

**INVESTIGATING THE EFFECT OF THE INCORPORATION OF THE  
FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER  
EDUCATION INSTITUTION**

**by**

**EDUARD NICO NELL**

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requirements for the degree**

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**DIVISION HEALTH SCIENCES EDUCATION  
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BLOEMFONTEIN**

**STUDY LEADER: DR. M. JAMA**

**JANUARY 2016**

## DECLARATION

I hereby declare that the work submitted here is the result of my own independent investigation. Where help was sought, it was acknowledged. I further declare that this work is submitted for the first time at this university/faculty towards a Magister degree in Health Professions Education and that it has never been submitted to any other university/faculty for the purpose of obtaining a degree.

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**Date**

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**Date**

## DEDICATION

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*I would like to dedicate this mini-dissertation to my family, for all the support and consistent inspiration. Without their love and sacrifice this work would never have been possible.*

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## LIST OF ACRONYMS

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<b>ALS</b>	<b>: Advanced Life Support</b>
<b>AEA</b>	<b>: Ambulance Emergency Care Assistant</b>
<b>B EMC</b>	<b>: Bachelor in Emergency Medical Care</b>
<b>BHS EMC</b>	<b>: Bachelor of Health Sciences in Emergency Medical Care</b>
<b>B.Tech EMC</b>	<b>: Baccalareus Technologiae Emergency Medical Care</b>
<b>BLS</b>	<b>: Basic Life Support</b>
<b>CCA</b>	<b>: Critical Care Assistant</b>
<b>CUT</b>	<b>: Central University of Technology</b>
<b>CPUT</b>	<b>: Cape Peninsula University of Technology</b>
<b>CHE</b>	<b>: Council on Higher Education</b>
<b>DHET</b>	<b>: Department of Higher Education and Training</b>
<b>ECT</b>	<b>: Emergency Care Technician</b>
<b>ETQA</b>	<b>: Education and Training Quality Assurance Body</b>
<b>EMC</b>	<b>: Emergency Medical Care</b>
<b>EMS</b>	<b>: Emergency Medical Services</b>
<b>ETI</b>	<b>: Endotracheal Intubation</b>
<b>FSCOEC</b>	<b>: Free State College of Emergency Care</b>
<b>FSDoH</b>	<b>: Free State Department of Health</b>
<b>HPCSA</b>	<b>: Health Professions Council of South Africa</b>
<b>HEQSF</b>	<b>: Higher Education Qualifications Sub-Framework</b>
<b>HEQC</b>	<b>: Higher Education Quality Committee</b>
<b>HEI</b>	<b>: Higher Education Institution</b>
<b>ILS</b>	<b>: Intermediate Life Support</b>
<b>M.Tech EMC</b>	<b>: Magister Technologiae Emergency Medical Care</b>
<b>N. Dip AET</b>	<b>: National Diploma Ambulance Emergency Technology</b>
<b>N. Dip EMC</b>	<b>: National Diploma Emergency Medical Care</b>
<b>NDoH</b>	<b>: National Department of Health</b>
<b>NQF</b>	<b>: National Qualifications Framework</b>
<b>NECET</b>	<b>: National Emergency Care Education and Training policy</b>
<b>NCEMS</b>	<b>: National Council of Emergency Care</b>
<b>NWCOEC</b>	<b>: North West College of Emergency Care</b>
<b>PBEC</b>	<b>: Professional Board for Emergency Care</b>
<b>SAQA</b>	<b>: South African Qualifications Authority</b>
<b>SGB</b>	<b>: Standards Generating Body</b>
<b>SANDF</b>	<b>: South African National Defence Force</b>
<b>UFS</b>	<b>: University of the Free State</b>

## SUMMARY

**Key terms: Free State College of Emergency Care; experiences; lecturers, graduates; students; effects; higher education; Health Professions Council of South Africa, qualitative data collection; explorative interviews.**

In this research project, an investigation was done on the possible incorporation of the Free State College of Emergency Care (FSCOEC) under a higher education institution to determine the effects of the incorporation on Pre-Hospital Emergency Care lecturing staff, the graduates and current students.

The overall goal of the study was to provide insight on how the process of the possible incorporation of the FSCOEC under a higher education institution, could affect the lecturing staff, graduates and current students of the FSCOEC. Consequently, providing recommendations to relevant stakeholders, FSCOEC management, other Provincial Emergency Care Training Colleges and Universities of Technologies involved with pre-hospital emergency care training, that are based on scientific information.

