



Nursing and Midwifery Council Extraordinary Assessment

Pre-registration nursing qualification leading to:

Pre- registration Nursing – Adult

Edge Hill University

May 2025

Contents

Key institutional and programme details	3
Executive summary	4
Context for the Extraordinary Assessment	5
Key findings	6
Outcomes	7
1. Learning culture	11
2. Educational governance and quality	15
4. Educational empowerment.....	27
5. Curricula and assessment.....	30
Annexe 1: Explanation of findings for the NMC Part 3 Standards for pre-registration nursing programmes	34
Part 3: Standards for pre-registration nursing programmes.....	34
Annexe 2: Explanation of findings for the NMC Part 2 Standards for Student Supervision and Assessment	39
Part 2: Standards for Student Supervision and Assessment	39

Key institutional and programme details

Name and location of Approved Education Institution (AEI)	Edge Hill University				
AEI Institution Identifier	10007823				
Name of employer partners for apprenticeships	N/A				
Name of programmes undergoing assessment					
NMC programme title	AEI programme title (in full)	Academic level(s)	Apprenticeship	Full-time	Part-time
Pre-registration nursing – Adult	MSci (Hons) Nurse Paramedic	England ☐ Level 6 ☒ Level 7		☒	☐

Scope of Extraordinary Assessment	
Standard(s) under assessment	☒ Part 1: Standards for nursing and midwifery education
Date of visit	28 April to 1 May 2025 - onsite
Visitor team	Registrant Visitors: Mrs. Katrina Emerson Mrs. Deborah Casey Lay Visitor: Mr Mick Cottam

Executive summary

The Nursing and Midwifery Council (NMC) referred the programmes identified above to the Quality Assurance Agency for Higher Education (QAA) for an assessment. The NMC refer to this process as an Extraordinary Review - for the purposes of this document, we will refer to this process as 'extraordinary assessment'.¹ The NMC directs QAA to perform an extraordinary assessment when a concern is raised, a serious incident takes place, or its intelligence suggests a programme is no longer meeting NMC standards and requirements.

Quality Assurance (QA) is the process the NMC follows to ensure that education and training of nursing, midwifery and nursing associate students enable them to develop the proficiencies to join the NMC register.

The Nursing and Midwifery Order 2001 (the Order) establishes the NMC and sets out its primary purpose of protecting the public, its functions, and activities. The Order sets out its powers in relation to QA. This ensures that nurses, midwives, and nursing associates are educated to consistently deliver high quality care.

The Quality Assurance Agency for Higher Education (QAA) is the NMC's appointed QA service provider and carries out activity on the NMC's behalf. QAA delivers quality assurance processes under contract to the NMC, including programme approval, modification, and monitoring activities across the UK.

The objective of this extraordinary assessment is:

- a. to provide findings to the NMC regarding the compliance of the programmes with the NMC Standards for education and training
- b. to provide findings to the NMC regarding the AEI's wider compliance with the NMC Standards for education and training
- c. to identify outcomes that may need to be managed by an ongoing action plan and monitoring, as determined by the independent visitors, or by the AEI.

To meet these objectives, the visitor team conducted an assessment of the programmes outlined above and produced this report which is focused on Part 1 of the Standards for education and training: the Standards framework for nursing and midwifery education. The narrative of this report also highlights specific areas, as appropriate, within Parts 2 and 3 of the Standards for education and training where there may be areas of non-compliance by the AEI. The report also highlights any areas of good practice identified by the visitors in the AEI's approach to meeting the Standards of education and training.

¹ QAA's External Quality Assurance Activity Policy sets out that to be referred to as a "review" a method must be developed to be compliant with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). The NMC is not bound by these arrangements. As a one off assessment, this process is not aligned with the ESG.

The Extraordinary Assessment was conducted in line with an Assessment Specification that was agreed with the NMC and shared with the AEI.

Context for the Extraordinary Assessment

Edge Hill University (EHU) deliver a four-year MSci (Hons) Nurse Paramedic (Adult) programme, approved in May 2020 as a major modification to its adult-nursing degree and intended to confer dual registration with the NMC and the Health and Care Professions Council (HCPC). The programme ran without regulatory incident until February 2024, when an exceptional report raised concerns about reduced ambulance-placement capacity and the consequent risk to students' paramedic proficiencies. Further exchanges with the HCPC and the NMC through 2024-25 resulted in further scrutiny. This scrutiny resulted in potential concerns regarding the application of the Standards for Student Supervision and Assessment (SSSA), the interpretation of the role of practice assessor and academic assessor and meeting the 2300 practice hours. Potential concerns also included changes to the programme structures and modifications that were made to the practice assessment documentation (PAD).

The NMC referred the programme to QAA for an Extraordinary Assessment. The NMC's initial lines of enquiry related to an identified concern regarding both practice learning hours and the application of the SSSA and sought assurance of whether the MSci programme meets the Standards framework for nursing and midwifery education. The visitor team identified additional lines of enquiry following the initial submission of evidence which included whether students had achieved, and future cohorts could continue to achieve, the minimum 2,300 practice-learning hours. The visitor team considered supervision and assessment arrangements and the compliance with the SSSA and whether the amended placement allocation and documentation enabled students to meet all NMC standards of proficiency. A particular focus was placed on the robustness of governance and communication with North West Ambulance Service (NWAS) and other practice partners to ensure that safe, high-quality learning could be sustained.

Key findings

Part 1: Standards framework for nursing and midwifery education	Met/Not Met
1.1 The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld.	Not Met
1.2 Education and training is valued in all learning environments.	Met
2.1 There are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the United Kingdom, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.	Not met
2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, people who use services and carers (PSCs), students and all other stakeholders.	Not met
3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code.	Not met
3.2 Students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams.	Not met
4.1 Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.	Not met
5.1 Curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.	Not met

The **key findings** made by the visitor team to the NMC is as follows.

The programmes do not comply with all standards. The programmes in scope of the assessment do not meet all the NMC standards for education and training.

Outcomes

Outcome No.	Specific standards linked to requirements not met	Outcome details for ongoing action planning	Specific Programme
O1	Part 1 SFNME Standard 1.1, Requirement 1.4, SFNME Standard 2.1, Requirements 2.1 and 2.3, SFNME Standard 3.1, Requirement 3.1, SFNME Standard 4.1, Requirement 4.1 Part 3 Standards for pre-registration nursing programmes, Curricula Standards, Standard 2.1 and Supervision and Assessment Standards, Standards 4.1 and 4.2 Part 2 Standards for Student Supervision and Assessment, Organisation of Practice Learning Standards, Standards 1.1 and 1.4 and Practice Supervision Standards, Standard 5.2	The visitor team was not assured that paramedic-placement educators were adequately prepared to act as practice supervisors, in line with the NMC Standards for Student Supervision and Assessment (SSSA) when supervising nurse paramedic students. Documentary evidence and on-site discussion confirmed that the placement-audit materials and educator training focus mainly on HCPC requirements, with no corresponding alignment to the NMC Standards for Student Supervision and Assessment (SSSA). Paramedic practice educators stated that they neither map learning outcomes to the NMC Standards of Proficiency nor participate in, or recognise, the 'long-arm' assessment mechanism described by the Programme Team. As a result, educators directly responsible for supervision, learning and assessment lack a clear understanding of their obligations to uphold public safety under the SSSA.	Nurse Paramedic
O2	Part 1 SFNME Standard 2.1, Requirements 2.1, 2.2, 2.12, 2.15, SFNME Standard 3.1, Requirement 3.4, SNFME Standard 4.1, Requirements 4.2, 4.5 and 4.9	The visitor team was not assured that the programme satisfies the NMC requirement that all 2,640 practice learning hours are delivered in a nursing context. Programme documents show that more than one third of the practice learning component (approximately 960 hours) takes place in a paramedic placement setting, expressly	Nurse Paramedic

	Part 2 Standards for Student Supervision and Assessment, Organisation of Practice Learning Standards, Standards 1.2, 1.3 and 1.10	structured around HCPC paramedic Standards of Proficiency. Although the visitor team was aware that there were jointly mapped proficiencies within the practice assessment document, paramedic practice educators confirmed that these hours are scheduled, supervised, and assessed solely against HCPC requirements and not in the context of Nursing and the NMC Standards of Proficiency for nurses. There was no documentary evidence demonstrating systematic contextualisation of nursing outcomes within the paramedic setting, or any mechanism for verifying that students achieve nursing proficiencies under SSSA-compliant supervision during these placements.	
O3	Part 1 SFNME Standard 2.1, Requirements 2.1, 2.3 and 2.15, Part 1 SFNME Standard 2.2, Requirement 2.4, Part 1 SFNME Standard 3.1, Requirement 3.8, Part 1 SFNME Standard 3.2, Requirement 3.5, Part 1 SFNME Standard 4.1, Requirements 4.1 and 4.11, Part 1 SFNME Standard 5.1, Requirements 5.8, 5.10 and 5.12 Part 2 Standards for Student Supervision and Assessment, Effective practice learning Standards, Standard 1.2, 1.3, 1.4 and 1.10, Assessment of students and confirmation of proficiency: Assessor roles standards, Standards 6.2 and 6.3, Practice assessors: responsibilities standards, Standards 7.1, 7.2, 7.3, 7.5,	The visitor team was not assured that the 'long-arm' supervision and assessment arrangements used in ambulance placements comply with the NMC Standards for Student Supervision and Assessment (SSSA). In these settings, the Academic Assessor (AA) also assumes the role of Practice Assessor (PA) and signs students' proficiency achievement without undertaking direct observation in practice. This arrangement does not meet the requirements of the SSSA, which requires the AA and PA to communicate and collaborate by working in a partnership to ensure objectivity and appropriate oversight. In this model, the PA/AA relies instead on a system of 'professional trust' based on the professional judgement of an on-site HCPC-registered paramedic acting in the Practice Supervisor (PS) role, who has received no preparation on the SSSA or the NMC Standards of Proficiency. Consequently, the visitor	Nurse Paramedic

	7.6, 7.7, and 7.9, Academic assessors: responsibilities standards, Standards 9.4 and 9.6 Part 3 Standards for pre-registration nursing programmes, Curricula Standards, Standards 2.1 and 2.2 and Supervision and Assessment Standards, Standards 4.2, 4.5, 4.7, 4.8 and 4.10	team concludes that the programme's long-arm supervision model is not compliant with the SSSA.	
O4	Part 1 SFNME Standard 2.1, Requirement 2.5, Part 1 SFNME Standard 4.1, Requirements 4.1 and 4.7 Part 3 Standards for pre-registration nursing programmes, Curricula Standards, Standard 2.1	The visitor team was not assured that EHU had an integrated and accountable partnership model for the supervision and assessment of students in all practice learning environments. Paramedicine practice learning partners operate entirely outside any framework of shared responsibility for meeting NMC requirements. Educators in these settings are prepared solely for HCPC-regulated objectives, with no evidence of alignment to the NMC SSSA, and no documented communication structures to support integration of NMC expectations. This disconnect has had a direct impact on programme delivery. Annual Monitoring Review records confirm that the primary paramedicine provider, responsible for a significant proportion of practice learning hours, recently withdrew final-year placement capacity. In the absence of on-site NMC registrants, or a compliant long-arm assessment model, or robust contingency plan, the programme cannot demonstrate that it is able to deliver safe, effective, and sustainable practice learning opportunities for all students.	Nurse Paramedic

