HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR EMERGENCY CARE

GUIDELINES FOR THE COMPLETION OF THE PORTFOLIO (332A) FOR INSTITUTIONS INTENDING TO OFFER THE HIGHER EDUCATION EMERGENCY CARE PROGRAMMES REGISTERABLE UNDER THE PBEC

1. PREAMBLE

The Health Professions Council of South Africa (HPCSA) is established in terms of the Health Professions Act, 1974 (Act No. 56 of 1974) to protect the public and guide the profession which requires that all Health Professionals practicing in South Africa shall be registered with the HPCSA and practice in accordance with and within the ethical and legal framework of the Council.

In terms of section 16 of the Health Professions Act, 1974 any person, educational institution or training facility intending to offer any education and training having as its object to qualify any person for the practicing of any health profession to which the provisions of the Act apply, shall before offering such education and training apply to the Professional Board and Council on Higher Education (CHE) in writing for approval of such education and training.

The Professional Board for Emergency Care (PBEC) has adopted the approval criteria used by the Higher Education Quality Committee (HEQC) for the approval of training providers. This document intends to provide an outline of the approval criteria and processes related to becoming approved by the HPCSA and HEQC to offer the Higher Certificate, Diploma, Bachelor's Degree in Emergency Medical Care and the Advanced Certificate in Medical Rescue programmes. For more information on higher education institution provider approval and programme approval you are encouraged to visit the Department of Higher Education and Training (DHET), and CHE websites.

2. PROCESSING AN APPLICATION

An application to offer one of the above-mentioned programmes begins with a letter of intent to the PBEC. Once receipt of this letter of intent is acknowledged, subsequent submission of the portfolios of evidence as detailed in point 5 (approval criteria) will be requested from the applicant.

Upon receipt of your completed portfolio, it is screened for completeness and a preliminary analysis is undertaken to verify that the information that it contains is sufficiently comprehensive to enable a full programme evaluation.

The PBEC acknowledges that in demonstrating institutional compliance to the approval criteria listed below, certain aspects such as staffing and infrastructure may only be confirmed at a more advanced stage in the approval process. This is based on the fact that institutions may not be in a position to finalise appointments and procure equipment until programme approval has been obtained. In light of this, a proposed staffing and infrastructural plan will be considered in the portfolio where institutions are currently offering other emergency care programmes that have received full approval. Where these proposals are considered in the portfolio, these proposals must be enacted prior to the offering of the programme if provisional approval is obtained.

If the portfolio is complete an evaluation panel is constituted, and evaluators are appointed. The institution will be required to pay evaluation fees based on a proforma invoice. **Where an application is incomplete, it is returned to the institution.**

Evaluators are academic peers from the field related to the programme for evaluation. The evaluation panel produce a report using the evaluation criteria and make a recommendation regarding the approval of the programme.

Three possible recommendations can be made:

- Provisional approval with no conditions – candidacy phase
- Provisional approval with conditions – candidacy phase
- No approval

The report together with a recommendation serves at the Education Committee of the PBEC, which makes a final recommendation to the Board. The recommendation and any conditions set by the Board are sent to the institution that submitted the application. Copies of the report are forwarded to the CHE and DHET. In cases where a programme is not recommended for approval, the institution may make representations.

These representations:

- should be in writing;
- should not repeat the contents of the original application;
- should be confined to the information provided by the institution during the evaluation process, :i.e. information that was part of the institution's application and that was made available to the panel of evaluators;
- should address the report and recommendations of the Board focusing on any errors and omissions that may have occurred in the evaluation process;
- should reach the HPCSA within 21 working days of the date of the letter.

Should the decision not to approve a programme be upheld, the institution may not submit the same programme for approval for a period of 12 months.