Prior to this study, there were no studies done in South Africa investigating the incorporation of Provincial Medical Care Training Colleges under higher education institutions. In the face of continuing debates about the future positioning of Provincial Emergency Care College-based education, an investigation regarding the possible incorporation of FSCOEC under a higher education institution was required. To address this problem it was endeavoured to determine the effects of the incorporation of the FSCOEC under a higher education institution on the lecturers, graduates and current students.

In order to address the problem stated, the following research questions were asked:

1. How could the Free State College of Emergency Care be incorporated under a Higher Educational Institution?

2. How should the Free State College of Emergency Care be registered to present NQF aligned courses?
3. Do the lecturing staff, the graduates and current students know about the possible incorporation of the FSCOEC under a higher education institution?
4. How could the incorporation of the Free State College of Emergency Care under higher education institution affect the lecturing staff, the graduates and students at the FSCOEC?
5. What are the barriers and constraints for the possible incorporation of the FSCOEC under a higher education institution?

The aim of the study was to investigate the possible effects of the incorporation of the FSCOEC under a higher education institution on the lecturing staff, the graduates and current students studying at the FSCOEC. By doing this, deficiencies that may hamper the effective incorporation of the FSCOEC under a higher education institution may be identified.

The phenomenological research design was the most appropriate for achieving the aim of the study, which was to explore and understand the lived experiences of lecturers, graduates and current students at the FSCOEC. The methods that were used to collect data and which formed the basis of the study comprised of literature review, followed by explorative interviews. A literature study was conducted on the process of the incorporation of emergency care colleges under a higher education institution. This equipped the researcher with the necessary knowledge to conduct the research in answer to the stated research problems. In addition this literature provided a basis for the identification of research questions that was included in the explorative interviews.

The purpose of the interview questions, was to guide the interview, and also used flexibly to enable probing into and the exploration of the responses. The knowledge and insights gained from the literature review were also used by the researcher to inform the interview guide for the explorative interviews. Subsequently, questions in the guide were therefore both purposefully and carefully created.

The qualitative data were analysed by reading the responses, summarising findings and categorising the findings in themes. These findings were compared with the findings of the literature review and used to make recommendations in an endeavour to improve the effects of the possible incorporation of the FSCOEC under a higher education institution on lecturers, graduates and current students.

The recommendations of the study have a bearing on the following:

- That the findings of this research be made available to the management of the FSCOEC and emergency medical services of the Free State Province as well as other role-players.
- Dissemination of the research findings by submitting publications to accredited subject journals. The publications will be aimed at describing the effect of the possible incorporation of the FSCOEC under a higher education institution on lecturers, graduates and current students.
- To present research results and findings at relevant educational forums at national and international conferences.
- To do further research in the emergency medical care environment in order to improve the efficacy and efficiency of the incorporation of provincial emergency care training colleges under higher education institutions.

It is trusted that this research report and the recommendations made a meaningful difference in the potential incorporation of the FSCOEC under a higher education institution.

## OPSOMMING

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**Sleuteltermes: Vrystaat nood mediese sorg opleidings kollege, ondervindings, dosente, gegradueerdes, studente, gevolge, hoër onderwys, Suid-Afrikaanse Raad vir Gesondheidsberoepes, kwalitatiewe data, ondersoekende onderhoude.**

In hierdie navorsingsprojek is 'n ondersoek gedoen op die moontlike inlywing van die Vrystaat Kollege vir Nood Mediese Sorg (FSCOEC) by 'n inrigting vir hoër onderwys, om die gevolge van die inlywing op nood mediese sorg doserende personeel, die gegradueerdes en huidige studente te bepaal.

Die doel van hierdie navorsingsprojek was om die effek van die moontlike inlywing van die FSCOEC by 'n inrigting vir hoër onderwys op die doserende personeel by die FSCOEC, die gegradueerdes en huidige studente wat aan die FSCOEC studeer te ondersoek. Gevolglik, die verskaffing van aanbevelings, aan die betrokke belanghebbendes, die FSCOEC bestuur, ander Provinsiale nood mediese opleidings kolleges en universiteite van tegnologie, wat gebaseer is op wetenskaplike inligting.

