



Learning from Other Professions

Insights for Policing from the Professionalisation Journeys of Paramedics and Nursing

**A report for the Implementing the Transformation
of Police Learning and Development project**

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EXECUTIVE SUMMARY

CONTEXT AND BACKGROUND

Globally, there has been a trend of the police shifting from being a craft-based occupation to a research-evidence based profession (van Dijk, Hoogewoning and Punch, 2015; Hartley et al, 2017). These substantial changes in the policing training, learning and development are intended to ensure policing has the skills, structures and processes to deal with the continuously shifting crime, security and vulnerability threats.

This report sets out to learn from other occupations that have made the shift from craft-based occupations to research-evidence based professions in order to draw on the learning relevant to policing as it aims to meet the aspirations of policing vision 2025¹. The report is based on the research conducted as part of a wider action research programme entitled “Implementing Transformation in Police Learning and Development” undertaken by the Open University’s Centre for Policing Research and Learning in collaboration with the London Mayor’s Office for Policing and Crime (MOPAC). The action research aims to enhance the quality and impact of the learning and development function (L&D) in English and Welsh police forces to meet the needs of Policing Vision 2025.

This report focuses on two professions that are closely relevant to policing: paramedics and nursing. Additionally, it draws on the evidence from other professions (teaching and law) which share characteristics with policing such as serving the community and being practice-driven. We undertook a series of 10 interviews with elite actors in relevant professions, with the aims of:

- learning from other relevant occupations’ trajectories and participants’ experiences and perceptions regarding the core leverages and main challenges in the professionalisation process;

¹ See <https://www.npcc.police.uk>

- feeding insights from this research into the professionalisation journey of other professions into other relevant elements of “the Implementing Transformation in Police Learning and Development” action research programme;
- transferring knowledge about good and promising practices from other professions to the police to facilitate implementation of organisational changes across forces;

RESEARCH STRATEGY

This report is primarily based on 10 elite interviews with individuals who substantially influenced the professionalisation of paramedics and nursing (and other professions). Basing on the initial literature review, we understand that most professions have a tripartite governance structure, including a regulatory body that regulates and oversees the conduct of the profession at a national level; a professional body that protects the interests of the professionals and supports the development of the profession; and organizations which employ professionals. In addition to these stakeholders, trade unions also play a crucial role in the governance of the profession and also represent the perspectives of individual professionals whose career and life could be directly influenced by professionalisation. With this in mind, we strived to include as many different roles in the professions as possible in the interview study. The interviews came from 5 different professions. In addition, we undertook documentary analysis to complement the interview study. Moreover, this report builds on the literature review of professionalisation journeys (Fernie, Khalil and Hartley (2018)). Finally, we drew on an earlier MOPAC project which developed the evidence base for the Policing Education Qualifications Framework (PEQF) Degree Holder Entry Programme (Hough and Stanko, 2018). They identified several crucial issues in the design and delivery of higher education frameworks, including developing professional knowledge, setting up behavioural standards, adjusting training/coaching modes, cultivating reflection and continuous learning, which navigated us in seeking specific information from other professions with the purpose of generating implications pertinent to the police.

FINDINGS

We draw out a map of the professionalisation process for two professions, which teases out the main temporal phases and the primary driving/enabling forces and the restraining/conflicting forces in every phase of development (Figures 1 and 2). Reflecting on both journeys of professionalisation from paramedics and nursing, a number of good practice insights can be drawn:

Clear institutional roles for different key bodies involved directly in guiding the professionalisation process: both paramedics and nursing adopted tripartite institutional structure for their professions:

- The professional body that leads and synchronises the effort for professionalisation and protects the interests of the profession and the professionals in the process.
- The regulatory body that set the rules of practice and holds the professionals accountable for their practice to protect the public and optimise their outcomes.
- The employer bodies that play a crucial role in implementing the professionalisation and maximise the it benefits for them as employers and for the public.

The dynamic engagement between these three bodies has served positively the process of professionalisation because it has created a way of achieving sufficient consensus about the key outcomes of the professionalisation.

Clear definition of career pathways effectively encourages the workforce to look favourably towards their future career aspirations and also motivates them to engage in CPD. In both paramedicine and nursing, these pathways also set out the scope of practice and qualifications required, providing a concrete definition of what the profession entails and what body of knowledge is involved. The pathways also show that collaboration with HEIs enables an evidence base, with 'new knowledge' that further drives the development of CPD.

Standardisation and quality control of practical placements. The role of **practice educators** is well defined (e.g. College of paramedics, 2017) and they are accountable for 'helping the student **understand** their learned knowledge in practice'. All paramedic practice educators are required to have undertaken, or be working towards, a Level 6 practice qualification. In

addition, the placement sessions are overseen by **link officers** (from both the employer and HEIs), who have to make sure the training and assessment are performed in a professional and ethical way. This learning point is also stressed by the participants from nursing when reflecting on the role of the **clinical placement facilitator**. The Nursing and Midwifery Council insists that every placement has “an audit” where it assesses the placement’s suitability as an educational environment. The clinical placement facilitators are part of that process. They are responsible for keeping a record of how many supervisors are available to support students’ learning, and that they know that students are going to be managed properly.

Extended infancy programme. In the 2 years after graduation, paramedics spend up to 24 months working under mentorship, with 300 hours’ work with more experienced paramedics and a reduced workload. At the 2 year point they move to a higher pay band and take on the full role.

Figure 1 Map of professionalisation of paramedics

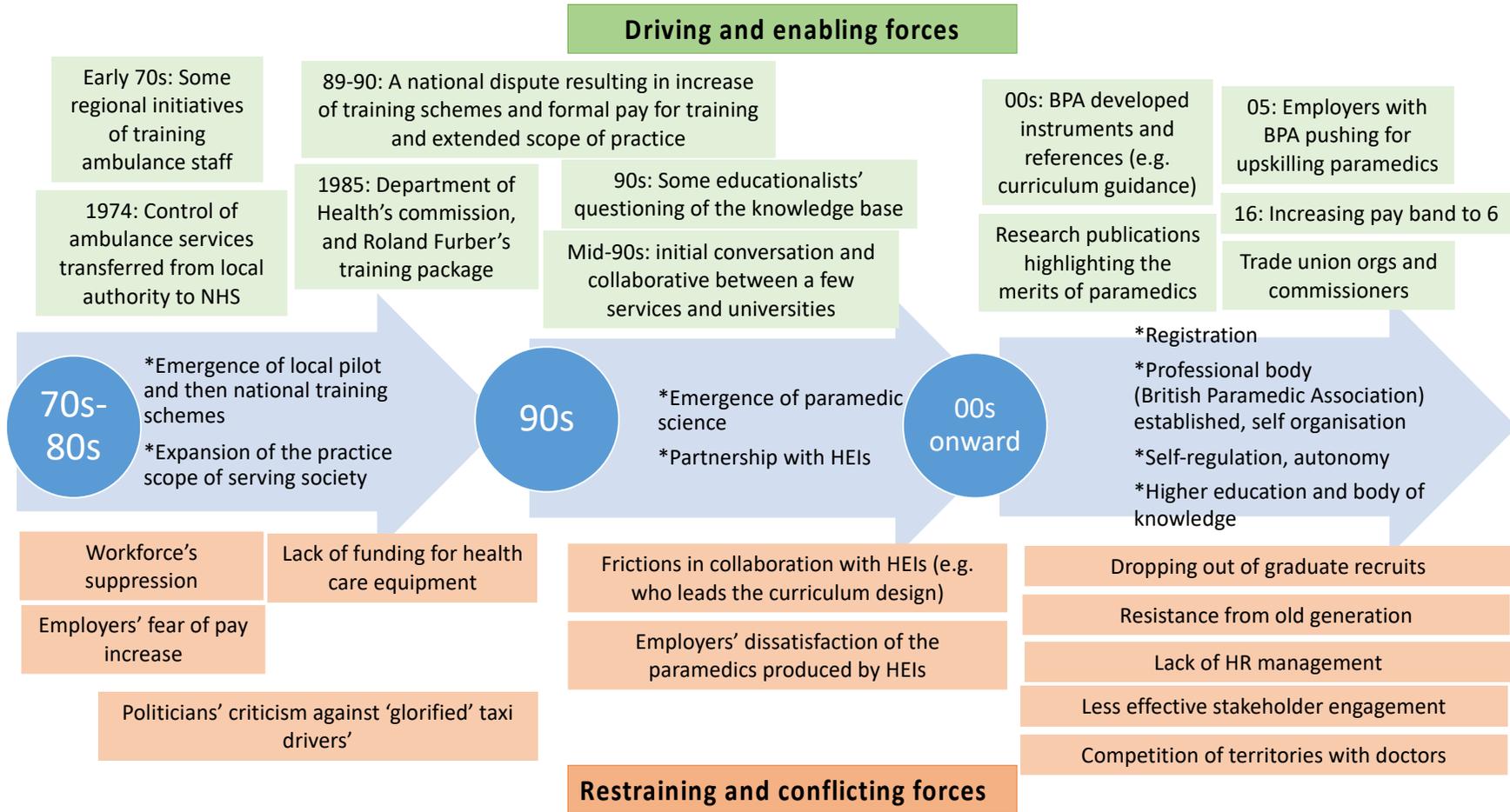
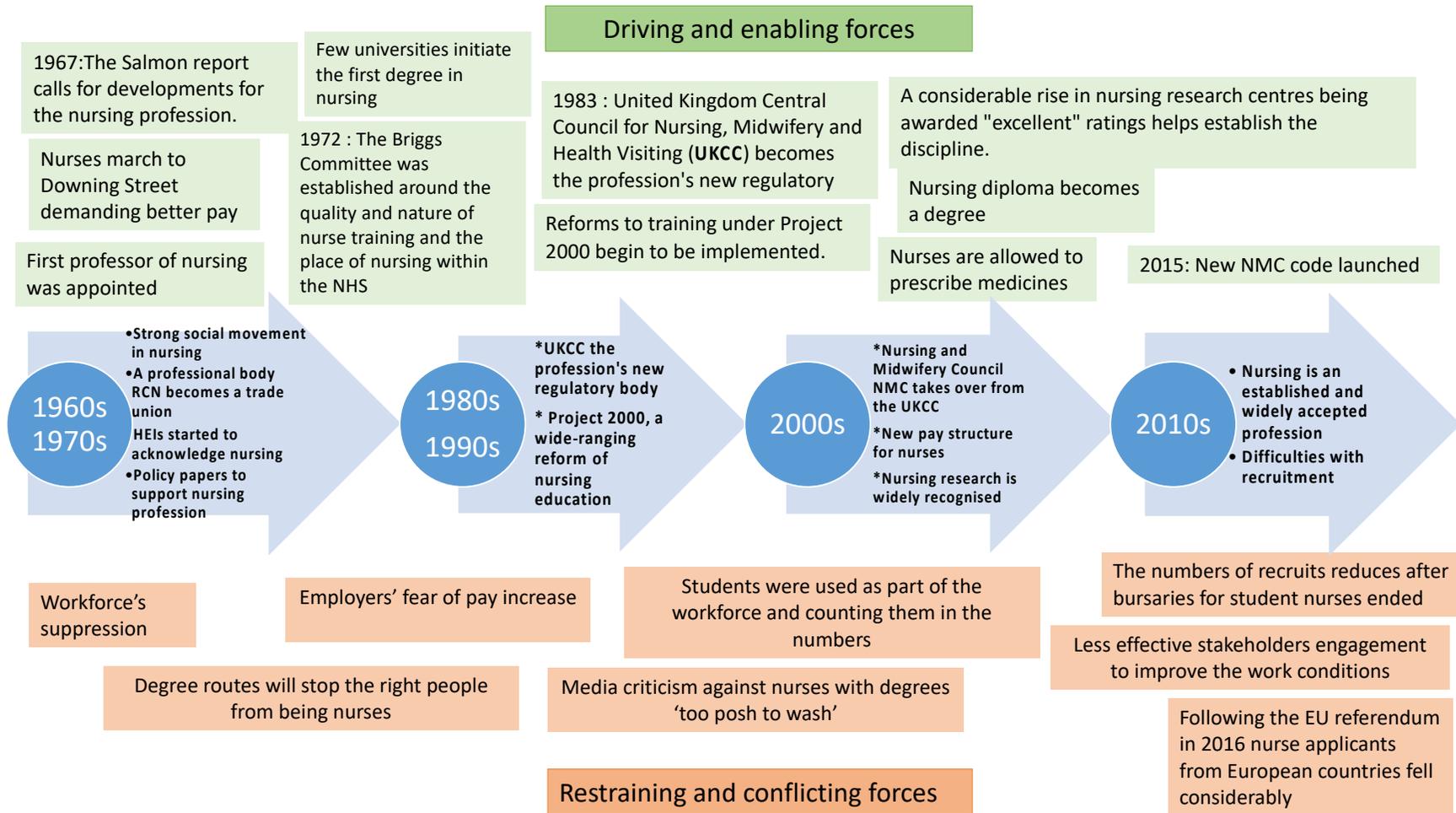


Figure 2 Map of professionalisation of Nursing



CONCLUSIONS: INSIGHTS AND SUMMARY OF LEARNING POINTS FOR POLICING

Institutional change

The professionalisation journeys of paramedics and nursing followed a pattern of spiral progression, going between phases of varied regional exploratory initiatives and broader national integration and standardisation. For the former phase, a degree of flexibility is needed. For instance, the moderate level of control over training models allowed the London Ambulance Service (LAS) to initiate their partnership with Hertfordshire University and carry out the first HEI-provided educational qualification. For the second type of phase, effective tools and standards are needed. Therefore, a balance is helpful between room for adaptive leeway and innovation in governance along with robust blueprints and standardisation.