3. PROVISIONAL PROGRAMME APPROVAL WITH CONDITIONS (CANDIDACY PHASE)

In cases where provisional approval with conditions is recommended, institutions are given a timeframe to address the conditions set. At the end of this period, a report on the conditions must be submitted to the PBEC. The report is submitted to the initial evaluation panel members to evaluate if the conditions were met. **A site visit will be conducted to gather additional information pertinent to the programme or institution.** The panel produces an additional

report on its follow-up evaluation and submits it to the Board. This report is tabled at the Education Committee. The outcome of the follow-up evaluation is communicated to the institution. **In cases where the conditions have not been met, provisional approval may be withdrawn.**

4. THE APPROVAL PHASE

Institutions may enrol students only on completion of all the regulatory requirements, including approval. Public institutions must be registered with the DHET in accordance with the Higher Education Act, No 101 of 1997 (reference**: Higher Education Act 101 of 1997**).

Private Higher Education Institutions must be registered in accordance with the regulations for the Registration of Private Higher Education Providers, 2002. Institutions are approved for programmes per site of delivery and mode of delivery. The PBEC will undertake a site visit to each of the sites of delivery to review a programme for approval purposes.

Midway through the programme, or when stipulated by the HPCSA, the institution will be required to submit a progress report for evaluation by the Professional Board for Emergency Care. The progress report should provide details on the following:

- Steps taken to address conditions set by the PBEC when provisional approval with conditions was granted.

- Progress in relation to the programme implementation plan submitted to the PBEC. This includes progress on implementation of the policies, strategies, conditions, etc., specified in the criteria for the provisional approval with conditions, and with the provision of the required infrastructure.

- Structures, strategies, processes, etc., which are in operation or in development to ensure that the PBEC and HEQC's criteria for programme process, programme output and impact, and programme review in the approval phase of the programme are met.

Prior to the first cohort of students graduating from the new programme, the institution must demonstrate that it has met the conditions set by the HPCSA & HEQC during the provisional approval with conditions phase (candidacy phase), which include conditions relating to the evaluation of the mid-term report from the institution. Acceptable reasons and relevant evidence have to be provided in instances where the conditions have not been met. During candidacy programme approval, the institution is required to conduct an evaluation in relation to the areas requiring attention as highlighted in the initial/re-evaluation report. A site visit may be conducted, if necessary and where persistent matters of concern occur.

Full programme approval will only be achieved when:
- The first cohort of students in the programme have graduated;
- All conditions have been addressed;
- The PBEC moderator has provided a favourable moderation report.

5. APPROVAL CRITERIA

In order to prepare your institution and develop your portfolio it is important that you pay special attention to the following focus areas / criteria which will be used by the Professional Board for Emergency Care to assess your institutions capacity to offer and quality assures the Higher Certificate, Diploma and Bachelor's Degree in Emergency Medical Care and the Advanced Certificate in Medical Rescue programmes. In your portfolio, it is essential that you include the following table for each criterion and undertake a self-evaluation per criterion based on the minimum requirements as reflected in Form 332.

3	2	1
Commend	Meets minimum standards	Non-compliant
The minimum standards specified in the criterion were fully met and in addition, good practices and innovation were identified in relation to the criterion	The minimum standards as specified in the criterion were met	The minimum standards did not comply with the majority of the minimum standards specified in the criteria

5.1 CRITERION 1: PROGRAMME DESIGN

• Relation to institution's mission and planning
• Needs of students and other stakeholders
• Council on Higher Education (CHE) approval
• Intellectual credibility
• Coherence
• Articulation
• Characteristics and needs of professional and vocational education
• Learning materials development

The programme should be consonant with the institution's mission, forms part of institutional planning and resource allocation, meets national requirements, the needs of students and other stakeholders, and is intellectually credible. It is designed coherently and articulates well with other relevant programmes, where possible.