O5	Part 1 SFNME Standard 2.1, Requirement 2.15, Part 1 SFNME Standard 3.1, Requirement 3.1, SFNME Standard 4.1, Requirement 4.1 Part 3 Standards for pre-registration nursing programmes, Supervision and Assessment Standards, Standard 4.2	The visitor team was not assured that EHU had appropriate capacity and resource to deliver safe and effective learning opportunities and practical experience as required by their learning outcomes. The visitor team identified that a significant proportion of the programme's total practice learning hours are delivered in ambulance placements in which students are supervised and assessed by HCPC registrants without an NMC-registered PA. There was no assurance provided that the service had provision of an NMC registrant with appropriate equivalent experience to act as the PA. The visitor team was not assured that the alternative 'long-arm' model of supervision and assessment was compliant with the SSSA.	Nurse Paramedic
O6	SFNME Standard 5.1, Requirement 5.3 Part 3 Standards for pre-registration nursing programmes, Curricula Standards, Standards 2.1, 2.9 and 2.14, Supervision and Assessment Standards, Standard 4.9	Due to the deficit in NMC SSSA Compliant practice learning hours, the visitor team was not able to assure that curricula comprise an equal balance of theory and practice learning hours. Further to this, total programme hours are at 4,980 and due to the split between ambulance placements and allocation of programme hours within the programme plan, the visitor team was not assured that the programme was of a suitable length for a dual registration programme to ensure that nursing proficiencies and outcomes are achieved in a nursing context.	Nurse Paramedic

1. Learning culture

Standard 1.1 The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
1.1	demonstrate that the safety of people is a primary consideration in all learning environments.	Met
1.2	prioritise the wellbeing of people promoting critical self-reflection and safe practice in accordance with the Code.	Met
1.3	ensure people have the opportunity to give and if required, withdraw, their informed consent to students being involved in their care.	Not in scope
1.4	ensure educators and others involved in supervision, learning and assessment understand their role in preserving public safety.	Not Met
1.5	ensure students and educators understand how to raise concerns or complaints and are encouraged and supported to do so in line with local and national policies without fear of adverse consequences.	Met
1.6	ensure any concerns or complaints are investigated and dealt with effectively.	Met
1.7	ensure concerns or complaints affecting the wellbeing of people are addressed immediately and effectively.	Met
1.8	ensure mistakes and incidents are fully investigated and learning reflections and actions are recorded and disseminated.	Met
1.9	ensure students are supported and supervised in being open and honest with people in accordance with the professional duty of candour.	Met
Outcome for Standard 1.1 The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld		
Met ☐		Not Met ☒
Standard 1.2 Education and training is valued in all learning environments.		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
1.10	ensure the learning culture is fair, impartial, transparent, fosters good relations between individuals and diverse groups, and is compliant with equalities and human rights legislation.	Met

1.11	promote programme improvement and advance equality of opportunity through effective use of information and data.	Met
1.12	ensure programmes are designed, developed, delivered, evaluated and co-produced with people who use services and other stakeholders.	Met
1.13	work with service providers to demonstrate and promote inter-professional learning and working.	Not in scope
1.14	support opportunities for research collaboration and evidence-based improvement in education and service provision.	Not in scope
Outcome for Standard 1.2 Education and training is valued in all learning environments.		
Met ☒		Not Met ☐

Findings

1. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nurse paramedic programme. Evidence included EHU's policy documents, course handbooks, module descriptors, practice assessment documents (PADs) and meeting minutes. To triangulate the documentary evidence provided, the visitor team gathered information at the onsite visit through meetings with the programme team and senior managers, representatives from senior practice learning partners, practice education facilitators, practice supervisors (PSs) and practice assessors (PAs). The visitor team also met with students and representatives from people who use services and carers (PSCs) who are involved with the programme.
2. In considering Standard 1.1, the visitor team assessed Requirements 1.1, 1.2, 1.4 and 1.5-1.9 in relation to the nurse paramedic programme. The visitor team determined that Requirement 1.4 was not met overall. The paragraphs in this section of the report include the visitor team's findings regarding the not met requirement in relation to the nurse paramedic programme.
3. In assessing Requirement 1.4, the visitor team considered the processes for preparing paramedic-placement educators who supervise nurse paramedic students. The documentary evidence and discussions during the onsite visit demonstrated that the practice educators within paramedic placement settings did not fully understand or apply the NMC Standards for Student Supervision and Assessment (SSSA). The placement audit and supporting documents demonstrate a clear and exclusive focus on compliance with Health and Care Professions Council (HCPC) standards. Paramedic educators confirmed that their assessment practices are wholly aligned to HCPC requirements and they do not assess NMC Standards of Proficiencies during paramedic placements. As such, there is no evidence that NMC SoP are considered or integrated in the supervision or assessment of students in these settings. The visitor team was aware from the initial evidence provided, that the programme relies on a 'long-arm' assessment model in paramedic placements.

Following discussions with the programme team during the visit, the visitor team established that the academic assessor (AA) also assumes the role of PA and signs off student proficiencies based on feedback from on-site paramedic educators, without undertaking direct observation in practice. This is not in line with the NMC SSSA, which require clear role separation and direct assessment by appropriately prepared individuals. Paramedic educators acting in the PS role confirmed that they had received no preparation on the NMC SSSA, nor on their responsibilities within an NMC-regulated programme. The visitor team could not be assured of the transparency, accountability, and appropriateness of the current arrangements as paramedic placement providers were unaware of the long arm assessment model being utilised while students were assigned to them on placement. The paramedic practice educators also appeared unaware that the proficiencies they were providing feedback on included outcomes aligned to the NMC Standards of proficiency for nurses. EHU has designated a number of proficiencies as 'shared' across HCPC and NMC frameworks, based on areas of overlap between the HCPC Standards of proficiency for paramedics and the NMC Standards of proficiency for nurses. However, in paramedic placements, students are being signed off as proficient by HCPC-registered paramedics without appropriate application of the SSSA. The long arm supervision model does not provide assurance that there is appropriate oversight of an NMC-registered PA. As such, students are being assessed as achieving these proficiencies from an HCPC perspective only, which does not meet NMC regulatory requirements. The visitor team concluded that this arrangement compromises the integrity of the assessment process. Students are being recorded as having met NMC proficiencies in practice environments that are not SSSA compliant, without direct observation or appropriate oversight by a PA who is an NMC-registered nurse who is suitably prepared to undertake the role. This presents a significant risk to both student progression and public protection, and the current long-arm model is not considered fit for purpose. Consequently, the visitor team was not assured that educators involved in supervision, learning and assessment understand their role in preserving public safety in accordance with the SSSA. The visitor team therefore concluded that Requirement 1.4 is **not met** for the nursing nurse paramedic programme. The lack of assurance regarding requirement 1.4 therefore results in **Outcome 1 (O1)**.

4. Based on the evidence reviewed, the visitor team was not assured that the programme's learning culture consistently prioritises the safety of people, including students, and educators or that it reliably upholds the values of the NMC Code in all practice environments. In particular, concerns were identified in relation to supervision and assessment practices in paramedic placements, where arrangements did not meet the expectations of the NMC SSSA. Therefore, Standard 1.1 is **not met**.
5. In assessing Standard 1.2, the visitor team considered Requirements 1.10, 1.11, and 1.12 and found that these were met. EHU has in place policies and mechanisms that support a fair, transparent, and inclusive learning culture, such as the Safe Learning

Environment Charter and Sexual Misconduct Policy, and these are reinforced through training for practice assessors that emphasises the importance of reasonable adjustments and psychological safety. However, the visitor team notes that the positive intent and structure of these policies may not be consistently realised in all practice learning environments, particularly where regulatory alignment and oversight fall short of the required standard. Programme-wide and institutional quality systems, including the EDGEQ framework, the Student Voice and Experience Strategy, PARE evaluations and annual monitoring use RAG-rated student feedback data to pinpoint risks, track action plans and report progress through school forums and the Practice Education Committee, evidencing a data-driven approach to continuous improvement and equality of opportunity. Co-production with PSCs, students, and practice partners is embedded via their representation at validation, modification and programme boards, their participation in candidate selection, teaching and assessment activities, and regular online engagement forums, ensuring the programme is designed, delivered, and evaluated in partnership with those who use and provide services.

6. Based on the findings of the assessment and the information made available, the visitor team considers that EHU does not have in place the appropriate arrangements for Part 1: Standard 1: Learning culture to enable the NMC standards and requirements to be met and is subject to action planning related to **Outcome O1**.

