidence in education outcomes, and priorities for future development.

Overall respondents support the principle of national education standards; however, findings indicate limited awareness of the current SETs, cautious confidence in current education outcomes, and significant concerns about practice readiness and equitable access to the profession. While there is support for degree-level entry, respondents emphasised the importance of strengthening clinical preparedness, maintaining vocational routes, and ensuring consistency across education providers and delivery models.

## 1. Introduction

The Health and Care Professions Council (HCPC) are consulting on revisions to the Standards of Education and Training (SETs). The Royal College of Paramedics engaged with members, employers, and Geographical Education Leads to inform our consultation response. As part of this engagement, the College distributed a short survey to members. This report presents the findings from 455 responses, incorporating both quantitative and qualitative data.

## 2. Key Quantitative Findings

### 2.1 Awareness of the Current SETs

Awareness of the existing SETs appears limited:

- 37% of respondents said they were not very informed
- 20.6% said they were not informed at all
- Only 7.6% felt very informed

Although the sample represents a proportion of the overall membership, the findings suggest a need for improved communication and engagement to ensure stakeholders understand the standards shaping paramedic education.

## 2.2 Minimum Qualification Threshold

When asked what the minimum qualification for registration should be, 66.7% of respondents (301 of n=451) indicated their belief that the minimum qualification threshold for a paramedic to register should be a BSc (HONS). Several responses suggested that the most suitable threshold qualification for paramedic registration be a masters (level 7). In addition, some members stated the importance of the education route being accessible and inclusive. Responses indicate broad support for degree-level entry alongside continued interest in alternative or flexible routes.

## 2.3 Confidence in Entry-Level Education

### Employers' Expectations

- 51.2% said it somewhat meets expectations of employers
- 15% feel it does not meet expectations of employers
- Only 13.9% believed it strongly meets the expectations of employers

Respondents highlighted perceived inconsistencies in curriculum content and raised questions about whether HCPC programme approval consistently assures achievement of the Standards of Proficiency (SOPs).

### Newly Registered Paramedics (NQPs)

Perceptions were less positive regarding preparedness for practice:

- 44.6% said the qualification somewhat meets the expectations of NQPs
- 21.5% felt it does not meet expectations of NQPs

This indicates concern that education does not always translate into practice and employment readiness.

## 2.4 Views on Proposed SETs Changes

When asked whether the revised SETs would improve education quality:

- 34% responded neither agree nor disagree
- 26.8% agreed
- 25.6% disagreed or strongly disagreed

The large neutral response suggests uncertainty about how proposed changes will translate into tangible improvements.

## 2.5 Support for reducing barriers

66.6% of respondents considered it important or very important that HCPC standards actively reduce barriers to access, participation, and completion of paramedic training to widen and diversify the workforce.

## **2.6 Important to embed emerging technologies**

85.8% agreed that embedding emerging technologies in paramedic education is important or very important, indicating strong support for future-focused training.

## **2.7 Consistency Across Learning Models**

There was strong agreement that all delivery methods: classroom, remote, and practice-based learning, should be held to the same HCPC standards, reinforcing expectations of equity and consistency in quality assurance.

- 84.4% agreed that all models of learning should be held to the same HCPC standards
- 9.1% disagreed
- 5.3% were not sure.

## **2.8 Uncertainty of the impact of standards on addressing representation**

When asked whether embedding Equality, Diversity and Inclusion (EDI) requirements across all education standards will help encourage participation from under-represented groups

- 33.9% agreed
- 34.3% disagreed
- 31.6% were unsure

The near-equal distribution indicates significant uncertainty regarding whether regulatory standards alone can meaningfully address representation.

## **3. Key Qualitative Findings**

Free-text responses focused on:

- Qualification threshold (Q5)
- Implementation timescales (Q11)
- Additional comments on SETs review (Q14)

### **3.1 Qualification Threshold for paramedics**

Respondents shared a strong and detailed views about the minimum qualification level and how education translates into practice, with key themes emerging.

### **3.1.1 Theme: Support for Degree-Level Entry, with reservations**

Most respondents supported the degree (BSC) as the standard entry route, seeing it as appropriate for the complexity and responsibilities of modern paramedic practice. However, concerns were raised that academic learning does not always align with operational realities.