In order to meet the criterion, the following is required at minimum:

i.   The programme is consonant with the institution's mission and goals and was approved by the appropriate institutional structures, including Senate/equivalent structure. Provision is made for the programme in the institution's planning and resource allocation processes.

ii.   The programme meets the national requirements pertaining to programmes which are at present being developed within the context of the NQF.

iii.   Learning outcomes, degree of curriculum choice, teaching and learning methods, modes of delivery, learning materials and expected completion time cater for the learning needs

of its target student intake. Competencies expected of students who successfully complete the programme are clear and explicit.

iv.   Information on how human rights, ethics and professionalism are incorporated in the curriculum and how it is assessed.

v.   The design maintains an appropriate balance of theoretical, practical and experiential knowledge and skills. It has disciplinary content and theoretical depth, at the appropriate level.

vi.   The design offers students learning and career pathways with opportunities for articulation with other programmes at other institutions.

vii.   Programme outcomes meet national and/or provincial labour markets, knowledge or other socio-cultural needs. Relevant stakeholders, including academic peers from outside the institution, and employers and professional bodies where applicable, are involved in the development of the programme.

viii.   The characteristics and needs of the profession are catered for in the design of the programme. This should promote the understanding of the profession, development of specialised skills and provide a healthy balance of exposure to clinical learning.

5.2 CRITERION 2: STUDENT RECRUITMENT, ADMISSION AND SELECTION

- Recruitment, admission and selection
- Legislative issues
- Widening of access
- Equity
- Assumptions of learning
- Professional needs
- Capacity of the programme to offer quality education

Recruitment documentation should inform potential students of the programme accurately and sufficiently, and admission adheres to current legislation. Admission and selection of students are commensurate with the programme's academic requirements, within a framework of widened access and equity. The number of students selected takes into account the programme's intended learning outcomes, its capacity to offer good quality education and the needs of the particular profession (in the case of professional and vocational programmes).

In order to meet the criterion, the following is required at minimum:

i.   Advertising and promotional materials contain accurate and sufficient information about the programme with regard to admission policies, completion requirements and academic standards. Marketing and advertising are done according to DoE and SAQA regulations and accurate information is provided about the NQF level and the approval status of the programme.

ii.   Admission, matriculation exemption, age exemption, etc., adhere to current legislation.

iii.   The programme's admission criteria are in line with the National Plan for Higher Education's (NPHE's) goal of widening access to higher education. Equity targets are

clearly stated, and there is evidence of an institutional policy which addresses the issue of equity which is closely related to the admissions policy. Provision is made, where possible, for flexible entry routes, which includes RPL with regard to general admission requirements, as well as additional requirements for the programme, where applicable. Admission of students through an RPL route should not constitute more than 10 percent of the student intake for the programme.

iv.   Admission requirements are in line with the degree of complexity of learning required in the programme, within the context of widening access and promoting equity.

v.   Selection criteria are explicit and indicate how they contribute to institutional plans for diversity. The number of students selected for the programme does not exceed the capacity available for offering good quality education with a specific focus on the clinical placement of the students and caseload per student as per PBEC requirements. The number of students is balanced against the intended learning outcomes of the programme and takes into account the mode(s) of delivery and the programme's components (modules/courses).

vi.   In the case of professional and vocational programmes, the quality and number of students admitted takes into account the needs of the particular profession, consonant with the appropriate equity considerations.

5.3 CRITERION 3: STAFFING

- Registration
- Qualifications
- Teaching experience
- Assessment competence
- Research profile
- Staff development
- Size and seniority
- Full-time and part-time staff
- Legislation and conditions of service
- Procedures for selection, appointment, induction and payment
- Contractual arrangements
- Administrative and technical staff

Academic staff responsible for the programme is suitably registered, qualified and have sufficient relevant experience and teaching competence, and their assessment competence and research profile are adequate for the nature and level of the programme. The institution and/or other recognized agencies contracted by the institution provide opportunities for academic staff to enhance their competences and to support their professional growth and development.