2. Educational governance and quality

Standard 2.1 There are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the United Kingdom, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
2.1	comply with all relevant legal, regulatory, professional and educational requirements.	Not met
2.2	ensure programmes are designed to meet proficiencies and outcomes relevant to the programme.	Not met
2.3	comply with NMC programme standards specific to the programme being delivered.	Not met
2.5	adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes.	Not met
2.6	ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation.	Not in scope
2.8	ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures and any necessary programme adjustments are in place to support them and the people in their care.	Not in scope
2.9	demonstrate a robust process for recognition of prior learning and how it has been mapped to the programme learning outcomes and proficiencies.	Not in scope
2.10	provide students with the information and support they require in all learning environments to enable them to understand and comply with relevant local and national governance processes and policies.	Met
2.12	confirm that students meet the required proficiencies and programme outcomes in full, demonstrating their fitness for practice and eligibility for academic and professional award.	Not met
2.13	provide all information and evidence required by regulators.	Met
2.15	have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes.	Not met
2.17	improve quality, manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data.	Met
2.18	proactively identify and act on any areas for improvement, regularly measuring programme performance and outcomes against the NMC standards and requirements, and other recognised quality frameworks in education.	Met
2.20	identify programme leaders to confirm that all proficiencies have been met by each student by the end of their programme, and	Not in scope

2.21	ensure appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning.	Met
Outcome for Standard 2.1 There are effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, differentiating where appropriate between the devolved legislatures of the United Kingdom, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met, in all learning environments.		
Met ☐		Not Met ☒
Standard 2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
2.4	comply with NMC Standards for student supervision and assessment.	Not Met
2.7	ensure that people who use services and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection.	Not in scope
2.11	have robust, effective, fair, impartial and lawful fitness to practise procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection.	Not in scope
2.14	regularly review all learning environments and provide assurance that they are safe and effective.	Met
2.16	be compliant with the NMC standards for education and training for all periods of learning undertaken outside the UK.	Not in scope
2.19	appoint appropriately qualified and experienced people for programme delivery.	Met
Outcome for Standard 2.2 All learning environments optimise safety and quality, taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders.		
Met ☐		Not Met ☒

Findings

7. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nurse paramedic programme. Evidence included EHU's policy documents and the associated processes, along with meeting minutes. To triangulate the documentary evidence provided, the visitor team gathered information at the onsite visit through meetings with the programme team and senior managers, representatives from senior practice learning partners, practice education facilitators, PSs and PAs. The visitor team also met with students and representatives from PSCs who are involved with the programme.
8. In considering Standard 2.1 the visitor team assessed requirements 2.1-2.3, 2.5, 2.10, 2.12, 2.13, 2.15, 2.17, 2.18, 2.20, 2.21 in relation to the nurse paramedic programme. The visitor team determined that requirements 2.1, 2.2, 2.3, 2.5, 2.12, and 2.15 were not met overall. The paragraphs in this section of the report include the visitor team's findings for the not met requirements in relation to the nurse paramedic programme.
9. In assessing whether EHU meets Requirement 2.1, the visitor team reviewed the programme's governance documentation, which outlines intended alignment with EHU, NMC, and HCPC standards. Annual monitoring records demonstrate that EHU responds to internal and external data, including action planning following weak NSS scores. However, the evidence reviewed, when considered alongside discussions during the onsite visit, exposed persistent regulatory gaps in the operationalisation of NMC standards across key areas of the programme. These include supervision and assessment arrangements that do not meet the SSSA requirements, inconsistencies in the integration of NMC proficiencies in practice learning environments, an absence of clear, documented accountability across some practice partnerships, and a lack of assurance regarding the equal balance of theory and practice hours across all routes and fields. The visitor team concluded that while governance processes are described at a high level, they are not sufficiently embedded or effective in ensuring full regulatory compliance across the programme. Therefore, the visiting team could not be assured that requirement 2.1 was met. The completion rates for placement evaluations remain exceptionally low (22% January-March 2025) and themes of PAD completion have not been demonstrably resolved. Paramedic placements, which account for more than half of the students' practice hours, are designed and quality-assured against HCPC paramedic Standards of Proficiency, with practice educators stating that they neither supervise nor assess toward NMC nursing proficiencies and had received no preparation on the NMC SSSA, meaning that the paramedic placements offered cannot demonstrate that nursing outcomes are achieved 'in a nursing context'. The assurance concerns identified by the visitor team are substantiated by evidence that demonstrates non-compliance with multiple regulatory standards. Specifically, the programme does not meet relevant requirements within the Standards Framework for Nursing and Midwifery Education (SFNME), including requirements 2.4, 5.3, and 5.15. It also fails to meet key elements of the SSSA,

including Standards 1.1, 1.10, and 5.2. Additionally, within the Standards for Pre-registration Nursing Programmes, the visitor team found that Standards 2.12, 2.14 and 4.9 are not met. Taken together, these deficits demonstrate that the programme does not evidence compliance with the legal, regulatory, professional, and educational requirements set by the NMC. The visitor team therefore concluded that Requirement 2.1 is **not met** for the nurse paramedic programme. The lack of assurance regarding requirement 2.1 therefore results in **Outcome 1 (O1)** and **Outcome 2 (O2)**.

10. In considering Requirement 2.2, the visitor team was not assured that the requirement is met. While the programme specification and accompanying mapping document demonstrate that each module's learning outcomes are aligned to the NMC Standards of Proficiency, and the Practice Assessment Records list the associated skills and values, there is a significant issue in the delivery of practice learning. Of the programme's 2,640 practice placement hours, 960 are undertaken in paramedic settings where learning and assessment are structured around HCPC paramedic standards only. These placements are delivered outside an NMC-approved, SSSA-compliant nursing context. As a result, the visitor team could not be assured that students are achieving NMC proficiencies in appropriately governed or assessed environments. Consequently, the programme cannot demonstrate that all proficiencies and outcomes relevant to nursing are achieved across the totality of assessed practice learning, and the visitor team therefore concludes that Requirement 2.2 is **not met**, resulting in **Outcome 2 (O2)**.
11. The visitor team explored the admissions, progression and high-level curriculum elements of the MSci Nurse Paramedic programme in assessment of Requirement 2.3, and whilst these elements appear consistent with the NMC Part 3 standards, the model of 'long-arm' placement supervision adopted for ambulance settings falls short of the compliance requirements set out in Part 3: Pre-registration nursing standards, Sections 2 - Curriculum, 3 - Practice Learning and 4 - Supervision and Assessment. In practice areas without a registered nurse, the AA assumes the role of PA and the on-site PS is an HCPC-registered paramedic. EHU provided evidence that acknowledges that this arrangement poses challenges in relation to SSSA 7.6, specifically stating that it is problematic for the PA to 'periodically observe' the student due to the nature of ambulance work. This means that for a significant proportion of practice learning hours, there is an insufficient amount of opportunity for the PA to periodically observe, which poses an additional risk to safe assessment decisions. Through triangulation at the visit and following discussion with practice partners, the visitor team was informed that there was no direct observation of assessments during paramedic placements. These concerns were further substantiated during the onsite visit, where the visitor team engaged directly with AAs, confirming that they did not introduce themselves to students or to the PSs in paramedic placements in their capacity as AAs acting as PAs. There was no evidence that assessment decisions made by liaison between the HCPC PSs and the 'long arm' PA were informed by feedback and opportunity for direct observations. During the visit, the visitor team

was informed through discussion, that HCPC PSs were not aware that long arm supervision took place. The visitor team concluded that AAs are not routinely undertaking direct observation of students in these settings, and that risks associated with the absence of an NMC-registered assessor are not being systematically mitigated. As such, the current supervision and assessment arrangements do not conform to SSSA 7.3, 7.5, 7.6 and 7.10. There was no evidence to demonstrate how nursing proficiencies are contextualised or evaluated within these placements, meaning the curriculum, practice-learning environment, and supervision and assessment arrangements do not collectively satisfy the programme-specific standards in Part 3. Due to the programme hours across the four years and deficit in NMC SSSA compliant practice learning hours, the visitor team was not assured that that programme provided both an equal balance of the theory and practice learning hours or that the programme hours were of a suitable length for a dual registration programme for nursing proficiencies and outcomes to be achieved in a nursing context. Consequently, the visitor team concludes that Requirement 2.3 is **not met**, resulting in **Outcome 1 (O1)**, **Outcome 3 (O3)** and **Outcome 6 (O6)**.

12. In considering Requirement 2.5, the visitor team was not assured that the requirement is met because, although some NHS partner organisations providing nursing placements demonstrated a shared responsibility for supervising, assessing, and evaluating nurse-paramedic students, discussions with paramedic practice educators and senior managers revealed that ambulance placements are organised and quality assured around HCPC paramedic proficiencies. Practice educators confirmed they receive preparation focused only on paramedic student requirements and not that of the integrated role, and that the training materials supplied to them make no reference to supervising or assessing against NMC standards. Meetings with the programme team and with students corroborated that communication channels between EHU and paramedic placements centre on paramedic objectives, with students reporting that paramedic placements prioritise those intending to register with HCPC and seek employment as paramedics rather than as nurses. The absence of explicit lines of accountability for integrating NMC supervision, learning and assessment requirements into ambulance placements demonstrates that the partnership model does not extend uniformly across all practice providers. Consequently, the visitor team concludes that Requirement 2.5 is **not met**, resulting in **Outcome 4 (O4)**.

13. In assessment of Requirement 2.12, the visitor team could not be assured that the requirement is met, as although Assessment Board minutes confirm that students who pass the practice and simulation modules are deemed to have achieved the requisite hours and proficiencies and EHU's fitness-for-practice policies and self-declaration processes are clearly articulated, confirmation that students have achieved the full range of NMC proficiencies relies on evidence drawn from ambulance placements that comprise approximately 960 of total practice learning hours, that operate outside SSSA-compliant supervision and assessment arrangements. Paramedic educators are not prepared in accordance with the NMC

SSSA standards. AAs conjointly acting as the PA do not undertake direct observation of practice, and the programme is unable to demonstrate how proficiency sign-off decisions in these settings are validated against the expectations of the Part 3 programme standards. Consequently, the integrity of the confirmation process and therefore students' eligibility for the academic and professional award cannot be assured, concluding that requirement 2.12 is **not met**, resulting in **Outcome 2 (O2)**.

14. In considering Requirement 2.15, the visitor team was not assured that the requirement is met because delivery of half of the programme's practice hours depends on ambulance-service placements that cannot demonstrate sufficient capacity or resources to support safe, NMC-compliant learning. The paramedic practice partners confirmed there are no registered adult nurses available to act as PAs for nurse-paramedic students, the proposed 'long-arm' model of indirect assessment set out across the programme is neither recognised in ambulance placements nor is compliant with the NMC SSSA. The 2024 Annual Monitoring Review confirms that the main paramedicine placement provider recently suspended final placement capacity, leading to sustained challenges for EHU in securing alternative ambulance placements. Without access to registered-nurse PAs, a compliant long-arm assessment framework, or reliable contingency arrangements, the visitor team concludes that the programme does not currently have the necessary facilities or resources to ensure safe, evidence-based decision-making for effective learning and assessment for all students. The visitor team therefore concludes that Requirement 2.15 is **not met**, resulting in **Outcome 2 (O2)**, **Outcome 3 (O3)** and **Outcome 5 (O5)**.
15. Based on the information made available, the visitor team considers that EHU does not consistently have effective governance systems that ensure compliance with all legal, regulatory, professional, and educational requirements. Therefore, Standard 2.1 is **not met**.
16. In considering Standard 2.2, the visitor team assessed requirements 2.4, 2.14 and 2.19 in relation to the nurse paramedic programme. The visitor team determined that Requirement 2.4 was not met overall as set out below.
17. In the assessment of Requirement 2.4, the visitor team was unable to gain assurance that the requirement was met as ambulance-service placements, which constitute 960 of the programme's 2,640 total practice learning hours, operate outside the NMC SSSA. Within the ambulance placements, there are no NMC-registered adult nurses available to act as PAs (SSSA 6.2, 7.1); instead, a 'long-arm' arrangement is used in which the student's own AA also functions as the PA, while the onsite PS is an HCPC-registered paramedic. This configuration is not compliant with SSSA (7.5, 7.6 and 9.4) where the AA cannot partner with a separate PA, does not periodically observe practice in the ambulance context, and does not evidence scheduled collaboration with the paramedic PS. Completed PADs show HCPC supervisors signing off NMC proficiencies with no corroborating PA signatures, and the