Changes at organisational and operational level

Professionalisation is not only about establishing infrastructure at an institutional level, such as establishing the professional body and raising entry thresholds for educational qualifications. It is equally, if not more important, to adjust to the advanced changes at organisational and operational levels. The gradual process of the new graduate workforce replacing the existing generations of employees also shifts the characteristics of the workforce, workplace culture and employment relations. This involves organisational arrangements, including HR management approaches and appropriate mechanisms of control, performance measurement and appraisal, to be relevant for changes in the workforce features. This is especially important for demanding occupations like paramedics and policing, because degree holders, although interested in joining these occupations, may not always expect the level of workload intensity and pressures of the job. In paramedics' professionalisation, an ad hoc lesson is their delayed recognition of the importance of retaining new talent and providing them with not only technical but also mentoring support. Looking at the nursing example, great attention was given to engage and support the existing workforce at the time of transformation. Evidence collected for this report suggested the importance informing the existing workforce and give them a voice in the process of professionalisation, encourage them to understand and even welcome the coming changes, and clarifying what the changes would mean for them.

INTRODUCTION: CONTEXT AND PURPOSE

This report sets out to learn from other occupations that have shifting from being a craft-based occupation to a research-evidence based profession in order to draw on the learning relevant to policing as it aims to meet the aspirations of policing Vision 2025. In addition to this report, an in-depth academic and policy literature review (Ferne et al, 2018) has been undertaken on the personal, organisational and institutional enhancement of professional learning and development in occupations which have transformed from craft-based to research evidence-based. These 2 reports are part of a wider action research programme entitled “Implementing Transformation in Police Learning and Development” undertaken by the Open University- Centre for Policing Research and Learning in collaboration with Mayor’s Office for Policing and Crime (MOPAC). The research action programme aims to enhance the quality of learning and development departments (L&D) in England and Wales to meet the needs of Policing Vision 2025. Those two reports are published separately.

This report focuses on two professions that are closely relevant to policing: paramedics and nursing. Additionally, it draws on the evidence from other professions (teaching and law) which share characteristics with policing such as serving the community and being practice-driven. We undertook a series of 10 interviews with actors in relevant professions, with the aims of:

- complementing the systematic literature review conducted on professionalisation (Ferne et al, 2018) to enhance our knowledge, by expanding on the evidence collected from the conducted literature review and gaining more recent and contextualised information;
- learning from other relevant occupations’ trajectories and participants’ experiences and perceptions regarding the core leverages and main challenges in the professionalising process;
- feeding insights from this research into other relevant parts of “the Implementing Transformation in Police Learning and Development” action research programme.
- transferring knowledge about good and promising practices from other professions to the police to facilitate implementation of organisational changes across forces.

This report is organised around five main blocks. First, the research questions, the theoretical underpinnings and the methodology used to conduct this research are introduced. Second, we move to examine in great details the professionalisation journey of paramedics. This includes explaining the context and the background that enabled professionalisation for paramedics and different elements of the institutionalisation of the profession. Third, we explore the professionalisation journey in nursing. Akin to the structure we introduced to analyse the professionalisation journey in paramedics, we commence by examining the context and the background that enabled professionalisation in nursing, then we move to the institutionalisation of the profession. Fourth, we study how the journeys of professionalisation were managed including the benefits of professionalisation, the main challenges that faced the process and the good practice learned from these journeys. Finally, the report concludes with some insights and a summary of learning points for policing institutionally, organisationally and operationally.

CHAPTER 1: THE RESEARCH APPROACH

1.1 Research questions

Drawing upon our existing knowledge of professionalisation in relevant occupations and of the particular challenges which policing faces, we sought in-depth exploration along three lines of inquiry:

1. How was the process of professionalisation initiated, proceeded and matured? What were the milestones and key phases of evolution? What were the main positive and unexpected outcomes?
2. Along this journey what were the driving forces and enabling elements? What were the pitfalls, conflicts or restraining forces and how were they managed?
3. What are the main learning points policing can take from the history of other professions?

1.2 Theoretical underpinnings

1.2.1 Descriptors of a profession

Through a substantial literature review, Green and Gate's (2014) integrated framework of 'key characteristics of professions' (see figure 1.1) emerged as a pertinent and comprehensive tool to underpin and examine the current status of a profession. According to Green and Gate (2014) for an occupation to transform into a profession, the key elements are: self-organising membership, registration and system of rewards; social movement, socialisation into the profession, 'exclusive' membership; autonomy; service to the community; self-regulated, code of ethics and accountability; higher education, lifelong commitment to learning; body of knowledge.

In this study, the seven characteristics outlined in this framework resonated with what stakeholders deem as essential to occupations striving over time to establish themselves as proper professions.



Figure 3 Framework of key characteristics of professions (Green and Gates, 2014)

1.2.2 Capturing tools for institutional and organisation change

In addition, our investigation into achieving these characteristics comes from the macro institutional level and the local organisation level. Firstly, we follow Nigma and Dokko (2018)'s study of profession emergence by focusing on the two broad dimensions core to the institutional change. Those are organisational and instrumental infrastructure and a community with distinctive identity. Therefore, we pay particular attention to what infrastructure has been put into place and how the occupational community changed alongside the professionalisation process such as regulatory bodies and relationship with higher education institutions. Secondly, we use Hartley's (2002) model of organisational change and development (see figure 2), which aided us systematically to capture the key challenges of bringing about organisational and cultural change encountered by organisations in the studied professions.

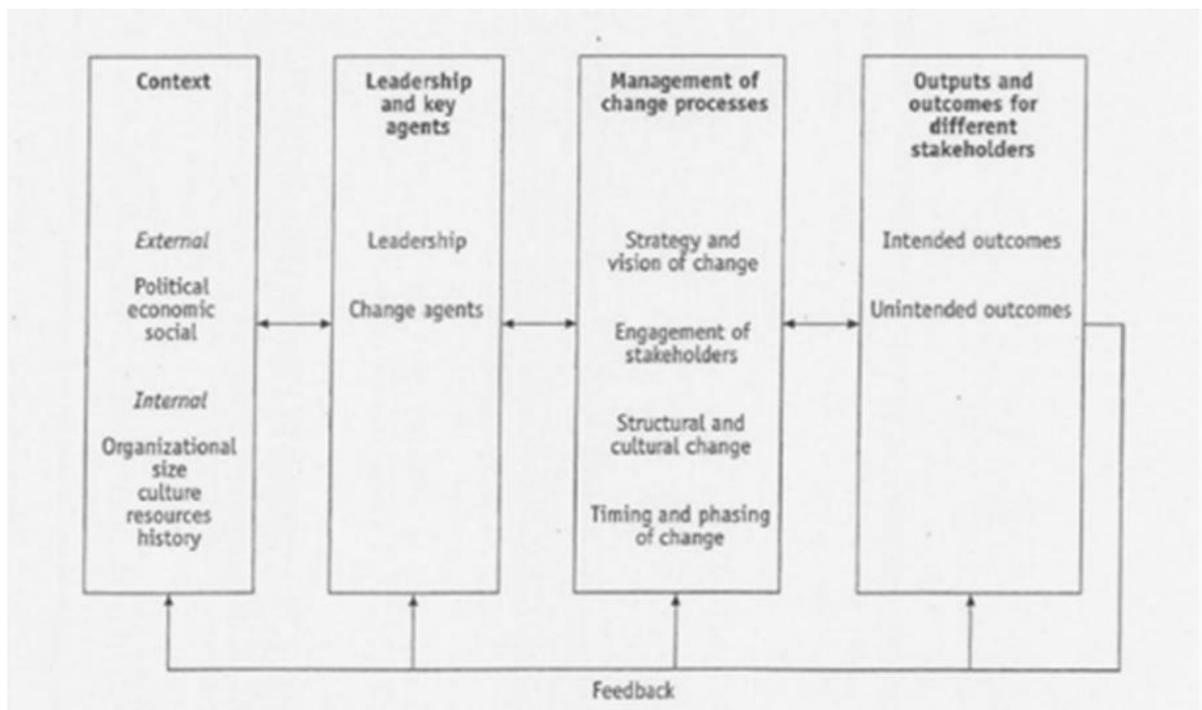


Figure 4 Framework of organisational change and development (Hartley, 2002)

Thirdly, a previous MOPAC project which developed the evidence base for the Policing Education Qualifications Framework (PEQF) Degree Holder Entry Programme (Hough and Stanko, 2018) has identified several crucial issues in the design and delivery of higher education frameworks, including developing professional knowledge, setting up behavioural standards, adjusting training/coaching modes, cultivating reflection and continuous learning, which navigated us in seeking specific information from other professions with the purpose of generating implications pertinent to the police.

1.3 Methodology and data

Our study is primarily based on 10 interviews with individuals from the professions of interest. Based on our initial literature exploration, we understand that most professions have a tripartite governance structure, including a regulatory body that regulates and oversees the conduct of the profession at a national level, a professional body that protects the interests of the professionals and supports the development of the profession, and professional organisations (i.e. employers). In addition to these stakeholders, trade unions also play a crucial role in the governance

of the profession and represent the perspective of individual professionals whose career and life could be directly influenced by professionalisation. With this in mind, we strived to include as many different roles in the professions as possible in our interview study. Ultimately, via a snowballing strategy, we interviewed 10 individuals from 5 different professions.

We employed a semi-structured interview strategy, using a bank of interview questions to guide topics, but at the same time encouraging participants to go deeper on particularly interesting points emerging from the interview. The interviews lasted from 80 minutes to 150 minutes and were all audio recorded with the consent of the participants. All the participants' identities from the interviews are kept confidential and anonymous.

In addition, we undertook documentary analysis to complement the interview study. Before and after the interviews, we explored relevant publications, such as Paramedic Curriculum Guidance (2006, 2017) and The Future of Legal Services Education and Training Regulation in England and Wales (2013), and online resources, such as the Nursing and Midwifery Council's webpage on professionalisation (<https://www.nmc.org.uk/standards/guidance/professionalism/read-report/>), to enhance our understanding of the contexts. Moreover, we also used the documentary analysis to draw reflections on the key standards and frameworks published by the police and their implementation at local level. For instance, we compared Paramedic Curriculum Guidance 4th edition (2017) and National Policing Curriculum 1st edition (2017), taking the former's implementation into consideration, which allowed us to ponder over the merits and room for improvement of the current curriculum of policing degree and apprenticeship programmes, as well as the ways of enforcing them in practice. Finally, this report builds greatly on the evidence collected in Fernie et al (2018)'s systematic literature review of different professionalisation aspects.

1.4 Analysis structure and rationale

This report is constituted by in-depth investigations of two different professions akin to the police and an integrative discussion in relation to policing; paramedics and nursing. Additionally, supportive interviews and materials were collected from another three professions; teaching, law and social work.