The PBEC acknowledges that in demonstrating institutional compliance to the approval criteria listed below, certain aspects such as staffing and infrastructure may only be confirmed at a more advanced stage in the approval process. This is based on the fact that institutions may not be in a position to finalise appointments and procure equipment until programme approval has been obtained. In light of this, a proposed staffing and infrastructural plan will be considered in the portfolio where institutions are currently

offering other emergency care programmes that have received full approval. Where these proposals are considered in the portfolio, these proposals must be enacted prior to the offering of the programme if provisional approval is obtained."

In order to meet the criterion, the following is required at minimum:

i.   Heads of Departments and/or Heads of Programmes are registered with HPCSA PBEC and have relevant academic qualifications of at least one NQF level higher than the exit level of the programme being offered. These qualifications were awarded by recognized higher education institutions.

ii.   Academic staff for undergraduate programmes have relevant academic qualifications of at least one NQF level higher than the exit level of the programme being offered. The qualifications of academic staff were awarded by recognized higher education institutions.

iii.   At least 75% of the full-time academic staff has two or more years of teaching experience in a recognized higher education institution, and in areas pertinent to the programme. In the case of professional programmes, a sufficient number of academic staff members must also have relevant professional experience. Qualified and experienced academic staff designs the learning programme, although junior or part-time tutors may act as facilitators of learning.

iv.   Academic staff is competent to apply the assessment policies of the institution. At least 50% of the academic staff responsible for the programme must have at least two years' experience of student assessment at the exit level of the programme. There is ongoing professional development and training of staff as assessors in line with SAQA requirements.

v.   Academic staff members have research experience through their own research and/or studies toward higher education qualifications. The research area(s) of some of the academic staff members are relevant to the subject areas of the programme.

vi.   The institution and/or other recognised agencies contracted by the institution provide orientation and induction opportunities in which new academic staff members participate. Provision is made for regular staff development opportunities in which relevant academic staff participates.

The academic and support staff complement is of sufficient size and seniority for the nature and field of the programme and the size of the student body to ensure that all activities related to the programme can be carried out effectively. The ratio of full-time to part-time staff is appropriate. The recruitment and employment of staff follows relevant legislation and appropriate administrative procedures, including redress and equity considerations. Support staff is adequately qualified and their knowledge and skills are regularly updated.

In order to meet the criterion, the following is required at minimum

i.   The staff: student ratio expressed as full-time equivalents is suitable for the nature and field of the programme and number of enrolled students. Sufficient support staff dedicated to the programme is available, where appropriate. The ratio of academic staff to students is 1:15.

ii.   The programme has an appropriate full-time: part-time staff ratio (3:1) to ensure working conditions conducive to teaching and learning and research. Part-time and junior staff and tutors are trained, where necessary, and monitored by full-time staff. Where modules are offered by part-time staff members, a member of the full-time staff complement is responsible for that particular module. This ensures institutional oversight.

iii.   Recruitment and employment of staff adhere to the stipulations of the Labour Relations Act and to conditions of service, and there are appropriate administrative procedures for the selection, appointment, induction and payment of staff members and tutors. Redress and equity considerations receive due attention in the appointment of staff.

iv.   The academic staff complement is such that it ensures that students are exposed to a diversity of ideas, styles and approaches.

v.   Contractual arrangements relating to the hours and workload of staff ensure that all programme quality assurance, teaching, research, learning support, materials development, assessment, monitoring of part-time staff (where applicable), counselling and administrative activities take place.

vi.   Administrative, technical and academic development support staff is adequately qualified for their duties, and opportunities exist for staff development.

5.4 CRITERION 4:TEACHING AND LEARNING STRATEGY

*   Importance of promotion of student learning
*   Institutional type, mode(s) of delivery and student composition
*   Appropriate teaching and learning methods
*   Upgrading of teaching methods
*   Targets, implementation plans, and ways to monitor, evaluate impact, and effect improvement

The institution gives recognition to the importance of promoting student learning. The teaching and learning strategy is appropriate for the institutional type (as reflected in its mission), mode(s) of delivery and student composition, contains mechanisms to ensure the appropriateness of teaching and learning methods, and makes provision for staff to upgrade their teaching methods. The strategy sets targets, plans for implementation, and mechanisms to monitor progress, evaluate impact and effect improvement.