documents themselves conflate the supervisor and assessor roles. Stakeholder meetings revealed that neither paramedic educators nor students recognise the long-arm model, and educator-preparation materials make no reference to SSSA requirements. During onsite meetings, the visitor team held discussions with the paramedic placement team, who were unaware that a 'long-arm' assessment model was being utilised within ambulance placements. When asked whether students were being assessed for NMC proficiencies or signed-off against NMC standards through this model, they explicitly stated that they had not heard of the model and did not recognise its use within their practice learning environment. They did not identify their feedback as contributing to formal NMC assessment processes. This lack of awareness extended to the roles and responsibilities defined in the NMC SSSA, and educator-preparation materials reviewed by the visitor team contained no reference to these standards. This finding was reinforced in discussions with students, who similarly did not recognise the existence of a long-arm assessment model within their ambulance placements. Students did not report any awareness of being assessed remotely by PAs or of any formal engagement from NMC-registered staff in the supervision or assessment process while on paramedic placement. As such, the visitor team was not assured that the long-arm model is understood, communicated, or operationalised in practice in a way that meets the requirements of the SSSA or supports safe and effective assessment of NMC proficiencies. These assurance concerns are substantiated by the same evidence demonstrating that SFNME Requirements 2.1, 5.3, 5.8 and 5.15, SSSA Standards 1.1, 1.2, 1.3, 5.2, 7.3, 7.5 and 7.7 (Annexe 2) and Part 3: Standards for pre-registration nursing programmes, Standards 2.1, 2.2, 2.9, 2.12, 3.4, 4.1, 4.5, 4.7, 4.8, 4.9 and 4.10 (Annexe 1) are unmet. As a result, supervision, learning and assessment in paramedic placements are not NMC-compliant, so Requirement 2.4 is therefore **not met**, resulting in **Outcome 3 (O3)**.

18. Based on the information made available, the visitor team considers that EHU does not have in place appropriate arrangements for Standard 2.2 to be met. Although there was assurance that nursing placement providers demonstrably uphold NMC supervision and quality assurance requirements, ambulance placements, where nurse-paramedic students undertake a substantial proportion of their practice hours, operate outside the NMC SSSA, with no registered-nurse PAs, no SSSA-compliant 'long-arm' model in place and no evidence of systematic collaboration with students, PSCs or other stakeholders to maximise safe evidence-based decisions and quality. Consequently, not all learning environments meet the expectation that they optimise sound, evidence-based decisions underpinned by quality while recognising diverse needs and working in genuine partnership.
19. Based on the findings of the assessment and the information made available, the visitor team considers that EHU does not have in place the appropriate arrangements for Part 1: Standard 2: Educational Governance and Quality to enable the NMC standards and requirements to be met and is subject to action planning related to **Outcomes O1-O5**.

3. Student empowerment

Standard 3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code.		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
3.1	have access to the resources they need to achieve the proficiencies and programme outcomes required for their professional role.	Not Met
3.2	are provided with timely and accurate information about curriculum, approaches to teaching, supervision, assessment, practice placements and other information relevant to their programme.	Met
3.4	are enabled to learn and are assessed using a range of methods, including technology enhanced and simulation learning appropriate for their programme as necessary for safe and effective practice.	Not in scope
3.7	are allocated and can make use of supported learning time when in practice.	Met
3.8	are assigned and have access to a nominated practice assessor for a practice placement or a series of practice placements in addition to a nominated academic assessor for each part of the education programme, in accordance with the NMC Standards for student supervision and assessment.	Not Met
3.10	are provided with timely and accurate information regarding entry to NMC registration or annotation of their award.	Not in scope
3.15	are well prepared for learning in theory and practice having received relevant inductions.	Met
3.16	have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills.	Met
Outcome for Standard 3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve proficiencies and programme outcomes and be capable of demonstrating the professional behaviours in the Code.		
Met ☐		Not Met ☒
Standard 3.2 Students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams		

Requirements		Nursing
Approved education institutions, together with practice learning partners, must:		Met/Not Met
3.3	have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs	Not in scope
3.5	are supervised and supported in practice learning in accordance with the NMC Standards for student supervision and assessment	Not Met
3.6	are supervised according to their individual learning needs, proficiency and confidence	Met
3.9	have the necessary support and information to manage any interruptions to the study of programmes for any reason	Not in scope
3.11	have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice	Met
3.12	are protected from discrimination, harassment and other behaviour that undermines their performance or confidence	Met
3.13	are provided with information and support which encourages them to take responsibility for their own mental and physical health and wellbeing	Met
3.14	are provided with the learning and pastoral support necessary to empower them to prepare for independent, reflective professional practice	Met
3.17	receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning, and	Met
3.18	have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.	Met
Outcome for Standard 3.2 Students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and inter-agency teams		
Met ☐		Not Met ☒

Findings

20. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nurse paramedic programme. Evidence included course handbooks and PADs. To triangulate the documentary evidence provided, the visitor

team gathered information at the onsite visit through meetings with the programme team and senior managers, representatives from senior practice learning partners, practice education facilitators, PSs and PAs. The visitor team also met with students and representatives from PSCs who are involved with the programme.

21. The visitor team considered Requirements 3.1, 3.2, 3.7, 3.8, 3.15 and 3.16 associated with Standard 3.1 in relation to the nurse paramedic provision. The visitor team determined that Requirements 3.1 and 3.8 were not met overall. The paragraphs in this section of the report include the visitor team's findings for the not met requirements in relation to the nurse paramedic programme.
22. In assessing requirement 3.1, the visitor team reviewed the Student Strategy Report 2024/25, the mapping log of engagement actions, module-feedback summaries, placement and theory planners, programme board minutes, the proficiency guidance presentation and the co-produced Practice Assessment Record and Evaluation (PARE)/Student Practice Assessment Record (SPAR) documentation. This evidence demonstrates that students can readily access physical facilities (including a simulation ambulance), curriculum materials, placement information and academic-support structures, and that EHU gathers and responds to learner feedback through EHU's quality framework EDGEQ and programme-board processes. However, half of the practice learning is delivered in ambulance placements where paramedic educators confirmed they are unfamiliar with the NMC SSSA and do not assess nursing proficiencies. The evidence reviewed also demonstrates that organisational audits highlight an absence of NMC-registered assessors, consequently the programme does not demonstrate that all students have access to the full range of qualified personnel required to achieve every NMC proficiency and programme outcome. The visitor team therefore concluded that requirement 3.1 is **not met**, resulting in **Outcome 1(O1)** and **Outcome 5 (O5)**.
23. In assessing Requirement 3.8, the visitor team determined that the programme does not ensure that each student is consistently allocated a distinct PA who has received appropriate preparation to undertake the role in accordance with the NMC SSSA for each placement. This is particularly evident in ambulance placements, where the allocation processes lack the consistency and oversight required by the standard EHU's 'long-arm' model, merge the PA and AA roles and rely on indirect observation based on the actions undertaken by the HCPC-registered paramedics within the PAD, without any physical collaborative discussion. The HCPC-registered paramedic is acting in the role as the PS, who confirmed through discussion at the onsite visit, that they are not prepared for this role and in fact do not assess NMC proficiencies. The visitor team ascertained through evidence presented at the onsite visit that this model was based on an NMC statement that pertains only to short enrichment experiences, not to core placements that constitute half of the required programme hours. Meetings with the Practice Education team, senior managers and paramedic educators confirmed widespread uncertainty about SSSA processes and a total absence of NMC-registered assessors in ambulance settings; the Paramedic Student

Welcome Pack refers to meeting both HCPC and NMC proficiencies but offers no mechanism for NMC assessment. Consequently, Requirement 3.8 is **not met** and results in **Outcome 3 (O3)**.

24. Based on the information made available, the visitor team considers that EHU does not have appropriate arrangements in place to meet Standard 3.1. While students can access simulation facilities, detailed module materials and placement planners, approximately half of their required practice learning occurs in ambulance settings where HCPC-registered paramedics, unfamiliar with the NMC SSSA, act as PSs and AAs act simultaneously as PAs, with no direct or collaborative contact with the PS under EHU's 'long-arm' model. Students cannot be assured of the appropriate qualified and registered support necessary to attain every NMC proficiency or consistently demonstrate the professional behaviours set out in the Code.
25. The visitor team considered Requirements 3.5, 3.6, 3.11 - 3.14 and 3.17- 3.18 associated with Standard 3.2 in relation to the nurse paramedic provision. The visitor team determined that Requirement 3.5 was not met overall and its findings are set out below.
26. Following review of the evidence available, the visitor team considers that EHU does not have appropriate arrangements in place to meet Requirement 3.5. Although comprehensive preparation materials for AAs and PSs exist and the PARE/SPAR documents outline supervisory roles, practice in paramedic settings remains non-compliant with the NMC SSSA. Paramedic educators demonstrated no awareness of SSSA requirements. AAs routinely and simultaneously act as PAs without direct observation of students, and whilst a revised 'long-arm' assessment model is outlined in the evidence provided - proposing that a second AA would take on the role of PA to enhance the objectivity of assessment by ensuring this was not the student's own AA - this model was not implemented and would still not be compliant with the SSSA. The existing AA 'buddy system' appears to have been designed to support new AAs rather than forming part of the assessment structure itself. As a result, students cannot be guaranteed continuous SSSA-compliant supervision and support in over half of their required practice learning hours, which leads to requirements 3.5 **not met**, resulting in **Outcome 3 (O3)**.
27. Based on the information made available in relation to Standard 3.2, the visitor team considers that EHU does not have the appropriate arrangements in place to comply with all relevant NMC Standards and Requirements, and therefore Standard 3.2 is not met. Although theory-based inter-professional content and simulation facilities are well resourced, approximately 960 of students' practice learning occurs in ambulance settings where HCPC-registered paramedic educators, who are unaware of the NMC SSSA, provide supervision and assessment outside any NMC-compliant framework; AAs routinely double as PAs without direct observation or structured collaboration, and there is no documented mechanism for supporting reflective practice or inter-agency teamwork in these placements. This systemic gap undermines students'

ability to develop resilience, reflective capacity, and effective collaboration in inter-professional teams.