To respond to research question 1, we draw out a map of the professionalisation process for two professions, which teases out the main temporal phases and the primary driving/enabling forces and the restraining/conflicting forces in every phase of development.

In addition, drawing on the insights from these referencing points, we identified five main themes in our study which jointly address research question 2:

- historical background and external context;
- institutionalisation of the profession;
- evolution of higher education infrastructure;
- benefits of professionalisation;
- and, managing changes at local level.

Furthermore, we use the map to portray professionalisation journeys from a temporal and processual dimension and use the thematic analysis to present them from a logical and categorical dimension. By integrating findings from the two angles, we could address research question 3 in terms of 1) identifying what kind of path might be lying ahead for policing and 2) what key elements need to have attention and effort directed towards them.

The report turns now to examine the first profession relevant to policing which is the paramedics professionalisation journey.

CHAPTER 2 THE PROFESSIONALISATION JOURNEY OF PARAMEDICS

'My father joined in 1950. When he went on to his interview, they took him outside to go on a driving test. But he chatted with the guy who was doing the test and all...they did was talking about the war. They never did the driving test. It was like a boys' club, network thing, and connections with friends

When I joined in 1980s, I came home talking to my dad what I learnt during the day, the 3Ps of ambulance service, which was to preserve life, promote recovery and prevent the condition from getting any worse. My dad immediately brought down the development parts saying that 'we have the 3Ps, which is pull up, put them in the back and push off down to the hospital. What do you need that for?'

When my son joined in 2010, he had to go on a degree by three years' learning. I didn't question the education because I was well educated by that time.....'

Interviewee: Paramedic practitioner, educator and member of the professional body

2.1 Historical background and external context

- **Occupational status:** The Ambulance Service in the UK used to be recognised as a third-tier occupation and seen as mainly about transportation and manual handling of patients. Thus, it was at a much lower status than other Allied Healthcare Professions.
- **Collective identity:** Ambulance Service staff also perceived their job as far from health care. This old approach was well captured by a widely spread saying in the community - --- 'pull up, put them in the back (of the ambulance), and push off to the hospital' (known as 'the 3Ps'). This deeply rooted collective identity turned out to be a strong blocker of the upgrading of paramedics to a more complex health care function and the advancement of relevant higher healthcare education to support that.
- **Workforce:** Traditionally, the paramedic workforce was male-dominated, in their 30s or 40s as a change of career, and likely to remain the job for 30 years. The homogeneity of the existing workforce led to strong culture as well as established ways of working.
- **Required qualifications:** A considerable number of people joined this occupation because their family relatives already worked in the ambulance service, which was

described as 'joining the old boys' club'. The requirements for working as ambulance staff were physical fitness, driving skills and basic first-aid knowledge.

- **Governance structure:** The work standards were driven by employers (Whitmore and Furber, 2006). There was no standardisation or regulation at national level, which was why the training initiatives started and initially were carried out only at a small number of regional employers.

- **Industrial structure:** In 2000s, there was a significant merger and restructuring of ambulance services in England. In the mid-2000s, ambulance technicians were separated from paramedics as a supporting job role.

- **Job market:** In 2010s, there has been a constant rise in the demand for paramedic services (van der Gaag, et al., 2017). This reached a high level in 2015 when a substantive shortage of workforce led to Health Education England proposing a 54% increase in commissioned places for educational intakes (HEE, 2015) and a major recruitment drive from abroad. The workforce became a mix of domestic paramedics and those from European countries and Australia. There are still lots of vacancies across the country, which creates pressures for employers in applicants recruitment and selection. In figure 5, we visualise the professionalisation journey of paramedics from the early initiatives in the 70s and 80s until recently. The driving and enabling factors that supported the professionalisation progressing are demonstrated on the top of the figure in green. Whilst the restraining and conflicting factors that hindered the efforts of professionalisation at different stages of the journey are illustrated in the bottom of the figure in red.

2.2 Map of professionalisation journey of paramedics

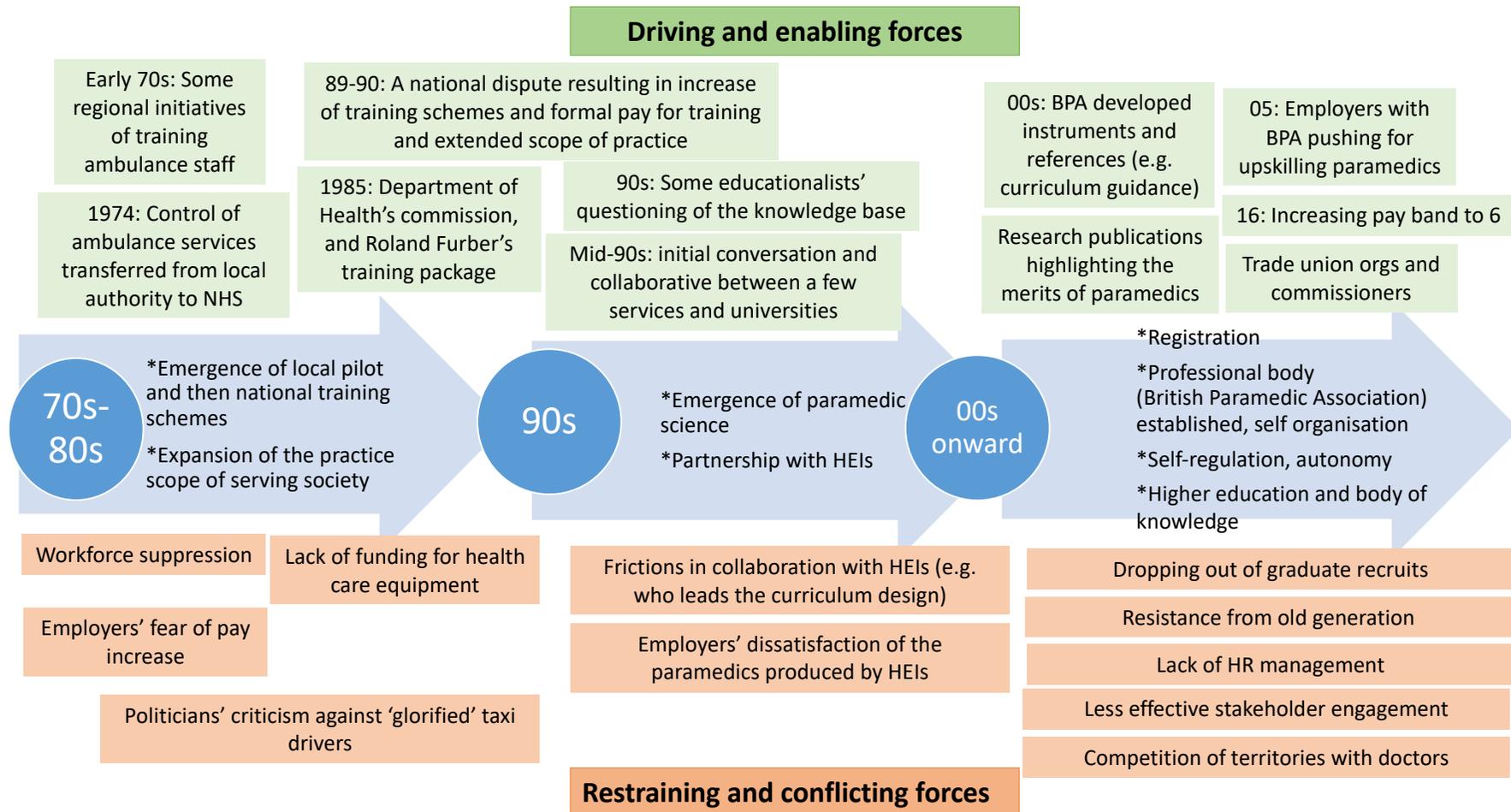


Figure 5 Map of professionalisation of paramedics

2.3 Institutionalisation of the profession

2.3.1 Main stakeholders and their roles

From 2000 to 2001, the advent of professional registration led to the establishment of the Council for Professions Supplementary of Medicine, which was shortly after succeeded by the Health Professions Council (HPC)². The idea of seeking self-regulation since the late 90s at the senior level of ambulance services prompted paramedics' registration with HPC, which generated two profound effects. On the one hand, the registration uplifted the status of paramedics, positioning it among other Allied Health Professions, such as diagnostic radiographers and physiotherapists, under the regulation and oversight of HPC/HCPC. On the other hand, since a legal registration with HPC/HCPC was required to become a paramedic from that time, the registration turned the matter of 'becoming a paramedic' into a nationally and legally controlled practice. It thus lifted the bar in setting national standards for education and training that complied with established academic levels (College of Paramedics, 2017).

Acting as a regulator, HPC/HCPC governs the profession of paramedics in several ways, among which the most relevant ones to professionalisation include:

- Working with the professional body, the HPC/HCPC sets, publishes, and revises various standards of conduct, performance, ethics, education and training, and proficiency (The Health Professions Order, 2001), which determine registrants' 'fitness to practice' and ensure that they are up to date and workable. Critical examples include *Standards of Conduct, Performance and Ethics*, *Standards of Education and Training* and *Standards of Proficiency*.
- With the input of the professional body, it approves courses of education and training and assesses and accredits the registration applicants. Accordingly, it protects the registered title 'paramedic' by law. A person who is not registered and/or who misuses this designated title is breaking the law and may be prosecuted.

² In 2012, HPC changed its name to Health and Care Professions Council (HCPC). See <http://www.hcpc-uk.co.uk/aboutus/namechange/>.

- It protects the public against any professional malpractice, oversees the conduct of paramedics and deals with public complaints through investigations and health panels.

Shortly after the registration, the British Paramedic Association (BPA), then renamed College of Paramedics (CoP), was established in 2001 as the professional body for UK ambulance staff. It has actively protected and regulated the profession and driven forward professionalisation in a number of ways.

- Firstly, with wide and frequent consultation, it has developed various instruments and reference points for the education and training of paramedics, such as curriculum guidance and the career pathway framework. This important collaboration comprises the HPC/HCPC, the Joint Royal Colleges Ambulance Liaison Committee, the Quality Assurance Agency for Higher Education and other stakeholders (College of Paramedics, 2017: 49).
- Secondly, it has been engaged with and coordinated the network among employers, commissioners, higher education institutions (HEIs), and unions to share current concerns from various sectors and possible solutions, which serve as a crucial engagement platform to deal with the 'consequences' of changes of structure and approach brought into the paramedic world.
- Thirdly, it endeavours to encourage higher standards of initial and continuing professional education and development. It has been strategically seeking liaison with stakeholders to lobby for higher education status of paramedics. In 2018, with College of Paramedics' efforts, HCPC has lifted the threshold entry to the register from a Certificate of Higher Education, i.e. FHEQ level 4, to a Bachelor of Science degree with honours, i.e. FHEQ level 6. The pursuit of higher education status on the part of College of Paramedics often encounters counterarguments from paramedic practitioners.
- Fourthly, it also serves as a champion for the profession and protects the professional community against external demands and pressures. For instance, the College of Paramedics strives to expand the scope of practice of paramedics and formalise it institutionally. This process may also involve negotiation with other health care professions which compete with paramedics for practice territories.

The trade union of paramedics (UNISON) has also played a crucial role in the radical transformation. Its overall role in representing the interests of and supporting ambulance service members is important for addressing the industrial relations issues caused by the changes associated with professionalisation.

- Firstly, with their negotiation efforts, the job of paramedics was re-evaluated by the NHS, which resulted in the increase of pay for paramedics from band 5 to band 6 in 2016. Through this step, the pay and conditions of paramedics became a better match with their expanded scope of practice, skill and responsibility.
- Secondly, while College of Paramedics provides the qualification framework and career pathway map for paramedics and higher levels of paramedic professionals (i.e. level 6 and above), it does not provide similar frameworks for the ambulance technicians / emergency medical technicians (level 3 to 5), who have been left with little support from the professional body since the distinction was drawn between technicians and paramedics. The union therefore has been campaigning for this group of people to progress their career and negotiating for organisational support with employers.
- Thirdly, through their interface with new generations of the workforce, the union also intervenes to improve industrial relations in the paramedic world during the encounters between the new, younger and more demanding workforce and the existing workforce and older working and management approaches. One interviewee from UNISON stressed that the new generation workforce tend to expect more from the employers, such as appraisal and better working conditions, and greater support into the job. The union interviewee reported that many of young paramedics were worn out a few years after joining. He also mentioned that evidence from the NHS several years ago shows that a spiking number of people in their mid to late 20s or early 30s resigned on the grounds of ill-health, for which the lack of support in a highly stressful working environment was considered a main cause, for instance, Barody (2016).