Voor hierdie studie, was daar geen ander studies gedoen in Suid-Afrika in verband met die inlywing van Provinsiale nood mediese opleidings kolleges by hoër onderwys instellings. As gevolg van die voortdurende debat, oor die toekomstige posisionering van Provinsiale nood mediese opleidings kolleges, is 'n ondersoek oor die inlywing van die FSCOEC by 'n inrigting vir hoër onderwys vereis. Om hierdie probleem aan te spreek, is gepoog om die gevolge van die inlywing van die FSCOEC by 'n inrigting vir hoër onderwys op die dosente, gegradueerdes en huidige studente te bepaal.

Ten einde die probleem wat genoem is aan te spreek, is die volgende navorsingsvrae gestel:

1. Hoe gaan die FSCOEC geïnkorporeer word by 'n instelling vir hoër onderwys?

2. Hoe moet die FSCOEC geregistreer wees om NKR gebonde kursusse aan te bied?
3. Weet die doserende personeel, die gegradueerdes en die huidige studente van van die voorgenome inlywing van die FSCOEC by 'n instelling vir hoër onderwys?
4. Hoe gaan die inlywing van die FSCOEC by 'n instelling vir hoër onderwys die doserende personeel, die gegradueerdes en die huidige studente van die FSCOEC affekteer.
5. Wat is die struikelblokke en beperkings wat bestaan ten opsigte van die inlywing van die FSCOEC by 'n inrigting vir hoër onderwys?

Die doel van die studie was om die effek van die inlywing van die FSCOEC by 'n inrigting vir hoër onderwys op die doserende personeel, die gegradueerdes en huidige studente wat aan die FSCOEC studeer te ondersoek. Deur dit te doen kan tekortkominge, wat die effektiewe insluiting van die FSCOEC by 'n inrigting vir hoër onderwys mag belemmer, geïdentifiseer word.

Die fenomenologiese navorsingsontwerp was die mees geskikte vir die bereiking van die doel van die studie, naamlik om die deurleefde ondervings van die doserende personeel, die gegradueerdes en huidige studente van die FSCOEC te ondersoek en te verstaan. Die metodes wat gebruik is om data in te samel en wat die basis van die studie gevorm het, bestaan uit 'n literatuuroorsig, gevolg deur ondersoekende onderhoude. 'n Literatuurstudie is uitgevoer op die proses, van die inlywing van nood mediese sorg kolleges by 'n inrigting vir hoër onderwys, te ondersoek. Dit het die navorser toegerus met die nodige kennis om die navorsing te doen en die gestelde navorsingsprobleme te beantwoord. Daarbenewens het hierdie literatuur studie ook 'n basis gevorm vir die identifisering van die navorsingsvrae wat ingesluit is in die ondersoekende onderhoude.

Die doel van die vrae in die ondersoekende onderhoude was om die onderhoud te lei, en is buigsaam gebruik, om die respondente se antwoorde verder te ondersoek en indringend te ontleed. Vrae in die ondersoekende onderhoud gids was doelbewus en sorgvuldig geskep en ingelig deur die ontleding van die uitkomst van die literatuuroorsig.



Die kwalitatiewe data is ontleed deur die lees van die respondente se antwoorde, die bevindings op te som en die klassifisering van die bevindings in temas. Hierdie bevindings is vergelyk met die bevindings van die literatuurstudie, en gebruik om aanbevelings te maak in 'n poging om die gevolge van die inlywing van die FSCOEC by 'n inrigting vir hoër onderwys op dosente, gegradueerdes en huidige studente te verbeter.

Die aanbevelings van die studie het 'n invloed op die volgende:

- Dat die bevindings van die navorsing aan die bestuur van die FSCOEC en nood mediese dienste van die Vrystaat Provinsie, asook ander rolspelers beskikbaar gestel word.
- Verspreiding van die navorsing se bevindings deur dit in te handig vir publikasie by geakrediteerde vak joernale. Die publikasies sal gemik wees op die beskrywing van die gevolge van die inlywing van die FSCOEC by 'n inrigting vir hoër onderwys op dosente, gegradueerdes en huidige studente.
- Om navorsing resultate en bevindings op relevante opvoedkundige forums bekend te stel, by nasionale en internasionale konferensies.
- Om verdere navorsing te doen in die nood mediese sorg beroeps rigting, om die doeltreffendheid en effektiwiteit van die inlywing van provinsiale nood mediese sorg opleiding kolleges by hoër onderwys instellings te verbeter

Daar word vertrou dat hierdie navorsings verslag en die aanbevelings 'n betekenisvolle verskil in die inlywing van die FSCOEC sal maak by 'n inrigting vir hoër onderwys.