28. Based on the findings of the assessment and the information made available, the visitor team considers that EHU lacks the arrangements required to satisfy Student Empowerment. Ambulance placements, which account for roughly one-third of all practice hours, are supervised solely by HCPC-registered paramedics who have not completed SSSA preparation, and they offer limited exposure to nursing-specific proficiencies. As a result, the programme cannot demonstrate that learners consistently practice the professional behaviours set out in the Code or develop the resilience, reflection and teamwork skills envisaged by the standards. Taken together, these findings show that EHU does not have the current arrangements in place to enable the NMC standards and requirements to be met and is therefore subject to action planning related to **Outcome 1 (O1)**, **Outcome (O3)** and **Outcome 5 (O5)**.

4. Educational empowerment

Standard 4.1 Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
4.1	comply with all standards and requirements in the NMC standards for education and training.	Not met
4.2	act as professional role models at all times.	Met
4.3	receive relevant induction, ongoing support and access to education and training which includes training in equality and diversity.	Met
4.4	have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities.	Met
4.5	respond effectively to the learning needs of individuals.	Met
4.6	are supportive and objective in their approach to student supervision and assessment.	Met
4.7	liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment.	Not Met
4.8	are expected to respond effectively to concerns and complaints about public protection and student performance in learning environments and are supported in doing so.	Met
4.9	receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment.	Met
4.10	share effective practice and learn from others, and	Met
4.11	appropriately share and use evidence to make decisions on student assessment and progression.	Not Met
Outcome for Standard 4.1 Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.		
Met ☐		Not Met ☒

Findings

29. The visitor team considered evidence provided in advance of and during the onsite visit relating to the pre-registration nursing component of the nurse paramedic programme. As part of the triangulation process, the visitor team also met with key stakeholders at the onsite visit including the programme team and senior managers, representatives from senior practice learning partners, practice and academic assessors, practice educators and supervisors, PSC representatives and students.
30. In considering Standard 4.1, the visitor team assessed Requirements 4.1- 4.11 in relation to the nurse paramedic programme. The visitor team determined that Requirements 4.1, 4.7 and 4.11 were not met overall with the visitor team's findings set out below.
31. The visitor team reviewed documentary evidence and explored the implementation of arrangements through meetings with stakeholders during the onsite visit in assessing Requirement 4.1. The visitor team could not be assured that the nurse paramedic provision meets the required NMC Standards for Education and Training across all parts of the programme. Although governance documents confirm that modules are mapped to the NMC Standards of Proficiency and oversight is provided via institutional committees, critical gaps persist in Section 2 (Curriculum), Section 3 (Practice Learning) and Section 4 (Supervision and Assessment). In relation to Section 2, approximately 960 practice learning hours are delivered in paramedic placements, designed and structured by the paramedic teams to meet HCPC requirements, therefore, lacking the nursing contextualisation mandated by requirement 2.14. In Section 3, no NMC-registered PAs are directly employed or available in the ambulance settings where nurse paramedic students have been placed, and the current 'long-arm' model that is currently utilised, demonstrates indirect assessment only, and remains non-compliant with SSSA requirements 6.2 and 7.1. In Section 4, PA and AA roles are routinely conflated, direct observation of student practice is absent, and there is no evidence of scheduled collaboration between AAs and PSs as required by SSSA requirements 7.5, 7.6, 7.9 and 9.4. These systemic deficits demonstrate that the programme cannot evidence compliance with every NMC Standard for Education and Training. The visitor team therefore determines that Requirement 4.1 is **not met**, resulting in **Outcome 1 (O1)**, **Outcome 2, (O2)**, **Outcome 3 (O3)**, **Outcome 4 (O4)** and **Outcome 5 (O5)**.
32. The visitor team was not assured that Requirement 4.7 is met, although general EHU and practice collaborations exist, ambulance placements, accounting for 960 practice learning hours operate without any joint approach to student supervision and assessment. In stakeholder meetings neither paramedic practice educators, acting in the role as practice supervisor, or staff from paramedic placement, could describe NMC supervision expectations, referred exclusively to HCPC Standards of Proficiency, and were unaware of EHU's 'long-arm' assessor model; this model is neither documented in the Practice Educators Handbook nor taught in Preparation

for Practice sessions. Consequently, there are no clear, collaborative mechanisms with paramedic placement providers to integrate NMC requirements into these placement settings, and this evident shortfall leaves requirement 4.7 as **not met**, resulting in **Outcome 4 (O4)**.

33. In assessing Requirement 4.11, the visitor team confirmed that module-based assessments follow institutional academic regulations, featuring internal moderation, external examiner review and ratification at Assessment Boards, and that the PAD templates are designed to support joint decision making by PSs, PAs and AAs. However, in paramedic placements the AA acts simultaneously as the PA and signs off proficiencies based solely on the HCPC registered paramedic's recorded activities, without any direct observation, structured academic practice dialogue or separate oversight. Students confirmed that NMC Standards of Proficiency are sometimes signed off by paramedic educators acting in the PS role alone, and there is no evidence of scheduled collaboration (via Teams or face-to-face) between PAs/AAs and the PS. The conflation of the PA and AA roles prevents the shared use of evidence to make robust, jointly validated decisions about student progression with no evidence of shared review or academic oversight in practice. Consequently, the visitor team concluded that Requirement 4.11 is **not met** as a result of non-compliant long-arm supervision and assessment arrangements, and this results in **Outcome 3 (O3)**.
34. Based on the information made available in relation to Requirements 4.1, 4.7 and 4.11, the visitor team considers that EHU does not have the appropriate arrangements in place to ensure that theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with the necessary expertise for their educational and assessor roles. While module assessments and academic oversight follow institutional regulations, paramedic placements, comprising 50% of practice learning hours, lie outside any jointly governed framework. HCPC-registered paramedics untrained in NMC SSSA requirements supervise and sign-off proficiencies without distinct SSSA-prepared PAs or structured academic/practice collaboration, and there is no shared mechanism for using assessment evidence to make robust progression decisions. Consequently, the programme cannot demonstrate that its theory and practice components are delivered and assessed by suitably qualified staff in a fair, objective, and compliant manner, and therefore Standard 4.1 is **not met**.
35. Based on the findings of the assessment and the information made available, the visitor team considers that EHU does not have in place the appropriate arrangements for Part 1: Standard 4: Educational Empowerment to enable the NMC standards and requirements to be met and is subject to action planning related to **Outcomes O1-O5**.

5. Curricula and assessment

Standard 5.1 Curricula and assessments are designed, developed, delivered, and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.		
Requirements Approved education institutions, together with practice learning partners, must:		Nursing Met/Not Met
5.1	curricula fulfil NMC programme standards, providing learning opportunities that equip students to meet the proficiencies and programme outcomes.	Not met
5.2	curricula remain relevant in respect of the contemporary health and social care agenda.	Not in scope
5.3	curricula weigh theory and practice learning appropriately to the programme.	Not met
5.4	curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes.	Met
5.5	curricula are co-produced with stakeholders who have experience relevant to the programme.	Met
5.6	curricula provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity.	Met
5.7	curricula are structured and sequenced to enable students to manage their theory and practice learning experience effectively.	Met
5.8	assessment is fair, reliable and valid to enable students to demonstrate they have achieved the proficiencies for their programme.	Not met
5.9	adjustments are provided in accordance with relevant equalities and human rights legislation for assessments in theory and practice.	Met
5.10	students are assessed across practice settings and learning environments as required by their programme.	Not Met
5.11	assessment is mapped to the curriculum and occurs throughout the programme to determine student progression.	Met
5.12	practice assessment is facilitated and evidenced by observations and other appropriate methods.	Not Met
5.13	students' self-reflections contribute to, and are evidenced in, assessments.	Met
5.14	a range of people including people who use services contribute to student assessment.	Not in scope
5.15	assessment of practice and theory is weighted appropriately to the programme, and	Not Met
5.16	there is no compensation in assessments across theory and practice.	Not in scope
Outcome for Standard 5.1 Curricula and assessments are designed, developed, delivered and evaluated to ensure that students achieve the proficiencies and outcomes for their approved programme.		
Met ☐		Not Met ☒

Findings

36. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nurse paramedic programme. Evidence included course and assessment documentation and the associated mapping to standards of proficiency. To triangulate the documentary evidence provided, the visitor team gathered information at the onsite visit through meetings with the programme team and senior managers, representatives from senior practice learning partners, practice education facilitators, PSs and PAs. The visitor team also met with students and representatives from PSCs who are involved with the programme.
37. The visitor team considered Requirements 5.1, 5.3-5.13 and 5.15 when assessing Standard 5.1 in relation to the nurse paramedic programme. The visitor team determined that Requirements 5.1, 5.3, 5.8, 5.10, 5.12 and 5.15 were not met overall as set out below.
38. In relation to Requirement 5.1, documentary evidence shows that the curriculum framework is formally aligned to NMC programme standards and intended outcomes. However, the curriculum embeds paramedic placements across approximately 960 practice learning hours in which HCPC-registered paramedics, uninstructed in NMC SSSA requirements, do not facilitate achievement of nursing proficiencies, and students and practice educators alike are unaware of EHU's 'long-arm' assessment model utilised on paramedic placements. Consequently, the programme cannot demonstrate that its curricula reliably provide the learning opportunities required for students to meet all NMC proficiencies and outcomes, and therefore Requirement 5.1 is **not met**, resulting in **Outcome 2 (O2)**.
39. The visitor team considered the weighting of theory and practice learning in the nurse paramedic programme when assessing Requirements 5.3 and 5.15. Assurance was also sought regarding equal weighting in previous SFNME requirements which include 2.1 and 2.4, and within the programme standards (Annexe 1). In assessing Requirements 5.3 and 5.15, the visitor team reviewed the four-year programme planners, validated curriculum document and module descriptors. This was supported by proficiency-mapping and planner records, which nominally allocate equal weighting to theory and practice through four summative assessments per year, in addition to a 40-credit Practice and Simulation module. However, following discussions with the senior team, Placement Lead, and the main paramedicine provider partners during the onsite visit, it was confirmed that approximately 960 of the 2,640 recorded practice learning hours occur in paramedic placements. These placements are predominantly structured to meet HCPC standards of proficiencies for paramedics and are delivered outside of an NMC-compliant nursing context. These assurance concerns are corroborated by the same evidence showing that SFNME Requirements 2.1 and 2.4 are not met. Consequently, if paramedic practice learning hours, which are not NMC SSSA compliant are excluded, the balance and weighting of assessed practice against theory collapses, and the programme cannot

demonstrate that its curricula reliably provide the learning opportunities required for students to meet all NMC proficiencies and outcomes. Therefore, Requirements 5.3 and 5.15 are **not met**, resulting in **Outcome 2 (O2)** and **Outcome 6 (O6)**.