2.3.2 Key standards and regulations

Historically, the standards ambulance staff worked towards and the awards given to them following their completion of training were largely driven by local employers with

significant input from doctors (Whitmore and Furber, 2006). This approach rendered ambulance staff less regulated and also separated them from other medical professional groups. This situation changed with the establishment of the regulator and the professional body of paramedics, as the regulations enacted by them enabled the practice, training and education of paramedics to be standardised on a national level, and the operational independence of the occupation finally to be obtained; acquiring self-regulation and autonomy, the essential features of a full profession (Green and Gates, 2014).

More specifically, HCPC works closely with College of Paramedics in setting up *Standards of Conduct, Performance and Ethics* and *Standard of Proficiency*, which define who a paramedic is and draw the line of paramedics from other medical professions. College of Paramedics' *Curriculum Guidance* documents are pivotal too, as they specify the core competencies and qualifications for a paramedic, and accordingly the expected outcomes of higher education programmes. Furthermore, they outline a framework of continuous professional development in association with five levels of practice (College of Paramedics, 2018, p.10). Therefore, these materials constitute comprehensive reference points enabling the paramedic profession to self-organise their membership, registration and system of awards. For more about these documents see section 2.4.2.

2.4 Evolution of training and education

2.4.1 Standardisation of training and education

Ambulance staff did not have nationally recognised qualifications until 1966, when Dr Millar published the seminal work *Report of the Working Party on Ambulance Service Training and Equipment*, which was a vital contribution to standardising training of ambulance staff and equipment on ambulances. In particular, the report promoted the training to be delivered on a more consistent basis (College of Paramedics, 2006), by providing the *Ambulance Services Proficiency Certificate* and *Ambulance Services Advanced Certificate* each with their required amounts and types of training as a national reference. Yet, the training proposed at that time was still delivered on the job and was mainly vocationally oriented (van

der Gaag et al., 2017), without formal educational or ethos content (College of Paramedics, 2006).

From the 1970s, several voluntary experimental extended training schemes on more advanced life-support knowledge started at a local level in the UK, such as Dr Chamberlain's scheme about cardiology in Brighton. These pioneering schemes, albeit small in number and driven by specific local needs, started to change the way people thought about the Ambulance Service. The practice of taking defibrillators onto ambulances, under the influence of Dr Belfast, for instance, marked the expansion of ambulance staff's work boundary and trend of taking care and treatment out of hospital to street level. What paramedics did mattered to better health outcomes. In 1974, all ambulance services, including those services with experimental training schemes, transferred from local authority control to the National Health Service (NHS), from which point the ambulance staff and their practice, proficiency and education and training were brought in more alignment with doctors, nurses and other professional groups in the NHS family and managed at a national level.

Towards the end of the 1970s, in parallel with the birth of the first paramedic training scheme in the USA, the interest in developing extended training for ambulance staff started to grow in the UK. Dr Lucas of the Medical Commission on Accident Prevention explicitly noted the importance of treatment being delivered at the accident scene. In 1984, research commissioned by the Department of Health, provided a compelling and economically sound vision for extended paramedic training (College of Paramedics, 2015). The increasingly favourable approach to more advanced training led to the introduction of a national training scheme by the Department of Health in 1985. This move brought the existing schemes into a standardised package of training, although delivery was still managed by local ambulance services in their own training 'college' and in local hospitals. Although national in scope, this training scheme was still delivered on a voluntary basis.

In dispute about pay and conditions, which ran from 1989 to 1990, statements describing ambulance staff as 'glorified taxi drivers' triggered ambulance staff's defence of their skill and proficiency. The dispute resulted in formal payment for the extended scope of

practice and completion of the extended training. The reflection of training in enhanced pay catalysed the rapid growth of extended training from the 1990s across the nation. The NHS Training Directorate scheme was established to facilitate the development of training schemes.

In 1996, the London Ambulance Service (LAS) initiated a conversation with the University of Hertfordshire to evaluate the worth of the training for paramedics in academic terms. Building on that, they designed, in an exploratory way, some modules to cover the competence they believed important, and mapped out a three-year degree combining experiential learning and science, ethics, sociology, and other courses. Following this, a small number of educational establishments formed partnerships with ambulance services to develop degree schemes in paramedic science.

The setting up of the professional body and regulator for paramedics paved the way for the regulation and standardisation of training and education for paramedics (Health and Care Professions Council (HCPC)'s standards of proficiency for paramedics). In addition to that, the College of Paramedics was established. As one of its most significant contributions, five levels of paramedics that represent five specified scopes of practice with corresponding levels of competence. These levels of practice and competency were given different titles³, which have been protected by law and correlated to the reward structure.

As the role became more clearly demarcated, the College of Paramedics developed an educational framework directly related to the defined core competences and identified key measurable aspects; these were published in 2006 as the first edition of *Curriculum Framework for Ambulance Education*. It was aimed to 'provide higher education providers and other stakeholders with a comprehensive resource for the education and training of paramedics throughout the UK.' (College of Paramedics, 2017, p. 5).

³ The five levels of title ascendingly are *Technician; Paramedic; Specialist Paramedic; Advanced Paramedic* and *Consultant Paramedic*.

The curriculum has been rapidly revised by the College of Paramedics in close consultation with practical stakeholders, with the 2nd, 3rd and 4th editions published in 2008, 2014 and 2017 respectively. Specific skills and knowledge are required, and hours of placement are continually re-evaluated in consultation with practitioners. The latest edition of the curriculum guidance lays out the 'curriculum content' and 'preparation for practice-based education' for higher education providers. It also offers a model (College of Paramedics, 2017, p.11) that visualises the 7 essential key areas of competence, with the principle 'practice-based education' also highlighted in the model (figure 4). Overall this encapsulates well the required content and fundamental approach the College of Paramedics expects for higher education programmes.

Apart from the curriculum guidance, the College of Paramedics has also developed many critical instruments to advance Continuous Professional Development (CPD) across the country. This included publishing a Post Registration – Paramedic Career Framework (figure 4) to guide registered paramedics to develop their career through the opportunities provided by progressing through one or more of the four career pathways, i.e. clinical practice, leadership & management, research & development and education. Related resources, requirements and opportunities are laid out to paramedic members. In the document, different levels of paramedic posts (i.e. paramedic, specialist paramedic and so on) are compared in respect of education level (i.e. Level 6, 7, 8), assessment standard, period of study and competence requirements (see p.10), which can help those aspiring to progress to focus their development efforts. These materials enable new starters as well as existing members to anticipate their future career route and thus encourage them to invest in further development. These tools, as stressed by the interviewee from the College of Paramedics, are important to encourage an approach of life-long learning which leads to better health outcomes for the public.

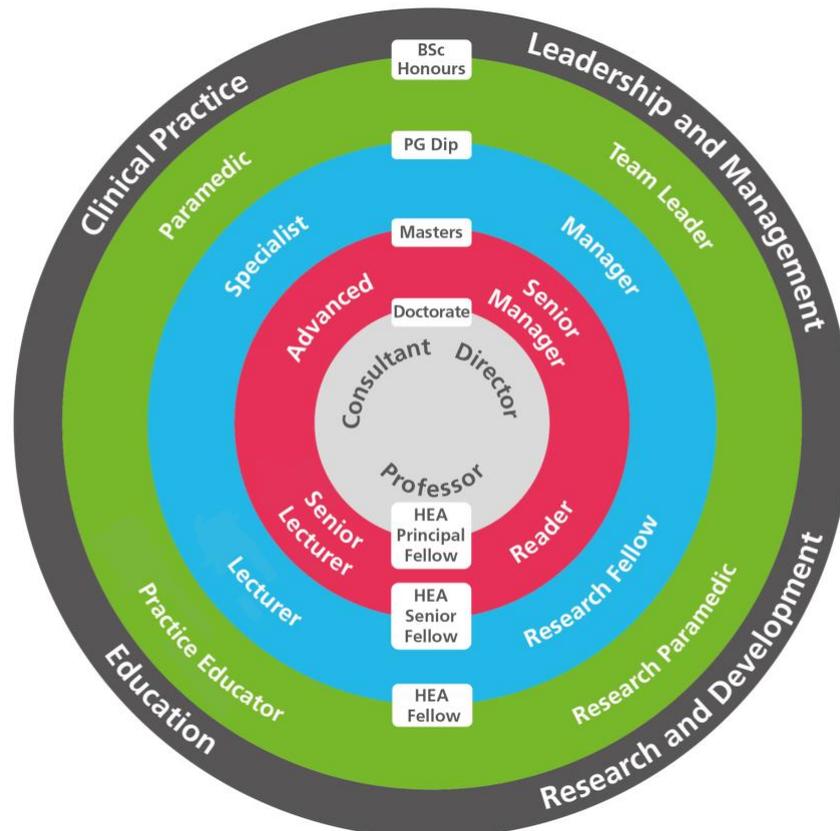


Figure 6 Post-registration paramedic career framework (College of Paramedics, 2018)

2.4.2 Development of the body of professional knowledge

In the 1970s, the exploratory extended training schemes provided ambulance staff with medical knowledge, but only in a disparate and regional pattern. In the 1980s, as more emphasis was placed on the value of care and treatment at the scene before arriving at hospital, paramedics started to look for theoretical underpinnings for their practice. For instance, from 1984 theoretical knowledge on intubation and infusion was included in the training for ambulance staff. The late 80s was the first-time people started to ask, 'where is the evidence basis for what we do', and 'why do we do that', although there was very little research and few research publications at the time. The first attempt at drawing out the theoretical scope of paramedicine based on existing training schemes at local level was the national scheme for extended trained ambulance staff, commissioned by the Department of Health and led by Roland Furber in Surrey in 1985.

As the ambulance services formed partnership with HEIs, educationalists and researchers contributed their insights and experiences in medical research to develop the paramedics' body of knowledge. It was also at the point of transition from in-house training to university programmes that more attention was paid to the sociological, legal and ethical elements involved in the work. From 2000, HCPC and College of Paramedics collaborated in enacting and revising *Standards of Proficiency* and *Standards of Performance, Conduct and Ethics*, which comprehensively pin down the essential knowledge, skills, and behavioural principles of paramedic practitioners. College of Paramedics' framework of curriculum guidance combines all these pieces coherently and allows the body of knowledge to be communicated to /taught and assessed among students of HEI programmes.

2.4.3 Higher education provision and quality assurance

Initially, the vocationally oriented training for ambulance staff was designed and delivered mostly by local ambulance services, which had their own department for training, or 'college'. In the 1970s some initiatives delivering extended training schemes emerged, and in 1985, a national training scheme for 'extended trained ambulance staff' brought the disparate schemes into a standardised package of training. However, the training continued to be carried out in regional ambulance services and local hospitals. As the work of paramedics placed a higher demand on them for more advanced health care skills and theoretical underpinnings, the need increased to offer training programmes that could 'help build a wider and deeper basis for people's life-long development'. Responding to this, the training mode has shifted gradually over time from in-house, localised training to HEI provided professional education. Since the first undergraduate (UG) degree of paramedic science was launched in the University of Hertfordshire in 1996, higher education institutions have become the main education providers. The threshold of paramedic education changing from certificate level to BSc (Hons) was approved by HCPC in 2017 and took effect from 2018, which means HEIs have become the sole providers of pre- and post-registration paramedic education.

- **The regulation and quality assurance**

Since 2000 onwards, the regulation of HEI- provided programmes has involved multiple stakeholders. HCPC, the regulator, set out the fundamental standards, that is, *Standards of Education and Training* (2017), *Standards of Conduct, Performance and Ethics* (2016) and *Standards of Proficiency* (2014), which directly determine the core content of the programmes. In addition, before the launch of a programme, it needs to be approved by HCPC, which is considered by the College of Paramedics to be a crucial aspect of professionalisation and mechanism of standardisation and quality assurance. The programme approval process, as indicated by the College of Paramedics interviewee, places emphasis on the integration of a certain amount of practice elements embedded within the educational programme.