Recurring themes included:

- Limited clinical confidence among newly registered paramedics
- Insufficient exposure to high-pressure decision-making
- Gaps in readiness for real-world workload demands

### **3.1.2 Theme: Loss of Vocational and Experiential Learning**

Respondents expressed concern that the move toward higher education may have reduced hands-on learning opportunities, with concerns regarding the level and quality of learner supervision in practice settings

Some linked the perceived reduction in practice exposure to stress, anxiety, and burnout among NQPs who may feel underprepared for frontline pressures.

### **3.1.3 Theme: Barriers Linked to Driving Requirements**

Practical barriers were also identified, particularly relating to C1 driving licences.

Respondents noted:

- Delays due to driving test backlogs
- Financial burden of licence acquisition
- Added pressure on younger entrants balancing academic and driving requirements

### **3.1.4 Theme: Interest in Flexible and Earn-While-You-Learn Routes**

Several comments advocated for apprenticeships, flexible pathways for existing staff, and routes to allow people to earn while they learn. These were seen as essential for widening participation and retaining experienced staff who cannot commit to full-time study.

## **3.2 Implementation Timescales**

Of the 310 respondents to this question:

- Approximately 100 called for immediate implementation
- 108 advocated for a cautious, phased approach

Those favouring caution highlighted:

- Institutional burden on universities and employers

- Risk of destabilising programmes
- Potential impact on current learners

Other responses suggested timelines should reflect provider readiness and learner needs.

### **3.3 Additional Comments on the SETs Review**

This section contained a mix of brief remarks and broader reflections, with key themes emerging:

#### **3.3.1 Theme: Professional Identity and Role Development**

Some comments focused on the long-term development of the profession, including clearing educational pathways from entry-level to advanced and consultant paramedics roles, reflecting an interest in the SETs as part of career structure and professional recognition, not just entry level-training.

#### **3.3.2 Theme: Regulation and Consistency**

Several responses called for greater clarity and more consistency in educational expectations, with a stronger alignment between regulation, education, and practice environments.

#### **3.3.3 Theme: Frustration**

A small but noticeable number of comments were very brief, dismissive, or expressed frustration with regulation more broadly.

## **4. Recommendations**

The Royal College of Paramedics is committed to working collaboratively with the Health and Care Professions Council and members to address the issues raised.

#### **Key recommendations include:**

- Improve awareness and understanding of the SETs with stakeholders
- Strengthen practice readiness and support for transition into professional roles
- Ensure flexible, accessible education routes to widen the profession
- Maintain consistent standards across all modes of learning
- Clearly demonstrate how changes to the SETs will lead to improvements, particularly regarding equality and patient care outcomes.

## Appendix A: Survey Questions – HCPC SETs Review (Paramedic Education)

### Section 1 Awareness and Experience

1. How informed do you feel about the HCPC Standards of Education and Training (SETs)?

### Section 2 Entry to the Register

2. What do you believe should be the minimum qualification required to register as a paramedic with the HCPC? (Open text box)

3. To what extent do you think the current entry-level qualification meets the expectations of employers?

4. To what extent do you think the current entry-level qualification meets the expectations of newly qualified paramedics (NQPs)?

4.1 If you have any further comments regarding the qualification threshold for paramedics please use this space. (open text box)

### Section 3 The Proposed SETs Changes

5. The revised SETs aim to improve education quality, strengthen Equality, Diversity, and Inclusion (EDI) / Diversity, Equity, and Belonging (DEB), clarify requirements, future-proof training, and align with other HCPC standards.

Do you think these changes will improve the quality of paramedic education?

6. How important is it that the HCPC standards actively reduces barriers to access, participation, and completion of paramedic training to help widen and diversify the workforce?

7. How important is it for the HCPC to ensure emerging technologies are embedded in paramedic education and training?

8. Do you think all methods of learning (e.g. classroom-based, remote learning, and practice-based education) should be held to the same HCPC standards?

9. Do you think embedding Equality, Diversity and Inclusion (EDI) requirements across all education standards will help encourage participation from under-represented groups?

#### **Section 4 – Impact and Implementation**

10. If the proposed changes are approved, how soon should they be implemented?

(Open text)

11. How confident are you that the proposed changes would improve learners' experiences and prepare them better for practice?

11.1 Do the proposed changes consider inequalities experienced by underrepresented or marginalised groups? (open text box)

#### **Section 5 Final Comments**

12. Do you have any additional comments about the HCPC SETs review?

(Optional open text)