40. In assessing Requirement 5.8, the visitor team noted that EHU academic regulations and quality mechanisms provide a robust framework for fair, reliable and valid assessment of theory. Anonymity and misconduct procedures, internal moderation, external examiner scrutiny and clear mapping of module outcomes to NMC proficiencies ensure structured opportunities for students to demonstrate achievement of programme proficiencies, with constructive feedback linked to learning outcomes and access to academic writing support. Partnership tools such as the Practice Educator Register, quality-monitoring pro formas and co-produced PARE documents further strengthen the validity of practice assessments. However, practice assessment in paramedic placements, which is undertaken by HCPC-registered paramedic educators acting in the PS role, in addition to AAs jointly acting as PAs, without direct observation or scheduled academic-practice dialogue sign off NMC proficiencies and outcomes. This model remains non-compliant with the NMC SSSA, as previously identified under Requirement 2.4; consequently, the programme cannot demonstrate that all assessments validly confirm students' achievement of their full range of NMC proficiencies, and this shortfall consequently leaves Requirement 5.8 as **not met**, resulting in **Outcome 3 (O3)**.
41. In considering Requirement 5.10, the visitor team considers that EHU does not meet Requirement 5.10, as students are not assessed across all practice settings in accordance with the NMC SSSA. Although the PARE documents, module descriptors and Assessment Board minutes outline and verify requirements for both academic and practice assessment, paramedic placements, which constitute approximately 960 practice learning hours, operate outside an SSSA-compliant framework, meaning students' proficiencies achieved in these settings cannot be validly assessed. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.4 is not met. Consequently, Requirement 5.10 is **not met**, and this results in **Outcome 3 (O3)**.
42. In relation to Requirement 5.12, the PADs and preparatory slides for PSs and PAs set out a framework of observation, multi-source feedback and reflective evidence to support valid assessment of students' knowledge, attitudes, and skills. However, in paramedic placements, where approximately one-third of practice learning occurs, observations and assessments are carried out solely by HCPC-registered practice educators, acting in the capacity of PSs, with no involvement of an NMC-prepared PA to witness or corroborate student performance. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.4 is not met. Consequently, Requirement 5.12 is **not met**, and this results in **Outcome 3 (O3)**.

43. Based on the information available in assessing Requirements 5.1, 5.3, 5.8, 5.10, 5.12 and 5.15 which were not met, the visitor team concludes that Standard 5.1 is **not met**. The cumulative failure to design, develop, deliver, and evaluate curricula and assessments in a way that reliably enables students to achieve all NMC proficiencies and programme outcomes demonstrates that the programme cannot assure the required standards of professional preparation.
44. Based on the findings of the assessment and the information made available, the visitor team considers that EHU does not have in place the appropriate arrangements for Part 1: Standard 5: Curricula and assessment to enable the NMC standards and requirements to be met and is subject to action planning related to **Outcome 2**, **Outcome 3** and **Outcome 6**.

Annexe 1: Explanation of findings for the NMC Part 3 Standards for pre-registration nursing programmes

Findings

45. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nurse paramedic programme. Evidence included the policies linked to admissions and recognition of prior learning, along with course documentation relating to the nurse paramedic programme. As part of the triangulation process, the visitor team also met with key stakeholders and reviewed digital platforms as part of the onsite visit. The following text links specifically to the NMC Standards for pre-registration nursing programmes that the visitor team considers are not met.

Part 3: Standards for pre-registration nursing programmes

46. For the nurse paramedic programme, in relation to Curriculum standards, the visitor team determined that Standards 2.1, 2.2, 2.9, 2.12 and 2.14 are **not met**.
47. For Standard 2.1, the visitor team reviewed the programme-validation file and curriculum map, the Education-Partnership Agreement and governance minutes, practice-learning quality monitoring reports, the supervisor/assessor preparation register and the draft 'long-arm' assessor model. This triangulation revealed systemic deficits, in that ambulance placements are reliant on utilising a non-SSSA-compliant long-arm model as there are no NMC registered nurses directly employed in the service where students are placed; curriculum alignment to nursing proficiencies is inconsistent; practice learning capacity and supervision are not underpinned by NMC-registered assessors; and there is no effective joint governance to monitor these risks. Collectively, these weaknesses mirror the non-compliances recorded under SFNME Requirements 2.2, 2.4, 3.1, 3.2, 4.1 and 5.1, confirming that the programme cannot evidence full adherence to the overarching Standards Framework. Therefore, the visitor team deemed that Standard 2.1 is **not met**, resulting in **Outcomes 1- 6 (O1-6)**.
48. For Standard 2.2, the visitor team reviewed placement governance documentation and met with paramedic service educators during the onsite visit. Ambulance placements, which account for one-third of all practice learning hours, utilise a 'long-arm' model in which AAs double as PAs with no direct observation, and HCPC-registered paramedic practice educators acting in the practice supervisor's role, receive no SSSA preparation. These assurance concerns are corroborated by the same evidence demonstrating that SFNME Requirement 2.4 is unmet. Given that this non-compliant framework governs a substantial portion of practice learning, the visitor team concluded that Standard 2.2 is **not met**, resulting in **Outcome 3 (O3)**.

49. For Standard 2.9, the visitor team reviewed the programme specification and staff-version planner. The allocated 2,640 practice hours, of which 960 hours are recorded in ambulance placements, are assigned to and recorded against the module descriptors for Practice and Simulation modules. However, because paramedic placements are neither contextualised for nursing proficiency, nor evidenced as compliant with the NMC SSSA, they cannot be counted as NMC-approved practice learning hours. Excluding these 960 practice learning hours disrupts the mandated equal balance of theory and practice. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.1 and 2.4 are unmet. Consequently, the visitor team concluded that Standard 2.9 is **not met**, resulting in **Outcome 2 (O2)** and **Outcome 6 (O6)**.
50. For Standard 2.12, the visitor team reviewed the programme specification and staff-version planner, module descriptors and PADs, which together record a total of 4,600 hours over four academic years, of which 2,475 are practice placement hours, evenly split between nursing and paramedic settings. However, because ambulance placements are neither contextualised for nursing proficiency nor compliant with the NMC SSSA, only the nursing placement learning hours can be counted as NMC-approved practice learning hours, contributing to the overall total. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.1 and 2.4 are unmet. Consequently, the programme cannot demonstrate the full 4,600 compliant hours, and the visitor team concluded that Standard 2.12 is **not met**, resulting in **Outcome 2 (O2)**.
51. For Standard 2.14, the visitor team reviewed the nature and sequencing of practice placements and found that approximately 960 practice learning hours occur in ambulance settings, and that these placement settings are structured towards meeting HCPC standards of proficiencies and lack the nursing contextualisation required to achieve NMC proficiencies in a nursing context. As a result, the visitor team could also not be assured that the programme is of adequate length to meet the requirements of dual registration. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.1 is unmet. Consequently, the visitor team concluded that Standard 2.14 is **not met**, resulting in **Outcome 2 (O2)** and **Outcome 6 (O6)**.
52. For the nurse paramedic programme, in relation to the practice learning standards, the visitor team determined that Standard 3.4 was not met.
53. For Standard 3.4, the visitor team reviewed module descriptors for the four Practice and Simulation modules totalling 2,474 hours (562 Year 1; 600 Year 2; 637 Year 3; 675 Year 4) (Appendix 56) and the validation document confirming these figures. However, because 960 of those practice learning hours occur in paramedic placements that are not compliant with the NMC SSSA, and simulation hours are excluded from the count of required practice learning, the programme cannot

demonstrate the requisite 2,300 NMC-approved practice hours. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.4 is unmet. Therefore, the visitor team deemed that Standard 3.4 is **not met**, resulting in **Outcome 2 (O2)**.

54. For the nurse paramedic programme, in relation to Supervision and Assessment standards, the visitor team determined that Standards 4.1, 4.2, 4.5, 4.7, 4.8, 4.9 and 4.10 are not met.
55. For Standard 4.1, the visitor team reviewed documentary evidence on PA and PS preparation, PADs including requirements for final placement sign-off and practice-hour verification, the draft 'long-arm' assessor model and on-site stakeholder discussions regarding SSSA implementation in ambulance placements. The visitor team found that AAs routinely double as PAs, completing sign-off without direct observation for ambulance-based placement settings; PSs are HCPC-registered paramedics untrained in NMC SSSA requirements; PADs conflate the assessor roles and lack clarity on Registered Nurse-only sign-off. These systemic deficits result in non-compliance already identified under Requirements 1.4, 2.2, 2.4, 2.5, 2.12, 2.15, 3.1, 3.5, 3.8, 4.7, 4.11, 5.1, 5.3, 5.8, 5.10, 5.12 and 5.15. Consequently, the visitor team concluded that Standard 4.1 is **not met**, resulting in **Outcome 1 (O1)**.
56. For Standard 4.2, the visitor team reviewed documentary evidence and stakeholder discussions relating to supervision and assessment in ambulance placements and found these settings to operate outside of the NMC SSSA. Paramedic practice educators, acting in the role of the PSs receive no SSSA-specific preparation, training materials, make no reference to NMC requirements, and rely solely on HCPC proficiencies. EHU's 'long-arm' model utilised in ambulance-based placements, whereby AAs double as PAs, demonstrates that no formal observation of students occurs, no scheduled academic–practice collaboration takes place, and proficiencies are signed off on trust based on paramedic-recorded activities. Given that these placements constitute approximately 960 of total practice learning hours, and there is the absence of SSSA-compliant supervision, both undermine the integrity of assessment and reduces the number of NMC approved practice learning hours. The visitor team therefore concludes that Standard 4.2 is **not met**, resulting in **Outcome 1 (O1), Outcome 2 (O2), Outcome 3 (O3) and Outcome 5 (O5)**.
57. For Standard 4.5, the visitor team reviewed the programme and module specifications, which map individual learning outcomes and assessments to the NMC Standards of Proficiency across the full curriculum, and the PARE documents outlining the competencies and skills to be achieved in practice. However, ambulance placements, which comprise approximately 960 of total practice learning hours, do not facilitate achievement of nursing proficiencies or ensure assessment through direct observation by NMC-registered PAs, meaning students cannot consistently meet the Standards of Proficiency for registered nurses throughout their programme. These assurance concerns, raised under Part 3 Standard 4.5, are corroborated by

the same evidence demonstrating that SNFME Requirement 2.4 is unmet. Consequently, the visitor team concluded that Standard 4.5 is **not met**, resulting in **Outcome 2 (O2)** and **Outcome 3 (O3)**.