The Quality Assurance Agency (QAA) ensures that higher education programmes created for paramedics are valid in academic terms by publishing codes specific to paramedic education, that is, *Subject Benchmark Statement – Paramedics* (2016), along with their more generalised standards for higher education in the UK, including *The Quality Code: The Frameworks for Higher Education Qualifications of UK Degree-Awarding* (2014) and *The Quality Code: Assuring and Enhancing Academic Quality* (2014).

BPA and College of Paramedics, the professional body, with more direct engagement with the practical world, employers and HEIs, integrate the above input together and write more specific curriculum guidance to make sure the programmes fulfil those standards and satisfy the needs of the various stakeholders. As our interviewee from College of Paramedics noted, the curriculum content in the guidance corresponds with HCPC’s designations of proficiency and behaviours and translates the abstract proficiency indicators into measurable aspects in a practical context, such as: ‘*demonstrate the ability to establish and maintain a safe practice environment for all*’ and ‘*integrate ethical decision making within professional practice*’ (paramedic practitioner, educator and member of the professional body).

By listing the core competencies, the curriculum guidance minimises the box-ticking element that can be found in HE classroom-based education and allows the concrete

connections between theory and practice to be built within a setting away from a real practice setting. Moreover, the guidance, taking an outcome-oriented approach, grants necessary flexibility for HEIs to operate the programmes in the way that suits their existing infrastructure and resources, and their formal and informal agreement with their ambulance service partners.

Importantly, the framework of core competences set by the College of Paramedics, continuously updated, is the only fundamental framework used in paramedic higher education and has been consistently embedded in the design and delivery of training courses, assessments and placement.

The College of Paramedics curriculum guidance also places emphasis on practice-based education. Firstly, the role of practice educators (i.e. the trainer and assessor in placements) and the principles for their supervision are highlighted and well defined (College of Paramedics, 2017, pp.30-32). It is worth mentioning that paramedic practice educators are required to have undertaken, or be working towards, a Level 6 practice award, which is designed to facilitate students' integration of theory and practice. In addition, it is also stipulated that the higher education programmes within HEIs should be 'led by a suitably qualified and experienced HCPC registered Paramedic' (College of Paramedics, 2017, p.10).

To sum up, the professionalisation journey of paramedics is still relatively young. It has clearly been non-linear. It progressed smoothly at times and reached tight bottlenecks at times. It is very important for the police starting their journey to take account of this. Additionally, as important as it was to negotiate and implement rigorous institutional and organisational structures such as the tripartite institutional structures and quality assurance frameworks explained earlier, it was important to take the workforce on board. In fact, the professionalisation journey in paramedics has been chiefly led by professionals who struggled for the recognition for their knowledge and a better service for the public in a bottom up way. More detailed implications will be drawn from both paramedics and nursing journeys in section 4.3.

CHAPTER 3 THE PROFESSIONALISATION JOURNEY OF NURSING

3.1 Historical background and external context

Historically nursing has been seen as a vocation and an extension of the traditional female role as carer, typified by characteristics such as nurturing. Nurses were categorised as ‘attendants of the sick’ and ‘teachers of hygiene’ (Yam 2004). However, this is now an outdated perspective because roles in nursing have been significantly transformed over several decades.

Whilst the role and responsibilities associated with nursing have expanded well beyond the basic duties of caring and cleaning, until recently, the nursing profession was not characterised as a true profession because of its dependence on apprenticeship training rather than relevant body of Knowledge (Green and Gates, 2014). This is supported by what one of our participants reflected in regards of the change in the nature of contemporary nursing:

“there are parts of nursing that are about just doing a task, so if I have to give you an injection, I don't need a degree to give you an injection. We can teach almost anyone to do that because obviously many patients do it to themselves or many carers do it. But understanding why you need that injection or when it's not appropriate to give it, or what the side effects are or lots of things like that, is more than just a task. That's knowledge, being able to assimilate knowledge, being able to draw on more than one thing to make a decision and that's the difference. Some of the tasks haven't changed. You still have to provide fundamental care for patients so people who can't wash themselves, can't feed themselves, they still need that doing for them also, the needs of patients are so different to what they were 30 years ago. The hospitals are much busier, you see it all the time on the media coverage. Patients are much sicker when they're in hospital, so their needs are much more complex, they have often several conditions not just one that brings them in. And so a nurse has got to understand all of that and assimilate all of that in order to provide appropriate care and to know when to refer the patient to someone else or to another professional or when to call a doctor down to say things aren't right here. We need you to review the patient. So it's a very different

type of profession to what it was 30/40 years ago” Practising nurse and senior
Educationalist (a)

The right for nursing to be called a profession and the process of professionalisation has been a ‘hard fought battle’ (Yam 2004). The role and function of nurses has changed over time and having a degree level education has aided nurses in being able to adapt and successfully meet the challenges associated with modern healthcare and better health outcomes for the public (Ferne et al, 2018). Akin to Paramedics, in figure 5, we visualise the professionalisation journey of nursing from the early initiatives in the 1960s until recently. We demonstrate the driving and enabling factors that supported the professionalisation progressing on the top of the figure in green. Whilst the restraining and conflicting factors that hindered the efforts of professionalisation at different stages of the journey are illustrated in the bottom of the figure in red.

3.2 Map of professionalisation journey of nursing

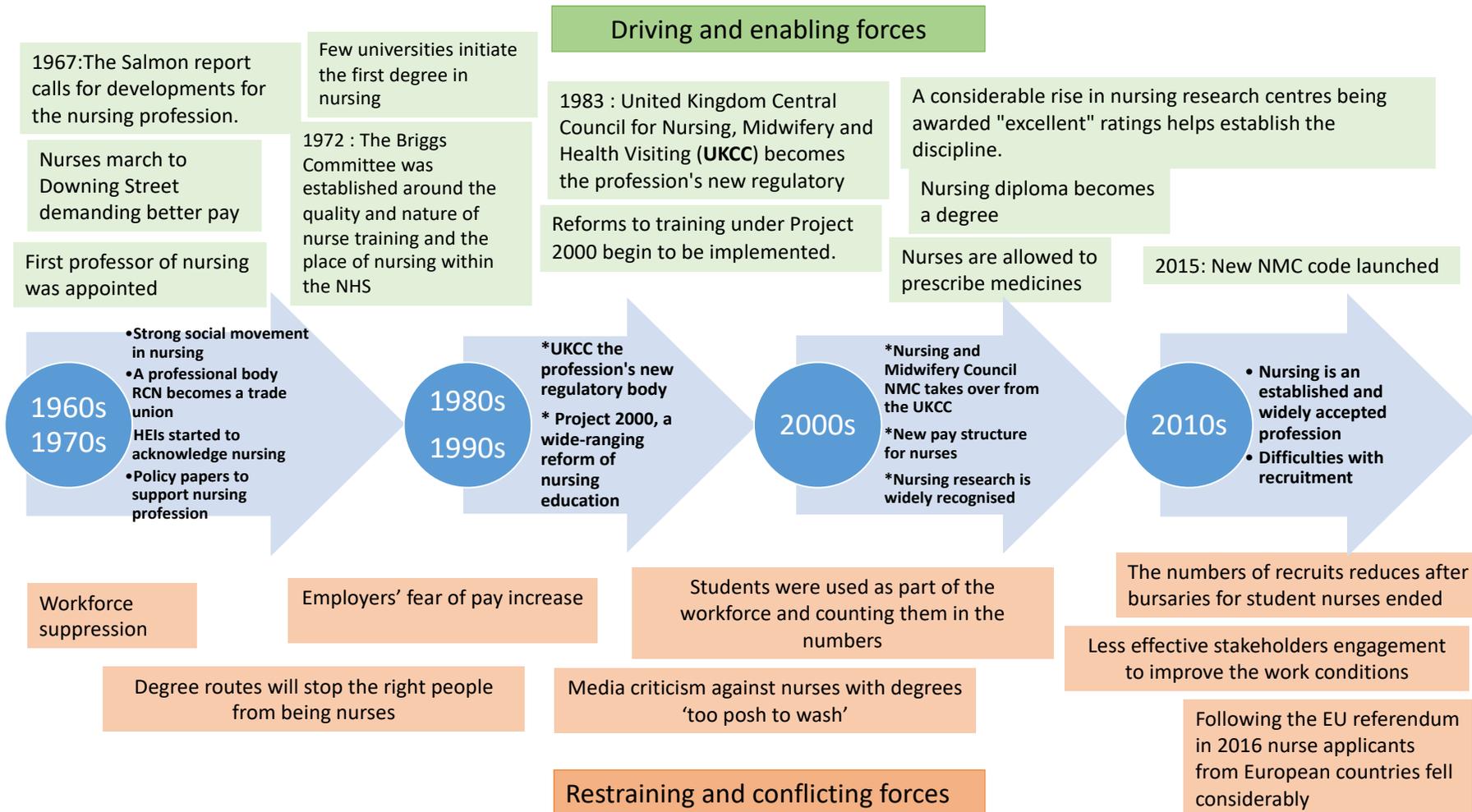


Figure 7 Map of professionalisation of Nursing

3.3 Institutionalisation of the profession

When measured against the Green and Gates (2014) theoretical framework introduced previously, nursing of the past lacked what is arguably the bedrock in any route to professionalisation; 'formal knowledge'. This is supported in a report by Carpenter et al. (2013, p.1), who accept that nursing had traditionally been seen as vocational in nature, with little academic value attached. The training nurses would receive would mainly focus on the acquisition of skills in order for them to carry out nursing duties, '...rather than critical thinking, problem solving and acquisition of analytical skills...'

"The vast majority at that time [70s] did what they called national training. And that was a sort of apprenticeship type model. So you didn't belong to a university or a college, you belonged to the NHS, to the Trust, to the hospital that you applied to do your training in and they had what they called Schools of Nursing. Take for example Manchester Hospital they would have had a School of Nursing in their Training Department and individuals went there and you did your three years training to become a nurse". Practising nurse and Educationalist (a)

Prior to the development of HE courses specifically designed for nursing, the entry standards for all potential candidates were minimal, requiring candidates to have as few as 3 GCE O' levels or successfully completing the Nursing Council Entry Test (Carpenter et al., 2013).

"So what you've got is you've got a state registration. So you've got a certificate that said you had passed your nurse training and there was a final exam that was the same exam for the whole country. So everybody took the same exam and that's what allowed you then to become registered as a nurse or midwife. And that happened quite happily up until the 80s. And during the 80s they started to think, actually, nursing was changing so much." Practising nurse and Educationalist (b)

During the 1980s, developments were being considered to bring nursing up to the standard of allied health professions such as physiotherapy and radiography. In order to do this, the decision was made to move nurse training into HE institutions and Project 2000 was initiated. Project 2000 can be considered as similar to the PEQF for policing. It was driven by a number

of factors. First, there was the criticism from the Royal College of Nursing about the educational standards of some recruits (Fulbrook, Rolfe, Albarran & Boxhall, 2000). second, recruitment to nursing had declined and there was a concern that there would be insufficient numbers of applicants to sustain employment needs (Kendrick & Simpson, 1992). The view was that offering an appealing educational package was more likely to attract more recruits to the nursing profession (Kendrick & Simpson, 1992; Nolan & Grant, 1993). Though, it is recognised that there were serious challenges with the transition of nursing from apprenticeship training to degree education, mainly around the theory-practice gap (Allen 1990, Blackburn 1992, Elkan & Robinson, 1993). Despite this, the overall benefits to the profession cannot be underestimated especially when it comes to insuring better outcomes for the public (see section 4.1)

Reflecting on his experience as a practicing nurse and an educationalist, one interviewee, asserted:

“within the nursing profession, the impetus was very much from within. So, there wasn’t a qualification framework imposed upon us, although there was a lot of debate about what that should look like when it finally emerged.... Project 2000: a New Preparation for Practice, that is the most significant thing that happened, because it did two things. It radicalised the curriculum, but it also said that there should be academic recognition of the outcome of the training. So, in order for that to happen, old schools and colleges of nursing that were part of the NHS had to link with a higher education institution. Initially, that was just a link, and then eventually, they moved in, so we all moved lock, stock, and barrel. So, by the time we get to 1990, for example, across the UK, and it was slower in some parts of the UK than in others, we actually now, as an educator, I no longer am employed by the NHS. I’m employed by a university.”