In order to meet the criterion, the following is required at minimum:

i.   Recognition of the importance of the promotion of student learning is reflected in the institution's central operating policies and procedures, including resource allocation, provision of support services, marketing, appointments and promotions.

ii.   A teaching and learning strategy is in place which:

    *   Is appropriate for the institutional type as reflected in its mission
    *   Has mechanisms to ensure that teaching and learning methods are appropriate for the design and use of learning materials and instructional and learning technology.

- Provides for staff development opportunities where staff can upgrade their teaching methods.
- Contains targets, plans for implementation, ways of monitoring progress and evaluating impact, and mechanisms for feedback and improvement.

5.5 CRITERION STUDENT ASSESSMENT POLICIES AND PROCEDURES

- Internal assessment policies and procedures
- Internal and external moderation
- Monitoring of student progress
- Validity and reliability of assessment
- Recording of results
- Security
- Recognition of prior learning (RPL)

The different modes of delivery of the programme have appropriate policies and procedures for internal assessment; internal and external moderation; monitoring of student progress; explicitness, validity and reliability of assessment practices; recording of assessment results; settling of disputes; the rigor and security of the assessment system; RPL; and for the development of staff competence in assessment.

In order to meet the criterion, the following is required at minimum:

i.   The programme has appropriate policies and procedures in all modes of delivery for:

- Internal assessment of student learning achievements by academic staff.
- External moderation of students' learning achievements at the exit level as well as internal moderation for all other levels by appropriately qualified personnel. Moderators are appointed in terms of clear criteria and procedures and conduct their responsibilities in terms of clear guidelines.
- Monitoring student progress in the course of the programme.
- Ensuring the validity and reliability of assessment practices.
- Secure and reliable recording of assessment results.
- Settling of student disputes regarding assessment results.
- Ensuring the security of the assessment system, especially with regard to plagiarism and other misdemeanours.
- Development of staff competence in assessment.

ii.   There are appropriate policies and procedures for RPL, including the identification, documentation, assessment, evaluation and transcription of prior learning against specified learning outcomes, so that it can articulate with current programmes and qualifications. Assessment instruments are designed for RPL in accordance with the institution's policies on fair and transparent assessment.

5.6 CRITERION 6: INFRASTRUCTURE AND LIBRARY RESOURCES

- IT infrastructure and training
- Size and scope of library resources
- Integration of library resources into curriculum
- Management and maintenance of library resources

- Library support and access to students

Suitable and sufficient venues, IT infrastructure and library resources are available for students and staff in the programme. Policies ensure the proper management and maintenance of library resources, including support and access for students and staff. Staff development for library personnel takes place on a regular basis.

In order to meet the criterion, the following is required at minimum:

i. Suitable and sufficient venues are available at all official sites of learning where the programme is offered, including teaching and learning venues, laboratories and clinical facilities. There are codes for clinical conduct, laboratory practice and safety. Venue allocation and timetabling are carefully planned to accommodate the needs of students.

ii. Suitable and sufficient IT infrastructure (1 computer per 5 students) is available at all sites of learning. This includes functionally appropriate hardware (computers and printers), software (programmes) and databases. The infrastructure is properly maintained and continuously upgraded and adequate funds are available for this purpose. Students and staff are trained in the use of technology required for the programme.

iii. Suitable and sufficient educational resources exist which:

- Complement the curriculum.
- Provide incentives for students to learn according to their own needs, capacity and pace.
- Support appropriate professional and scholarly activities of students and staff involved in the programme.

iv. Policies exist for the proper management and maintenance of resources, and for their continuous renewal and expansion. These policies are integrated into the institution's financial plan.

v. On- and off-campus students have adequate library support and adequate access to library research and computing facilities.

vi. Staff development takes place on a regular basis to update the staff's technology infrastructure analysis.

vii. Suitable and sufficient medical and rescue equipment as required to address the scope of practice dependent on the nature of the qualification being offered, are available at all sites of learning. The PBEC advocates the usage of simulation laboratories where resources are in place to meet the skills and scopes of the qualifications to be offered.