58. For Standard 4.7, the visitor team examined the PARE documents. In ambulance placements, which accounts for half of all practice learning hours, these proficiencies are signed off, on the whole, by HCPC-registered paramedic practice educators acting in the practice supervisor's role, who are not SSSA prepared. The NMC-registered PA, who is also acting as the AA, does not directly observe or corroborate student nurse paramedic performance in the ambulance setting, and instead bases their judgement on the activity undertaken by the HCPC practice supervisor. As the assessments occur outside an SSSA-compliant framework, the visitor team cannot be assured that students have validly met the required skills or procedures. These assurance concerns, raised under Part 3 Standard 4.7, are corroborated by the same evidence showing that SNFME Requirement 2.4 is unmet. Consequently, the visitor team concluded that Standard 4.7 is **not met**, resulting in **Outcome 3 (O3)**.
59. For Standard 4.8, the visitor team reviewed the PADs, which state that achievement of NMC proficiencies must be confirmed by an NMC-registered, SSSA-prepared PA. In ambulance placements, representing approximately one-third of all practice learning hours, HCPC-registered paramedics sign off NMC proficiencies without any direct observation by an NMC-registered PA, and the AA and PA roles are conflated with no structured academic practice collaboration. Given that these assessments occur outside an SSSA-compliant framework, the visitor team cannot be assured that students' proficiencies are validly confirmed. These assurance concerns, raised under Part 3 Standard 4.8, are substantiated by the same evidence demonstrating that SNFME Requirement 2.4 (SSSA alignment) is unmet. Consequently, the visitor team deemed that Standard 4.8 is **not met**, resulting in **Outcome 3 (O3)**.
60. For Standard 4.9, the visitor team examined the programme specification, staff-version planner, module descriptors for the four Practice and Simulation modules and the proficiency-mapping documentation. These sources record 2,640 practice hours ($\approx 36\%$ ambulance/paramedic (960 hours); $\approx 64\%$ nursing (1,680 hours)) set against 2,340 theory hours, reportedly meeting the 50:50 expectation. However, the ambulance placements that supply one-third of the practice learning hours are neither contextualised to nursing proficiencies nor supervised and assessed in an SSSA-compliant manner. As hours accrued in a non-compliant setting cannot count toward NMC-approved practice learning hours, the genuine practice total falls well below the theory hours, breaking the mandated equal balance and undermining the integrity of practice assessment. These assurance concerns, raised under Part 3 Standard 4.9, are corroborated by the same evidence demonstrating that SFNME Requirements 2.1 and 2.4 are unmet. Consequently, the visitor team concluded that Standard 4.9 is **not met**, resulting in **Outcome 2 (O2)** and **Outcome 6 (O6)**.

61. For Standard 4.10, the visitor team reviewed the Ongoing Achievement Record alongside the PADs but they could not be assured that all proficiencies recorded were assessed in compliance with the NMC SSSA. Although the records show proficiencies being signed off, half of this activity occurs in ambulance placements where HCPC-registered paramedics, who have not completed SSSA preparation, act as the PS, with no direct observation or assessment in practice by the NMC-registered PA. The ambulance-based PS and the PA do not corroborate the decision, and in the ambulance placement setting, the PA and AA roles are conflated. The visitor team therefore cannot be assured that proficiencies recorded in the PAD have been assessed in an SSSA compliant manner or that the record truly demonstrates achievement against NMC standards. These assurance concerns, raised under Part 3 Standard 4.10, are corroborated by the same evidence showing that SFNME Requirement 2.4 (SSSA alignment) is unmet. Consequently, the visitor team concluded that Standard 4.10 is **not met**, resulting in **Outcome 3 (O3)**.

Annexe 2: Explanation of findings for the NMC Part 2 Standards for Student Supervision and Assessment

Findings

62. The visitor team considered evidence provided in advance of and during the onsite visit relating to the nurse paramedic programme. Evidence included the policies linked to admissions and recognition of prior learning, along with course documentation relating to the nurse paramedic programme. As part of the triangulation process, the visitor team also met with key stakeholders and reviewed digital platforms as part of the onsite visit. The following text links specifically to the NMC Standards for Student Supervision and Assessment (SSSA) that the visitor team considers are not met.

Part 2: Standards for Student Supervision and Assessment

63. For the nurse paramedic programme, in relation to Organisation of Practice Learning Standards, the visitor team determined that Standards 1.1, 1.2, 1.3, 1.4 and 1.10 are not met.
64. For Standard 1.1, the visitor team sought to mandate that all practice learning complies with the NMC Standards Framework for Nursing and Midwifery Education. The visitor team reviewed the curriculum-validation document, PARE documents, the PARE Evaluation Framework, the Guidance for Proficiencies Toolkit, and the Guidance for Assessing Proficiencies for Pre-Registration Nurses, and explored implementation through stakeholder meetings. It found that ambulance (paramedic) placements, which account for approximately one-third of all practice hours, operate outside the framework, supervision, learning, and assessment, lack SSSA-compliant PAs within the ambulance placement, conflate PA and AA roles, and rely on HCPC-only proficiencies with no direct observation or structured collaboration. These assurance concerns, raised under Part 2 Standard 1.1, are corroborated by the same evidence showing that SFNME Requirements 2.4 and 2.1 are unmet. Consequently, the visitor team concluded that Standard 1.1 is **not met**, resulting in **Outcome 1 (O1)**.
65. For Standard 1.2, the visitor team sought assurance that all practice learning complies with the standards for pre-registration nursing programmes. The visitor team reviewed the PADs, Preparation-for-Practice sessions, validated curriculum, Programme Handbook, and the NMC/HCPC proficiency-mapping document. Although these sources outline programme-specific expectations on paper, approximately one-third of all practice learning hours are delivered in ambulance placements that are not contextualised to nursing proficiencies, operate outside an SSSA-compliant supervision and assessment framework, and sit outside a jointly governed educational partnership model. As these placements therefore fail to meet the programme's own standards and the same evidence underpins the unmet

Requirement 2.4 on SSSA alignment, the visitor team cannot be assured that practice learning complies with programme-specific requirements. Accordingly, Standard 1.2 is **not met**, resulting in **Outcomes (O2), (O3) and (O4)**.

66. For Standard 1.3, the visitor team reviewed evidence to ascertain if practice learning is explicitly designed so that students can achieve the programme's proficiencies and outcomes. The visitor team found that although the PADs, approved curriculum, Placement-Experience Requirements, Stacked Planner and NMC/HCPC CoP Mapping present a paper alignment to NMC proficiencies, this alignment breaks down in ambulance placements, which account for approximately 960 of all practice learning hours. These placements are not contextualised to nursing proficiencies, are delivered without direct assessment by an NMC-registered PA and do not operate under an SSSA-compliant supervision and assessment model. These assurance concerns, raised under Part 2 Standard 1.3, are substantiated by the same evidence demonstrating that Requirement 2.4 (SSSA alignment) is unmet. Accordingly, Standard 1.3 is **not met**, resulting in **Outcome 2 (O2) and Outcome 3 (O3)**.
67. For Standard 1.4, the visitor team reviewed suitable systems, processes, resources, and individuals to ensure the safe and effective coordination of learning within practice environments. The visitor team confirmed that the Prep-for-Practice sessions, PARE documents, Academic-Assessor training pack, 'Students' Role in Keeping People Safe' presentation, professionalism teaching and the Guidance for the Assessment of Proficiencies: Adult Field, collectively outline an appropriate coordination framework on paper. However, in ambulance placements, which account for approximately half of all practice learning hours, there is no NMC-registered PA in post, the 'long-arm' model provides no direct oversight, attendance and impact of Practice-Assessor preparation are unrecorded, and multiple students reported feeling unwelcome in parts of the placement environment. As these deficiencies undermine the practical operation of the stated systems and compromise both safe decision-making and learning coordination, the visitor team concluded that Standard 1.4 is **not met**, resulting in **Outcome 1 (O1) and Outcome 3 (O3)**.
68. For Standard 1.10, the visitor team reviewed the EDI Policy, PARE evaluation data, the Early Intervention Process, and the Reporting Reasonable Adjustments procedures, all of which demonstrate robust tailoring of theory and support mechanisms to students' stages of learning and individual needs. However, because approximately 960 practice learning hours take place in ambulance placements that are neither contextualised to nursing proficiencies or supervised in line with the NMC SSSA, as evidenced under SFNME, Standard 2.1, Requirement 2.4, these settings lack NMC-registered assessors and do not provide SSSA-compliant oversight. Given that these environments cannot reliably deliver stage-appropriate learning experiences, the visitor team deemed that Standard 1.10 is **not met**, resulting in **Outcomes 2 and 3 (O2; O3)**.
69. For the nurse paramedic programme, in relation to Practice Supervisors: preparation Standards, the visitor team determined that Standard 5.2 is not met.

70. For Standard 5.2, the visitor team reviewed the Guidance for the Assessment of Proficiencies for Adult Nurses and the co-produced PARE documents, which clearly outline the NMC proficiencies and programme outcomes. However, paramedic practice educators from paramedic placements confirmed through discussion during the onsite visit, and who supervise approximately 960 of the programme's practice learning hours, that they had received no training or written guidance on the NMC SSSA or the NMC Standards of Proficiency and therefore lack the necessary understanding of the outcomes they are required to support students in achieving. These assurance concerns, raised under Part 2 Requirement 5.2, are substantiated by the same evidence demonstrating that SNFME, Standard 2.1, Requirement 2.4 is unmet. Consequently, the visitor team concluded that Standard 5.2 is **not met**, resulting in **Outcome 1 (O1)**.
71. For the nurse paramedic programme, in relation to Assessors roles: Standards, the visitor team determined that Standard 6.2 and 6.3 are not met.
72. For Standard 6.2, the visitor team reviewed PADs and accompanying audit checks, which nominally assign a named PA for each placement. The visitor team confirmed that this criterion is not met in ambulance placements, which account for half of all practice learning hours. PADs and audit checks do list a named 'Practice Assessor', yet in these settings the role is filled by the student's AA operating under a 'long-arm' model, there are no NMC-registered nurses who are employed directly in the ambulance setting where nurse paramedic students are placed, and no direct observation of practice occurs. In addition, SSSA 6.2 requires students to be 'assigned to a nominated PA for a practice placement or series of placements'. The visitor team found that there was no clearly defined differentiation of roles between the PA and the AA when operationalising the 'long-arm' supervision model, and the role of AA and PA was at times held by the same individual. This model was not reflected clearly in the PAD or in the student programme handbook or Practice Educator Handbook. Because the same individual performs both assessor roles and relies on retrospective supervisor activity rather than first-hand evidence, this fails to meet SSSA requirements and contradicts local and national policy expectations for nurse paramedic students. Consequently, the visitor team concluded that Standard 6.2 is **not met**, resulting in **Outcome 3 (O3)**.
73. For Standard 6.3, the visitor team reviewed evidence, which was then triangulated at the onsite visit with both the programme and practice learning teams. The PADs stipulate that proficiencies 'can only be signed by the assigned NMC Practice Assessor' and that final placement interviews and action plans must be co-signed by both assessors; however, in ambulance settings the designated 'Practice Assessor' is also the student's own AA operating under a 'long-arm' model. Consequently, direct observation and assessment by an NMC-registered nurse in practice is absent, and final sign-off often rests on the HCPC practice educator's supervisor notes rather than on NMC PA scrutiny. Because the assessor roles are conflated and neither

assessor consistently meets the NMC registration requirement for this placement type, the visitor team cannot be assured that student assessment aligns with regulatory expectations. Consequently, the visitor team deemed that Standard 6.3 is **not met**, resulting in **Outcome 3 (O3)**.