In summary Project 2000 was a framework for pre-registration nurse education which “represented a full-scale reorientation of nurse training” (Maben and Clark, 1998). It:

- Transferred nursing education out of schools of nursing into Higher Education Institutions (HEIs).

- Made student nurses supernumerary to the nursing workforce rather than part of it.
- Increased the theoretical knowledge component of pre-registration education to 18 months within a 3-year pre-registration programme.
- Added a (minimum) HEI academic award of diploma status to the exit qualification along with nurse registration.
- Changed the focus of the nursing education curriculum to a health rather than an illness model.
- Established an 18-month Common Foundation Programme (CFP) that all student nurses undertook.
- Established four specialist pre-registration branches of 18 months each to follow the CFP.

3.3.1 Main stakeholders and their roles

Nursing as a profession follows the tripartite governance structure:

- 1- The regulatory body that regulates and oversees the conduct of the profession at a national level is the Nursing and Midwifery Council (NMC).

The move to professionalise nursing via the transition to higher education training was initially supported by the United Kingdom Central Council's (UKCC) commission in Nursing and Midwifery which stated, 'new registered nurses and midwives are able to adapt to change and implement evidence-based practice more than those trained under the apprentice-style model⁴' (UKCC,1999). Later in early 2000s NMC took over the responsibilities of UKCC. The Nursing and Midwifery Council (NMC) was set up by Parliament with the role of protecting the public. Its aim is to ensure that nurses and midwives provide high standards of care to their patients and clients. MNC is the regulatory body that sets the standards of proficiency for nurses and midwives (both students/pre-registered and registered). This includes all the pre-registration standards for nurses which is implemented in all Higher Educations Institutions (HEIs). Additionally,

⁴ Apprentice-style model mentioned in the quote is not a degree-based. Therefore, it is different from degree apprenticeship offered for the police as part of PEQF model.

MNC regulate nursing in hospitals and other healthcare settings, regulate healthcare assistants and set levels of staffing.

- 2- The Royal college of Nursing (RCN) is the professional body that aims to protect the interests of the professionals and support the development of the profession. It was established in 1916 and incorporated by Royal Charter in 1928. Since 1977 the RCN has also been registered as a trade union. The RCN is a membership organisation of more than 435,000 registered nurses, midwives, health care assistants and nursing students. It is both an independent and autonomous professional body, carrying out work on nursing standards, education and practice, and a collective bargaining organisation. The RCN represents the professional interests of nursing staff working in the public, private and voluntary sectors. The RCN sits on the NHS Staff Council, which negotiates pay, terms and conditions for NHS staff in England, Scotland, Wales and Northern Ireland. Additionally, they support their members in employment matters and lobby to influence governmental policies that affect the health sector.
- 3- The organisations which employ nursing professionals: this includes the NHS, and hospitals, health centres and care homes in the public, private and voluntary sectors.

The dynamic relationship between these three institutions in collaboration with HEIs set the pace, content and structure of the pre-registration nurses (students) curriculums delivered by universities.

3.3.2 Key standards and regulations

Nursing as a profession has very long history of rigorous codes of ethics and standards of proficiency. The body responsible for setting the standards and maintaining them is NMC (as explained above). The standards and regulation are reviewed and updated when needed and after broad consultations with the different stakeholders i.e. the RCN, HEIs, NHS, and other employers, patient groups, trade unions, employers and educators, as well as the professionals on their register. The standards published by NMC include amongst others⁵:

⁵ Visit NMC website for more information: <https://www.nmc.org.uk/standards/>

- The Code: This provides the professional standards that nurses, midwives and nursing associates must maintain in order to be registered to practise in the UK. It was first published in 2015, and updated on October 2018 to reflect the regulation of nursing associates. It is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. The Code can be used by nurses, midwives and nursing associates as a way of reinforcing their professionalism. Failure to comply with the Code can risk their fitness to practise.
- Standards of proficiency for registered nurses: The new standards of proficiency represent the skills, knowledge and attributes all nurses must demonstrate.
- Standards framework for nursing and midwifery education; realising professionalism: Standards for education and training (3 parts)
- Standards relating to return to practice courses

Similarly, structured standard guidelines can be found for midwifery professionals (both registered and pre-registered).

3.4 Evolution of training and education

3.4.1 Standardisation of training and education and development of the body of professional knowledge

Nursing has a very long history of educational standards, moving through in-house training to higher education. The first nursing degrees were offered in the late 1960s (University of Edinburgh). The first professor of nursing was appointed at the University of Manchester in the early 1970s. Nevertheless, moving nursing to entirely degree routes took a few decades to be fully implemented.

Setting the standard framework and guideline for nursing and midwifery education is the duty of NMC, collaborating with other stakeholders. The RCN produces guiding curriculums and frameworks (similar to the College of Paramedics) to support the development of nurses from studentship to practice and into continuous professional development (CPD). HEIs that offer degrees in Nursing have to comply closely to the Standards framework for nursing and midwifery education. They have the flexibility of

structuring their courses; however, they need to demonstrate their compliance to the standards set by the NMC. These standards are required to be met by all nursing and midwifery students on NMC approved programmes prior to entry to the register. This will ensure the nurses are fit to practise at the point of registration.

Currently, NMC are conducting a major review of their educational standards. They are arguing that nursing and midwifery practice today is different from a decade ago and that it will change even more in the next 10 years. Therefore, they are aiming, by carrying out this major review, to ensure that the educational standards are fit for purpose and that nurses, midwives and nursing associates are equipped with the skills and knowledge they need to deliver high quality and safe care now and in the future. The time line suggested for this review is shown in figure 6.

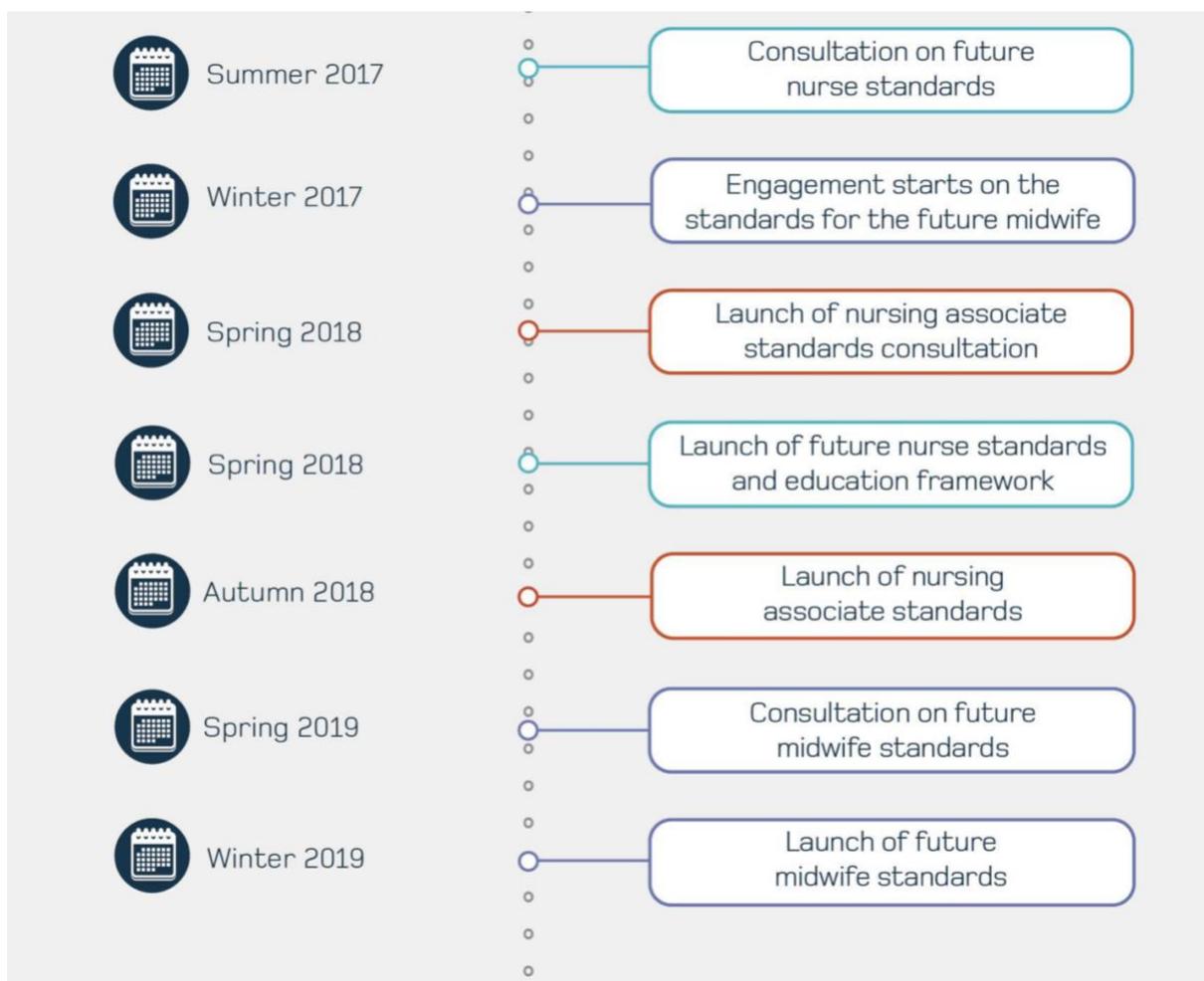


Figure 8 NMC timeline of recent education programmes review (NMC website)

The RCN, HEIs and the employers are playing critical roles in advising the processes of setting these future standards.

3.4.3 Higher education provision and quality assurance

Currently, there are around 900 approved education programmes at over 80 approved education institutions (AEIs). Quality assurance (QA) is the process that NMC follows to make sure that the education programmes for nurses, midwives and nursing associates meet the standards needed to prepare them to join the register.

NMC quality assure education by providing a two stage QA framework; approving programmes and monitoring those programmes.

The standards for education and training as set by NMC (2018) are in three parts:

Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards

These standards help students achieve proficiencies and programme outcomes.

The structure of the standards for education and training, and how they interact with the standards of proficiency, is set out in figure 7 below:

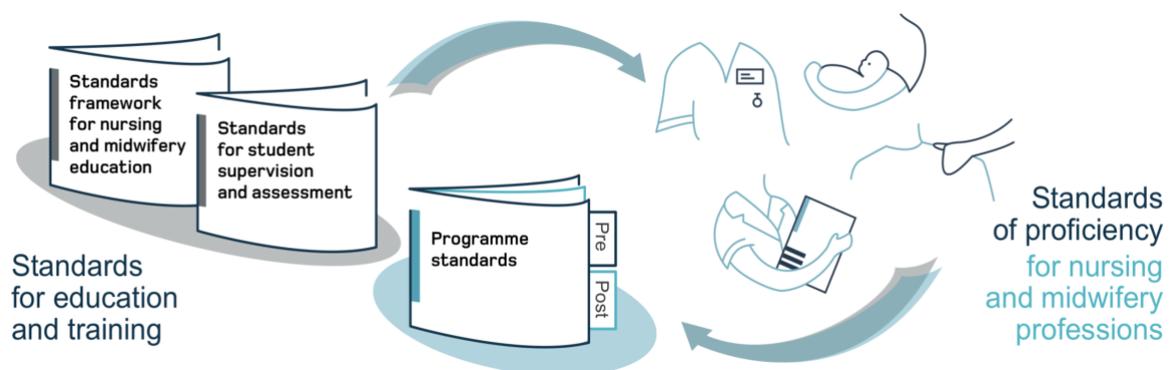


Figure 9 Quality assurance framework for nursing, midwifery and nursing associate education (Source: Nursing and Midwifery Council, 2018, p.9)

For a new nursing programme to be approved, it should meet the standards during NMC four-part 'gateway process'. The four 'gateways' are:

Gateway 1 – Part 1: Standards framework for nursing and midwifery education

Gateway 2 – Part 2: Standards for student supervision and assessment

Gateway 3 – Part 3: Programme standards

Gateway 4 – Approval visit

A programme cannot run until it successfully passes through each of these gateways and the NMC have confirmed in writing that it has been approved. Figure 4 demonstrates the process of programme approval adopted by NMC;