5.7 CRITERION 7: PROGRAMME ADMINISTRATIVE SERVICES

- Provision of information
- Identifying non-active and at-risk students
- Dealing with the needs of a diverse student population
- Ensuring the integrity of certification

The programme has effective administrative services for providing information, managing the programme information system, dealing with a diverse student population, and ensuring the integrity of processes leading to certification of the qualification obtained through the programme.

In order to meet the criterion, the following is required at minimum.

i.   The programme information system is managed effectively in order to provide reliable information on the following:

- Venues, timetables, access to library and IT facilities, availability of academic and support staff for student consultations, and student support services.
- Information and communication needs of students in remote (rural) areas receive due attention.
- Records of the students in the programme, including admission, progression, grades/marks, fees and graduation.
- Records of students in the programme for the National Learner Records Database (NLRD) of SAQA.

ii.   Effective administrative systems are in place for:

- Identifying academically non-active students.
- Monitoring student performance in order to ensure timely identification of at-risk students. There are strategies for advising students on improving their chances of success and for referral to appropriate academic development programmes. Rules for re-admission to programmes are clear and are sensitively applied. Dealing with the needs of a diverse student population.
- Ensuring that students are registered in the appropriate category with the HPCSA.

iii.   Clear and efficient arrangements are in place for ensuring that the integrity of the certification processes for the qualification obtained through the programme is not compromised. These include:

- Effective mechanisms to quality assure the processing and issuing of certificates.
- Effective security measures to prevent fraud or the illegal issuing of certificates.

5.8 CRITERION 8: PROGRAMME COORDINATION

•   Mandate and responsibilities of the programme coordinator(s)
•   Student input and participation
•   Implementation of policies for ensuring the integrity of certification

The programme should be effectively coordinated in order to facilitate the attainment of its intended purposes and outcomes.

In order to meet the criterion, the following is required at minimum:

i.   An academic is identified as programme coordinator and operates within the framework of an agreed-upon mandate and defined procedures and responsibilities. This includes responsibility for:

- Ensuring the academic coherence and integrity of the programme and that all conditions for the delivery of the programme are met.
- Coordination of logistical and other issues regarding:
  - The day-to-day delivery of the programme.
  - All aspects of the programme quality management system, including the provision of resources.
  - The review of the programme and feedback with a view to improvement.
  - Monitoring of expenditure.

ii. Opportunities exist for student input and participation in relevant aspects of programme coordination.

iii. Policies for ensuring the integrity of certification processes for the qualification obtained through the programme are effectively implemented. These include:

- Mechanisms for monitoring the eligibility of candidates for the award of certificates.
- Mechanisms for quality assuring the processing and issuing of certificates.
- Security measures for preventing fraud or the illegal issuing of certificates.

5.9 CRITERION 9: ACADEMIC DEVELOPMENT FOR STUDENT SUCCESS

- Student and staff development
- Curriculum development
- Additional student academic support

Academic development initiatives should promote student, staff and curriculum development and offer academic support for students, where necessary.

In order to meet the criterion, the following is required at minimum:

i. Staff responsible for academic development are adequately qualified and experienced for their task, and their knowledge and skills are regularly updated.

ii. Student and staff development initiatives are responsive to the needs of the students and staff. This includes foundational and skills-oriented provision for students.

iii. Curriculum development at programme and course/module levels includes strategies for language skills development, numeric and cognitive skills which enhance the use of disciplinary discourse and skills by students.

iv. Additional student academic support is offered where necessary.

v. Student psychological support services are available and accessible.

vi. The effectiveness of academic development initiatives is regularly monitored, and feedback is used for improvement.