74. For the nurse paramedic programme, in relation to Practice Assessors: responsibilities Standards, the visitor team determined that Standard 7.1, 7.2, 7.3, 7.5, 7.6, 7.7 and 7.9 are not met.
75. For Standard 7.1, the visitor team reviewed the Practice Assessor preparation materials including the Guidance for the Assessment of Proficiencies, the co-produced PARE documents, the curriculum mapping and the confirmation-of-hours audit, all of which outline clear expectations for PAs to confirm student achievement of proficiencies and programme outcomes. The visitor team found that this requirement is not met in ambulance placements, which comprise approximately one-third of all practice learning hours. Although the evidence reviewed all set out clear SSSA-compliant expectations, no NMC-registered PA is in post for paramedic settings. Instead, proficiencies are signed off either by HCPC-registered paramedics in a PS capacity or by the student's AA operating under a 'long-arm' model, with no direct observation or recorded triangulation of evidence. It is evident for ambulance placement settings, the mandated assessor role is absent, assessor functions are conflated, and sign-off rests on professional trust rather than first-hand appraisal, therefore the visitor team cannot be assured that students' proficiency claims are validly confirmed against programme outcomes. Consequently, the visitor team determined that Standard 7.1 is **not met**, resulting in **Outcome 3 (O3)**.
76. For Standard 7.2, the visitor team reviewed the PARE documents and the Ongoing Achievement Record (OAR), which set out clear expectations that PAs must seek and incorporate feedback from PSs when making assessment decisions. However, the visitor team confirmed that this process is absent in ambulance placements, which account for approximately one-third of all practice learning hours. Review of the PARE documentation and the Ongoing Achievement Record (OAR) establishes a clear expectation of supervisor-to-assessor feedback. Yet completed PADs, notably the Year 2 PAD in IR10, show NMC proficiencies signed off by the HCPC-registered practice educator, acting in the role as practice supervisor, followed by a countersignature by the AA rather than a PA. There is no evidence of a PA's signature, nor any recorded narrative, meeting notes, or other documentation indicating that the PS's feedback informed the AA's judgement. Onsite discussions confirmed that the same individual often fulfils both assessor roles, relying on professional trust rather than documented dialogue. As supervisor input is neither captured nor demonstrably integrated into assessment decisions, and the assessor roles are conflated, the visitor team cannot be assured that progression outcomes are grounded in timely, triangulated feedback. Consequently, the visitor team concluded that Standard 7.2 is **not met**, resulting in **Outcome 3 (O3)**.

77. For Standard 7.3, the visitor team reviewed the Practice Placement Documents, which outline that PAs must make and record objective, evidence-based judgements on students' conduct, proficiency, and achievement, drawing on direct observation, student self-reflection and other evidence. The visitor team found that this criterion is not met in ambulance placements, which provides a significant proportion of NMC practice hours, this provides a risk to 'objective and evidence-based assessments' as there is no NMC-registered PA involved in the direct observation to support evidence-based assessment of a student's proficiency and achievement. The Practice Placement Documents permit either an NMC or HCPC registrant to sign off NMC proficiencies, and the same individual routinely performs both AA and PA roles under the 'long-arm' model. Given that assessors rely solely on retrospective notes supplied by the HCPC-registered practice educator, acting in the role as practice supervisor, with no scheduled opportunity for direct, first-hand observation or triangulated feedback, assessments rest on professional trust rather than independently gathered evidence. As a result, the visitor team cannot be assured that decisions are objective, adequately evidenced or fair across cohorts. Consequently, the visitor team determined that Standard 7.3 is **not met**, resulting in **Outcome 3 (O3)**.
78. For Standard 7.5, the visitor team reviewed the Collaboration in Practice (CLiP) materials and the co-produced PARE documents, in order to ascertain if a nominated PA works in active partnership with a nominated AA to evaluate and recommend each student's progression, in line with programme standards and local and national policies. The visitor team confirmed that this partnership does not exist in ambulance placements as the PA and the AA is the same individual and therefore unable to communicate and collaborate in a partnership. Following a review of the evidence and discussions with both programme and practice learning teams at the onsite visit, it was evident that the same individual routinely fulfils both the AA and PA roles under the 'long-arm' model, subsequently resulting in no record of assessor meetings, joint evaluations, or countersignatures for ambulance-based placement activity. Student discussions further indicated that formal collaboration is replaced by ad-hoc contact and that some students feel unwelcome in the placement environment, suggesting limited constructive dialogue about their progress. Because the mandated assessor partnership and scheduled collaboration are absent, and the assessor roles are conflated, the visitor team cannot be assured that progression recommendations are subjected to the required scrutiny or aligned with policy expectations. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.4 is not met. Consequently, the visitor team determined that Standard 7.5 is **not met**, resulting in **Outcome 3 (O3)**.
79. For Standard 7.6, the visitor team reviewed the PADs alongside EHU's long-arm model description, in order to mandate if there were sufficient opportunities for the PA to observe the student periodically, across environments, to inform assessment and progression decisions. The visitor team established that such opportunities do not exist in ambulance placements. Following a review of the PADs and EHU's 'long-arm' model description it was evident that the same individual routinely acts as both the

AA and PA, as a result assessment is based solely on retrospective HCPC-registered supervisor notes rather than on any direct, in-situ observation by an independent PA. Completed PADs contain no entries evidencing live observation or scheduled assessor engagement, and interviews confirmed that field-based assessment or shadowing are not built into the model. Because periodic, first-hand observation is absent, and the assessor roles are conflated, the visitor team cannot be assured that progression decisions are grounded in a robust, triangulated appraisal of student performance. Consequently, the visitor team concluded that Standard 7.6 is **not met**, resulting in **Outcome 3 (O3)**.

80. For Standard 7.7, the visitor team reviewed completed PADs and stakeholder feedback processes to ascertain if PAs have enough structured opportunities to collect and coordinate feedback from PSs, any other PAs, and relevant persons before confirming assessment and progression. The visitor team found that this process is absent in ambulance placements. Examples of the completed PADs observed during the onsite visit do not demonstrate timely signature for these placements, and the AA's sign-off appears up to seven months later with no documented consultation. Discussions during the onsite visit confirmed that the AA, who is also acting as the PA, does not routinely seek input from the HCPC-registered practice educator fulfilling the practice-supervisor role, or from any other stakeholders. Since this feedback is neither gathered nor coordinated, and considering the evidence that the assessor roles are conflated, the visitor team cannot be assured that progression decisions are based on a comprehensive, triangulated view of student performance. These assurance concerns are corroborated by the same evidence showing that SFNME Requirement 2.4 is not met. Accordingly, Standard 7.7 is **not met**, resulting in **Outcome 3 (O3)**.
81. For Standard 7.9, the visitor team reviewed documentation and held discussion with the programme team and practice learning partners at the onsite visit to seek assurance of the occurrence of scheduled communication and collaboration between PAs and AAs at key points in the programme and at stages of student progression. The visitor team confirmed that this mechanism is absent for ambulance placements. Examination of the PARE documents, Practice Education Committee minutes, HEI Practice Forum records and the Student Practice Assessment Record showed no formalised checkpoints or jointly documented reviews; interviews indicated that contact occurs only reactively when concerns are raised. In addition, in paramedicine placements, the same individual frequently acts as both PA and AA, relying on the HCPC-registered supervisor judgements without any direct, independent observation and therefore unable to communicate and collaborate in a partnership as they are the same individual. As the scheduled dialogue is missing and the assessor roles are conflated, the visitor team cannot be assured that progression decisions receive the required scrutiny or that programme standards are consistently upheld. Consequently, the visitor team determined that Standard 7.9 is **not met**, resulting in **Outcome 3 (O3)**.

82. For the nurse paramedic programme, in relation to Academic Assessors: responsibilities Standards, the visitor team determined that Standard 9.4 and 9.6 are not met.
83. For Standard 9.4, the visitor team sought assurance as to whether a nominated AA works in explicit partnership with a nominated PA when evaluating and recommending a student for progression. The visitor team established that this arrangement is not in place for ambulance placements. Examination of the Student Practice Assessment Record and associated PADs did not provide evidence that there was always dual sign-off where fields required this or of any jointly documented discussions between PAs, PSs, and AAs. There is no onsite NMC-registered PA identified for ambulance settings, and discussion at the onsite visit confirmed that the same individual from within EHU routinely fulfils both the PA and AA roles. As a result, evaluation relies on the HCPC-registered supervisor's routine interactions with the student and is accepted on trust, with no independent, directly observed corroboration by a second assessor. Given that the partnership model mandated by the standard is absent, and the PA and AA roles are conflated, the visitor team cannot be assured that progression decisions are subjected to the required scrutiny. Consequently, the visitor team determined that Standard 9.4 is **not met**, resulting in **Outcome 3 (O3)**.
84. For Standard 9.6, the visitor team reviewed evidence and met with practice learning teams at the onsite visit to seek assurance of scheduled communication and collaboration between AAs and PAs. The visitor team found that in ambulance placements there is no evidence of planned dialogue between the PA and AA at any stage of the student journey. The programme handbook contains no reference to assessor meetings, the Student Practice Assessment Record (SPAR) lists learner review dates, but no assessor-to-assessor checkpoints, and minutes of the Practice Learning & Quality Committee (Sept 2023 to Jan 2025) lack any standing item on assessor collaboration. Discussions with both PAs and AAs during the onsite visit confirmed that contact occurs ad hoc when issues arise. For ambulance placements the same individual acts as both AA and PA, relying solely on the HCPC-registered practice educator, who acts in the role as the PS providing routine activity with the student, and this is merely on a trust basis, without any direct observation of assessment. Due to the fact that there are no systematic checkpoints which are embedded in the governance structure or documentation, and because the assessor roles are conflated, the visitor team cannot be assured that assessor communication or independent oversight occurs consistently across all placement types and cohorts, posing a risk of misaligned assessment decisions and compromised progression monitoring. Consequently, the visitor team determined that Standard 9.6 is **not met**, resulting in **Outcome 3 (O3)**.

QAA2942 – R14916 – June 25

© The Quality Assurance Agency for Higher Education 2025
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Tel: 01452 557050

Web: www.qaa.ac.uk/nmc