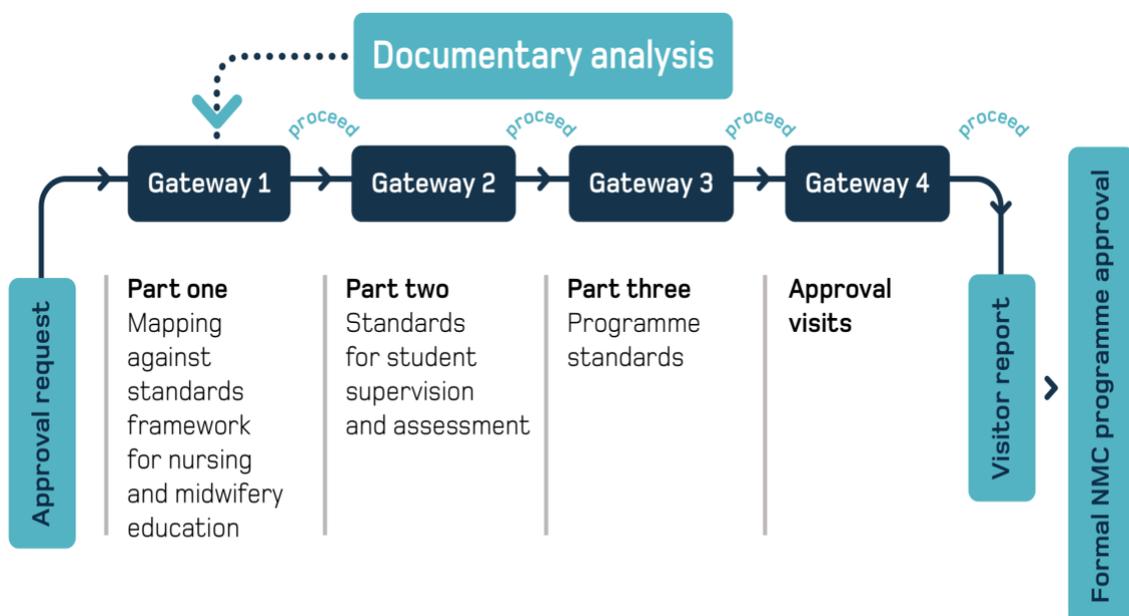


Figure 10 Process of programme approval (Nursing and Midwifery Council, 2018, p.11)

This framework, as rigorous as it is, does not prevent the university from having the flexibility to design their programmes based on their own capabilities, as one of our participants explains:

“there is a standardisation in terms of the standards for education that the Nursing and Midwifery Council set. They are very clear about what the outcomes are for the students, so what the students must be able to do by the end of the three years and that is the pivotal thing. That's what we all have to do. So every university will

*all be providing similar, you know, the content is going to be quite similar, we just might deliver it in slightly different ways. So whether you decide to use problem based learning, whether you use lectures followed by small tutorials, whether you use online learning for certain things, those are the things that universities decide to do". **Practising nurse and Educationalist (b)***

When it comes to monitoring approved education institutions (AEIs) and their practice learning partners, NMC follow a number of procedures to make sure that they continue to meet the national standards.

- 1- Self-assessment reports: HEIs must submit an annual self-report to show how they, along with their practice learning partners, continue to uphold the standards and requirements set by NMC. They also need to explain how they are addressing and managing ongoing issues and concerns.
- 2- Identifying risks: NMC takes a risk-based approach to QA, as detailed in their new QA framework⁶. They also collaborate with other professional bodies (RCN) and system regulators to identify risks in advance.
- 3- Responding to risks: AEIs need to report to NMC any risks that may affect compliance with the standards. There are published forms that are used to report risks and agree action plans.

⁶ Available on <https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/>

CHAPTER 4 MANAGING THE PROFESSIONALISATION JOURNEYS

Now that we have considered two professional journeys over several decades in considerable detail, this chapter will draw out insights relevant for policing as they adapt and develop their own approaches to enhancing their professionalism. This material is organised in terms of benefits of professionalisation for professionals, professions and the public, then barriers to change for both paramedics and nursing. Finally, we highlight the good practice lessons from these professional journeys to inform transitions in the development of policing learning and education.

4.1 Benefits of professionalisation

4.1.1 Benefits of professionalisation for paramedics

- **Benefits to the profession and the community it serves**

The professionalisation of paramedics has been found, through research, to benefit the public significantly. One of the key aspects of the professionalisation journey has been the great expansion and upgrading of knowledge and skill as well as practice of paramedics, which has led to being competent to take care for patients out of hospital and deliver care to patients earlier, often at the scene, which is the most critical time. In the 1970s, more and more people articulated the merits of the 'paramedic' type role beyond the traditional transportation role, especially the famous and influential comment from Dr Lucas' Medical Commission on Accident Prevention: that treatment before the service user reached hospital could make a substantial difference for patients of heart disease and traumatic injury, which were considered the 'plagues' of the late 20th century. The increasing demand of healthcare and constant shortage of healthcare budgets from the 1990s, and the relatively cheaper cost of ambulance services (compared to hospitalisation costs) have made paramedics a vital applied health profession complementing hospital medical services.

While a variety of forces and agents prompted the upskilling of the paramedic profession and the expansion of its body of knowledge, the advancement of the education and training for paramedics has also driven changes in the way that paramedics serve the

public. Paramedics are now allowed to give prescriptions, direct patients to the best care pathways and take responsibility for the decisions they make, which would not be possible if they had not been educated through a systematic and rigorous programme which cultivated critical thinking and evidence-based decision making. In today's world, the focus of paramedics has been shifted to one 'more heavily rooted in unscheduled and urgent care rather than in the life-threatening and critical emergency environment with which paramedics have historically been associated' (College of Paramedics, 2017). Paramedics' work has, by integrating elements of public health, social care and public safety, become a more versatile and highly skilled healthcare service for the society. The interactions between the market and the institutions have formed a virtuous circle for both the service providers and users, which continues to drive educational and professional developments and better health outcomes for the public.

- **Benefits to the profession and professional organisations**

Through professionalisation, the occupation of paramedic has had its professional status critically enhanced from the old "Cinderella" image and positioned itself among and in connection with other well recognised allied health professions. While the 1989 pay dispute by ambulance staff succeeded in convincing the government to increase wages, without the higher level of publicly recognised proficiency, such a pay rise would not be feasible in the future. As our participant from College of Paramedics stressed, for more sustainable enhancement of pay and conditions and better protection of the interests of paramedics, it was imperative to uplift the qualifications of this occupation to the level of higher education, which was reflected by the lifting of the pay band in 2016.

Also, a more prestigious status attracted more talent to join the profession. Similar to nursing, the assumption is that an appealing higher education degree that will lead to a career that is perceived as respected and knowledge-based will attract people with high a potential for learning. Thus, an academic degree route to enter the profession will help enhance the quality of the applicants to paramedics. This eventually will improve the recruitment conditions according to our participant from College of Paramedics.

Furthermore, along with the attractiveness of higher education, along with other demographic changes have led to the workforce becoming younger and more diverse, compared with the workforce dominated by white working-class males in their 30s or 40s of a couple of decades ago. From an organisational perspective, this constitutes a more favourable context for organisational change and innovation and brings more possibilities of challenging the established ways of thinking and practising, which are likely, on the research evidence, to lead to better health outcomes for service users.

In addition, the pursuance of paramedics' higher education turned a craft-based occupation with a narrow set of tasks into a highly-skilled profession. The rationale of encouraging the workforce to go through higher education programmes rather than relying on practice-oriented, preparatory and top-up training blocks, is to build a wide and deep basis to 'sustain a bigger model of development' driven by the improvement of public health. It is described as a 'Lego brick model'; a robust knowledge basis that allows more advanced or specialised knowledge to be obtained coherently through sustained collaboration with HEIs (College of Paramedics, 2017). The alternative, based on adding to training content for practitioners, without reflective and integrative thinking, would enhance their grasp of knowledge and skill only to a limited extent. That is, higher education fosters members' ability for life-long learning. Hence, enabling the sustainable development of the profession in the future. Education, skills, knowledge and behaviour need to work in alignment in order to allow the occupation to move forward in the future.

Another tangible financial benefit is that by shifting the training and education model from internal to external HEI provision, in line with most other professions, ambulance services could significantly reduce the costs of training, as incurred by employers, shifting costs from the service onto central government which funded HEIs. One interviewee recalled that when his old employer stopped doing training in 2000s, it saved £4 million a year.

- **Benefits to professional members**

The professionalisation of paramedics has made it an attractive option for young career seekers as it offers them widely recognised qualifications, thanks to the substantial

qualification framework aligned with the national higher education framework. This spells out multiple feasible and attractive career pathways. For existing paramedics, the educational infrastructures and organisational opportunities also give them an unprecedented wide range of options to uplift their career status. Paramedics nowadays not only have multiple pathways (i.e. clinical practice, education, research and development and leadership and management) within which to seek career progression (i.e. paramedics, specialist paramedics, advanced paramedics and consultants), but also have the opportunities of transferring into adjacent or more advanced professions, such as medicine.

The formal awarding and registration system, in conjunction with the national standardisation of education and training and performance standards, renders individual members' acquired knowledge, skill and experience transferrable and legitimate across organisations and regions. This consequently allows paramedics to own their professional identity (Yam, 2004) and creates stronger motivation and sense of self-actualisation (Evetts, 2003; Nigam and Dokko, 2018).

4.1.2 Benefits of professionalisation for nursing

- **Benefits to the profession and the community it serves**

Nursing has transformed dramatically over the last few decades. From an occupation which was viewed as basic and with low educational standards, nursing has progressed significantly in terms of education, status and professionalism. Modern day nursing requires degree-level education, with emphasis throughout the career on continued professional development through the chosen career path. The roles and responsibilities of nurses have expanded considerably, with many nurses now capable of successfully taking on duties that were formerly conducted only by doctors. They are no longer the poor cousins to other allied health professionals but are now given equal status. This is due in part to the move from craft-based traditional apprenticeship training by local health organisations to university training and in part to the regulation of the profession.

It is evident in the literature that professionalisation of nursing has resulted in **better health outcomes**. Research that explored patient mortality rates and patient outcomes

following surgery, found a significant difference for those patients cared for by nurses with degrees and those patients cared for by nurses without degrees. The evidence demonstrates that a better educated workforce was associated with fewer deaths, with every 10% increase in nurses with degrees associated with a 7% reduction in death rates (Aiken et al., 2014). The benefits of HE nursing education are also supported in research conducted by Pitt, Narayanasamy & Plant (2016), who carried out an evaluation of teaching and learning **accountable practice** in nurse education. Accountability is a familiar term used widely in nursing practice, the application of which, according to Hall (2002) promotes improvements in service delivery and patient care. The research found that students had a detailed understanding of accountability and the frameworks that support accountable practice.

When it comes to the benefits to the profession, several beneficial outcomes of the workforce transformation in nursing are evident in the literature (Fernie et al, 2018), for example:

- According to Norman (2014), a graduate education provides the capabilities necessary for **lifelong learning and adaptation**, which is crucial to meet the constant development of nursing roles.
- In the same vein, Friedson (1986) argues that, higher education provides the profession with high autonomy. It achieves this by socialising the members into a clear professional **identity**, underpinned by a philosophy that encourages nurses to assume control over an area of knowledge, to contribute confidently in practical and ethical decisions, to demand professional pay, and to win respect from other professionals. These arguments are supported empirically by several studies carried out in the field of nursing (Yam, 2004).
- Johnson (1988) conducted research on a range of factors for which he compared nurses who had completed a technical education (Associate degree or Diploma programme) with those who had completed a professional degree (Baccalaureate). There were significant differences between the two groups in terms of communication skills, problem solving, knowledge and professional role (as cited in Yam, 2004).
- Similarly, Adams, Miller and Beck's (1996) research concludes that when compared to other professions, a university-based nursing education plays a core role in promoting

behaviours associated with professionalism such as autonomy and knowledge of the Code for Nurses.