5.10 CRITERION 10: TEACHING AND LEARNING INTERACTIONS

- Guidance to students on programme integration and outcomes
- Teaching and learning methods
- Suitable learning opportunities
- Student involvement

Effective teaching and learning methods and suitable learning materials and learning opportunities should facilitate the achievement of the purposes and outcomes of the programme.

In order to meet the criterion, the following is required at minimum:

i. Students are provided with guidance on how the different components of the programme (for example, subjects, courses and/or modules) contribute to the learning outcomes of the programme.

ii. There is an appropriate balance between, and mix of, different teaching and learning methods. Teaching and learning methods are appropriate to the design and use of the learning materials and instructional and learning technology.

iii. Suitable learning opportunities are provided to facilitate the acquisition of the knowledge and skills specified in the programme outcomes, and within the stipulated time.

iv. Students actively participate in the teaching and learning process.

v. The staff have opportunities to upgrade their teaching methods and there is facilitation of suitable learning opportunities.

vi. The effectiveness of teaching and learning interactions is regularly monitored and the results are used for improvement.

5.11 CRITERION 11: STUDENT ASSESSMENT PRACTICES

- Integral part of teaching and learning practices
- Internal (or external) assessment
- Internal and external moderation
- Reliability
- Rigour and security

The programme should have effective assessment practices which include internal (and external) assessment, as well as internal and external moderation.

In order to meet the criterion, the following is required at minimum:

i. Assessment is an integral part of the teaching and learning process and is systematically and purposefully used to generate data for grading, ranking, selecting and predicting, and for providing timely feedback to inform teaching and learning and to improve the curriculum.

ii.   The learning achievements of students are internally assessed by the academic staff responsible for teaching a course/module in terms of a system that includes internal moderation. This includes:

- Academic staff who teach a course/module are responsible for designing, implementing and marking both formative and summative student assessments, for recording results and for feedback to students.
- For summative assessment, especially where more than one marker is involved, internal moderation checks are undertaken to ensure the reliability of the assessment procedures.
- Procedures are in place and are followed to receive, record, process, and turn around assignments within a time frame that allows students to benefit from feedback prior to the submission of further assessment tasks.

iii.   The learning achievements of students on the exit level of a qualification are externally moderated by appropriately qualified people who have been appointed according to clear criteria and procedures and who conduct their responsibilities in terms of clear guidelines. External moderation includes the following:

- External moderators are recommended by the examining academic department, are independent experts in their fields, have qualifications at least be one level above as the qualification being examined, are changed regularly, are not appointed as part of reciprocal arrangements (where possible), and are approved by and responsible to Senate/equivalent body.
- The institution provides information on the curriculum and on continuous assessment, and guidelines to assist external moderators in the completion of their reports.
- External moderators mark fully at the exit level of the programme at least 10% of the examination scripts for each paper written and do random checks of at least 20% of examination scripts for each paper.
- Completed external moderator reports are returned to the lecturer concerned and also to the programme coordinator or head of department/school. Problems are discussed with the lecturer concerned and the programme coordinator monitors the implementation of agreed improvements. External moderators approve the final marks list for the qualification concerned.
- External moderators are expected to comment on the validity of the assessment instruments, the quality of student performance and the standard of student attainment, the reliability of the marking process, and any concerns or irregularities with respect to the observation of institutional/professional regulations.

iv.   Assessment practices are effective and reliable in measuring and recording student attainment of the intended learning outcomes. This includes the following:

- Assessment criteria are commensurate with the level of the qualification and are made explicit to staff and students.
- Learning activities and the required assessment performances are both aligned with learning outcomes at the programme and modular level.
- Learning outcomes for a programme/module and their link to assessment criteria and judgments are clearly stated and communicated to students. A range of appropriate assessment tasks is effective in measuring student attainment of the intended learning

outcomes. There is at least one integrated assessment procedure for each qualification which is a valid test of the key purposes of the programme.