- **Benefits to the profession and professional organisations**

Whilst the nursing profession has achieved a rise in status owing to the implementation of HE nursing education, the benefits to the NHS as the main employer are also noted. For example, in the implementation of 'walk in centres' which were introduced in England and Wales in 2000. The primary care nurses working in walk-in centres have the competence to work autonomously and without the direct supervision of doctors for most cases. Such an expansion in their role has helped ease the shortage of doctors within the NHS. Similarly, in hospital settings, Advanced Nurse Practitioners (ANPs) were introduced, as suggested by the Royal College of Nursing (2012) in order to ease doctor shortages. These nurses had studied at Master's Level and their practice had positive outcomes for both patients and the organisation. McDonnell et al (2015) cite the Royal College of Nursing's description of ANPs as having an 'expert knowledge base, complex decision-making skills and clinical competencies for extended practice' (RCN 2012, as cited in McDonnell, 2015).

- **Benefits for professional members**

More than 40 years after the Briggs Report, the Committee on Nursing (1972) reported that nurse professionals must be seen as equal to other healthcare professionals, being no longer viewed as their mere 'handmaidens'. As mentioned in the previous section, one of the major developments in the drive to professionalise came with the transference of nurse education from hospital to higher education. According to Francis and Humphreys (1998), it was the nursing profession itself which called for the changes based on concerns over the traditional apprentice style training that previously existed. Such training had contributed to the lower status of nurses as compared to other health professionals, who had degrees as the minimum entry requirement. In 1985, the Judge Report was published by the Royal College of Nursing, which attributed high fall out rates of apprentice nurses due to exploitation, invariably as a consequence of perceived lower status. It was deemed that degree educated nurses would be able to meet the demands of the ever-evolving NHS and would be able to expand on their traditional role. As evidenced in 21st century nursing this has undeniably

been the case. As the literature above has outlined, the role and functions of traditional nursing have moved closer to the role of the traditional doctor. In 2016, the Councils of Deans of Health published a paper entitled, 'Educating the Future Nurse', in which it outlined the vision for the profession. It identified that health care was moving, 'from acute care towards prevention, self-management, and integrated care...' and that in order, 'to meet these challenges, registered nurses of the future will need to grow in their role as decision makers and leaders, embracing change and be equipped to meet changing patient and population needs' (CoDH, 2016).

4.2 Managing changes at a local level: Barriers, constraints and problems

For paramedics:

In the initial stage, **the historically-rooted perception of collective identity and the specific social group paramedics employed as well as long established work practices** led the existing generations (workforce which existed at the beginning of the professionalisation journey) to suppress the deepening of the job role and the introduction of higher education training schemes and new practices. Especially when ambulance services started to build partnership with HEIs to launch degrees in 1990s, they were faced with opposition from some of the workforce who, basing their views on their existing paramedic working routines, said they did not need a degree for dealing with '*drunk people*' and '*time wasters*'.

In the early days, **employers tended to be lukewarm about advancing the educational status of paramedics.** This contrasted with the College of Paramedics' earnest encouragement, as the former had to pay higher salaries for employees with higher educational status. When financial and other resources are limited and no commission is enforced upon them, employers may be less motivated regarding the development of the workforce.

The integration of graduate recruits into ambulance services took considerable time (10 to 15 years according to the interviewee from College of Paramedics). The newer, younger and more qualified workforce used to encounter dismissive and derogatory attitudes towards them. The higher proportion of practice educators/mentors/supervisors coming

through university education in recent decades has changed the situation and improved integration across different demographic groups.

One consequence that required attention was the relative **downgrading of some of the existing workforce**, who became categorised as **technicians** under the new qualification framework. The College of Paramedics has not yet clearly defined their career pathway and employers have not supported them well enough to progress to level 6 (paramedics) and above.

When they moved to the stage of constructing the institution of a profession, a **lack of national leadership, multi-layered stakeholder structure and multiple interest groups** made the change processes more complicated. For instance, before Health Care England was established to engage with ambulance services at local level, the strategic health authorities in charge of budgets for training and education did not work together effectively, and even caused problems for recruitment for a short period of time by competing against each other.

At the employing organisation level, lagging behind the introduction of the higher qualification threshold for paramedics were insufficient **mentoring support and HR management**, resulting in some of the new workforce 'burning out' and dropping out. The newly-qualified paramedics needed both technical support to learn the role, and extensive appraisal and recognition which degree holders would normally expect. In addition, interviewees said that it was lack of HR appraisal which was a big reason for the loss of talent.

When training and education became separated from recruitment, a **gap between the supply and demand of the workforce** emerged on two levels and remains a problem, despite being addressed by engagement between relevant stakeholders. On the one hand, the employers, wanted to ensure highly competent frontline practitioners, tended to find the freshly graduated entrants were not adequately equipped with the capabilities needed for the job. On the other hand, the planned workforce requirements of ambulance services could not be immediately met by the scale of HEI programmes, which created a three-year gap between when workforce planning indicates an increase or decrease of new workforce is

needed, and when degree holders are turned out by universities as potential candidates for employers.

For Nursing:

Similar to the paramedics' professionalisation journey, the route to professionalise nursing through the introduction of entirely degree level entry has attracted criticism. Whilst the benefits to the occupation, both on professionals and profession level are well documented, it must be noted that the focus on higher education has been **questioned both in the media and by MPs**, especially in the initial stages after Project 2000 launched. For example, some politicians considered nursing through higher education degrees as "qualification inflation" (Norman 2014). Additionally, there were issues with the **public perceptions** of the nursing degree routes;

"there was a lot of backlash at the time about why do you need a degree to be a nurse? And a lot of people saying it will stop people who've got very good caring qualities from becoming nurses or people who've got a lot of common sense won't then become nurses. But that was really based on a false assumption that if you're intelligent it means a) you don't care or b) you've got no common sense".

Furthermore, there were the mounting **concerns from the existing staff**, especially those who did not have a degree;

*"....so what we find is that people who don't have a particular level of qualification are always a bit nervous when they start to say that the base level qualification is going to increase. Because, of course, that makes them feel, potentially anyway, that well what's that going to do for me? Does that mean I'm not as good?" **Practising nurse, trade union representative***

The learning from paramedics journey of professionalisation we previously summarise is reflected in the professionalisation journey of nursing. This includes the focus on the tripartite institutional structure, the dynamic engagement with different stakeholders, flexibility in designing the courses combined with rigorous quality assurance of the outcomes.

Next, we outline the learning points from both paramedics and nursing journeys of professionalisation in more details.

4.3 Good practice lessons from these professional journeys to inform transitions in the development of policing learning and education

Reflecting on both journeys of professionalisation from paramedics and nursing, a number of good practice lessons can be drawn:

Clear institutional roles for different key bodies involved directly in guiding the professionalisation process: both paramedics and nursing adopted tripartite institutional structure for their professions:

- The professional body that leads and synchronises the effort for professionalisation and protects the interests of the profession and the professionals in the process.
- The regulatory body that set the rules of practice and held the professionals accountable for their practice to protect the public and optimise their outcomes.
- The employment bodies that play a crucial role in realising the professionalisation and maximise the benefits for them as employers and for the public.

The dynamic engagement between these three bodies has served positively the process of professionalisation because it has guaranteed a balanced perspective of what the key outcomes of the professionalisation are.

Clear definition of career pathways effectively encourages the workforce to look favourably towards their future career and also motivates them to engage in CPD. In both paramedicine and nursing, these pathways also set out the scope of practice and qualifications required, providing a concrete definition of what the profession entails and what body of knowledge is involved. The pathways also show that collaboration with HEIs enables an evidence base, 'new knowledge' that drives the development of CPD.

Standardisation and quality control of practical placements. The role of **practice educators** is well defined (College of paramedics, 2017, pp.30-31) and they are accountable for 'helping

the student **understand** their learned knowledge in practice'. Unlike the current situation in policing, all paramedic practice educators are required to have undertaken, or be working towards, a Level 6 practice qualification. In addition, the placement sessions are overseen by **link officers** (from both the employer and HEIs), who have to make sure the training and assessment are performed in a professional and ethical way. This learning point is also stressed by the participants from nursing when reflecting on the role of the **clinical placement facilitator** which;

“they would work across the hospital as a whole and what they would do is they would develop the standards for training for supporting students in their hospital. So, they would develop some policies and procedures about supporting students ... When they were developing them, they would work with the university to make sure that those policies and procedures were going to meet the university requirements. So, a lot of their time would be spent working closely with... The university will have somebody who leads on placements for them as well. And those two people will spend a lot of time working together..... And so you'd work with the placement facilitator and the university team would develop what we call a placement circuit or a placement plan. Which would say the types of things students do throughout their three years.”

The Nursing and Midwifery Council insists that every placement has what they call “an audit” where they assess the placement’s suitability as an educational environment. The clinical placement facilitators are part of that process. They are responsible for keeping a record of how many supervisors are available to support the students’ learning, and that they know that students are going to be managed properly.

Extended infancy programme. In the 2 years after graduation, paramedics spend up to 24 months working under mentorship, with 300 hours’ work with more experienced paramedics and a reduced workload. At the 2 year point they move to a higher pay band and take on the full role.

CONCLUSION: INSIGHTS AND SUMMARY OF IMPLICATIONS FOR POLICING

This report examined at length the key elements of professionalisation journeys of both paramedics and nursing including contexts of professionalisation, stakeholders and their roles, benefits and challenges of professionalisation, and good practices learned from these journeys. Drawing on all these elements, we are concluding this report with a summary of the implications for policing institutionally, organisationally and operationally.

5.1 Institutional change

The professionalisation journeys of paramedics and nursing followed a pattern of spiral progression, going between phases of disparate exploratory initiatives at a regional level, and broader integration and national standardisation. For the former phase, a degree of flexibility is needed. For instance, the moderate level of control over training models allowed the London Ambulance Service (LAS) to initiate their partnership with Hertfordshire University and carry out the first HEI - provided training. For the latter phase, effective tools and standards are needed. College of Paramedics and NMC effective regulation of HEIs in designing and delivering courses via its coherent and clear framework supports this point. Therefore, a balance is helpful between room for adaptive leeway and innovation in governance, and robust blueprints and standardisation. An example is the outcome-based approach of the College of Paramedics' curriculum guidance on HEIs, which gives freedom for HEIs in design and delivery, encourages engagement between local employers and HEIs and simultaneously requires the educational curriculum and objectives to be met.

Professionalisation is a long-term process of institutional change, with 'ongoing mutual adjustment between resources and shared schemas' (Nigam and Dokko, 2018). This means that the professionalising process builds on the entrepreneurial efforts of individuals and groups to accumulate knowledge and material support and create a professionalised community from the bottom/grass-roots level. It also requires the development of cognitively and culturally shared frameworks at the top level to guide and support the process of professionalisation. The former part calls for proactivity, networking, status, skill, experience

and even a degree of power to search for and mobilise resources, whereas the latter part calls for reflective sensemaking, long-term consultation and frequent communication among stakeholders. The two parts benefit from being deliberately integrated and balanced, because when one lags behind the other, there is a danger, based on the knowledge about paramedics and nursing, that the promoted institutional change may be limited and weakened.

5.2 Changes at organisational and operational level

Professionalisation is not only about establishing infrastructure at an institutional level, such as establishing the professional body and raising entry thresholds for educational qualifications. It is equally, if not more important, to adjust to the advanced changes at organisational and operational levels. The gradual process of the new graduate workforce replacing the existing generations also shifts the characteristics of the workforce, workplace culture and industrial relations. This requires organisational arrangements, including HR management approaches and appropriate mechanisms of control, performance measurement and appraisal, to be relevant for changes in the workforce features. This is especially important for demanding occupations like paramedics and policing, because degree holders, although interested in joining these occupations, may not always expect the level of workload intensity and all kinds of pressure in the job. In paramedics' professionalisation, an ad hoc lesson is their delayed recognition of the importance of retaining new talent and giving them technical as well as emotional support. Looking at the nursing example, great attention was given to engage and support the existing workforce at the time of transformation. Evidence collected for this report suggested the importance of providing information to the existing workforce, give them a voice in the process of professionalisation, get them to understand change coming, and what it would mean for them.

The evidence collected from this study strongly supports a better outcome for the public as a result for professionalisation. This translated, for instance, in significantly less mortality rates for patients cared for by graduated nurses and significant increase of treatment conducted by paramedics out of hospitals. Professionalisation for policing means better safety and security outcomes for public.

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