- A system is in operation for maximizing the accuracy, consistency and credibility of results, including consistency of marking and concurrence between assessors and external examiners on the nature and quality of the evidence which indicates achievement of learning outcomes.
- Students' assessment records are reliable and secure. Assessment data is accessible to academic coordinators, administrators, teaching staff and students, as appropriate

iv. RPL is done in an effective, reliable and consistent manner.

The programme has taken measures to ensure the reliability, rigour and security of the assessment system.

In order to meet the criterion, the following is required at minimum:

The assessment system is rigorous and secure. This includes:

- Institutional/faculty/professional rules governing assessment are published and clearly communicated to students and relevant stakeholders.
- Evidence is provided to demonstrate that these rules are widely adhered to.
- Breaches of assessment regulations are dealt with effectively and timeously.
- Students are provided with information and guidance on their rights and responsibilities regarding assessment processes (for example, definitions of and regulations on plagiarism, penalties, terms of appeal, supplementary examinations, etc.).
- Student appeals procedures are explicit, fair and effective.
- At the exit-level, student appeals are dealt with by the examiner and external moderator.
- There are clear and consistent published guidelines/regulations for:
  o Marking and grading of results.
  o Aggregation of marks and grades.
  o Progression and final awards.
  o Credit allocation and articulation.

5.12 CRITERION 12: COORDINATION OF CLINICAL LEARNING

- Communication
- Recording system
- Monitoring system
- Mentoring system
- Assessment of clinical learning outcomes and decision making

The coordination of clinical learning is done effectively in all components of applicable programmes. This includes an adequate infrastructure, effective communication, recording of progress made, monitoring and mentoring.

In order to meet the criterion, the following is required at minimum:

i. Learning contracts or agreements are implemented through which the student, the higher education institution and the employer can negotiate, approve and assess the objectives

and outcomes of the learning process. Various parties, i.e. the institution, students, mentors and employers, adhere to the contract or agreement on their roles and responsibilities.

ii. Regular and effective communication takes place between the institution, students, mentors and employers involved in work-based learning. Good working relations are maintained between the various parties involved.

iii. A system (both at the institution and at the place of employment) is in operation to record and monitor regularly and systematically the progress of the student's learning experience in the workplace.

iv. A mentoring system enables the student to recognize strengths and weaknesses in his/her work, to develop existing and new abilities, and to gain knowledge of work practices.

v. Records exist of the engagement of full-time staff from the institution with exit-level students in the authentic environment.

vi. Clinical learning placement needs to meet the skills and scope as prescribed by the PBEC.

vii. **Minimum clinical practice requirements are undertaken in order to meet the minimum requirements per qualification as per the PBEC Clinical Skills List.**

6.   SUMMARY

The portfolio and application documentation that the institution submits must show a clear departure from simply listing the equipment, staff and venues that exist. It is vitally important that the required time is taken to meaningfully interrogate each of the above criteria and develop a deep and meaningful understanding of the minimum requirements that need to be in place to satisfy each of the criteria.

Institutions need to ensure that applications and portfolios provide sufficient information and meaningful detail together with evidence to support claims that have addressed and met with all of the requirements related to the offering of the Higher Certificate, Diploma, Bachelors Degree in Emergency Medical Care and the Advanced Certificate in Medical Rescue higher education programmes.

The best way to do this is to complete what is referred to as an internal self-evaluation prior to submission. In the self-evaluation, institutions should go through each of the criteria and requirements and rate self-performance as either:

- "commendable" or;
- "meets minimum standards" or;
- "noncompliant".

Hard, tangible evidence of compliance and structures and/ or processes should physically be in place. Please limit as far as possible references to envisaged developments, improvements and/or resources. If not yet in place, it should not be part of the portfolio.

The PBEC trusts that this document will assist institutions in preparing portfolios required for applications to offer the Higher Certificate, Diploma and bachelor's degree in emergency medical care and the Advanced Certificate in Medical Rescue programmes. For more information, please consult the DHET and CHE websites.