# THE EFFECT OF THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER EDUCATION INSTITUTION

## CHAPTER 1

### ORIENTATION TO THE STUDY

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#### 1.1 INTRODUCTION

This research involved a study to determine the possible effect of the incorporation of the Free State College of Emergency Care (FSCOEC) under a higher education institution on pre-hospital emergency care lecturing staff, graduates and current students. This study was necessitated by a proposal to incorporate the FSCOEC under a higher education institution, based on a directive to comply with the requirements of the National Department of Health, the South African Qualifications Authority (SAQA) and the National Qualifications Framework (NQF). Because of these requirements, the Professional Board for Emergency Care (PBEC) has re-evaluated the curriculum of pre-hospital emergency medical education and training (HPCSA 2014a:2).

Undoubtedly, one of the most widely discussed challenges among pre-hospital emergency care professionals is ending of pre-hospital emergency care short-course training and replacing it with NQF-level courses that are aligned with South African higher education. According to Vincent-Lambert, Bezuidenhout and Janse van Vuuren (2014:7), the above challenge raises fundamental questions at various levels regarding “lifelong learning, academic progression, career pathing and professional development”. Furthermore, the likelihood of emergency care short-course training programmes phasing out and the incorporation of provincial emergency care training colleges under higher education institutions raised questions about beliefs, intelligibility, interrelationships, the rational investigation of resources, and knowledge limitations of emergency care practitioners about pre-hospital education and its future (Slamdien 2010:online).

According to the Health Professions Council of South Africa (HPCSA), all institutions wishing to offer emergency care training programmes need to be accredited by the Higher Education Quality Committee (HEQC) (HPCSA 2014a:online). The possible incorporation of the FSCOEC under a higher education institution became necessary due to requirements of rapidly developing pre-hospital emergency medical services and the requirement to move pre-hospital emergency care education away from the short-course training regime, to a formal and structured means of education and training. Naidoo (2013:online) states that the professionalisation of pre-hospital emergency medical care courses was hindered by short training courses, because these short courses did not adhere to the guidelines set by the National Qualification Framework Act and the revised Higher Education Qualifications Sub-framework.

## **1.2 RESEARCH PROBLEM**

The problem that was addressed relates to the process of the possible incorporation of the FSCOEC under a higher education institution, with a specific focus on how this incorporation will affect lecturing staff, graduates and current students. Prior to this study, no recent study concerning the incorporation of a provincial emergency care training college under a higher education institution could be traced as far as pre-hospital emergency care colleges are concerned, and no studies have recently been done in South Africa to investigate the incorporation of provincial emergency care training colleges under higher education institutions. In the face of continuing debates about the future positioning of provincial emergency care college-based education, an investigation regarding the possible incorporation of the FSCOEC under a higher education institution was necessary. The experiences of lecturing staff, the graduates and current students of the FSCOEC who were involved in this study in the Free State province were central to providing a comprehensive standpoint on the possible incorporation of the College into a higher education institution.

The researcher made use of the following electronic databases to determine whether any previous studies had been done on this aspect: Google Scholar, Pub Med, Science Direct, BMJ Journals, and University of Free State library search engines. The results of the search highlighted the lack of published literature on the

incorporation of provincial emergency care training colleges under higher education institution in the South African context.

### **1.3 GOAL, AIM, RESEARCH QUESTIONS AND OBJECTIVES OF THE STUDY**

#### **1.3.1 Goal of the study**

The overall goal of the study was to provide insight on how the process of the possible incorporation of the FSCOEC under a higher education institution, could affect the lecturing staff, graduates and current students of the FSCOEC. This might subsequently help in making recommendations to relevant stakeholders, FSCOEC management, other provincial emergency care training colleges and universities of technology.

#### **1.3.2 Aim of the study**

The aim of the study was to investigate the possible effects of the incorporation of the FSCOEC under a higher education institution on the lecturing staff of the FSCOEC, the graduates and current students studying at the FSCOEC. In order to achieve this aim, the researcher did a literature study and used it as a theoretical foundation for the study.

#### **1.3.3 Research questions**

In order to address the research problem, the following research questions were asked:

1. How could the FSCOEC be incorporated under a higher education institution?
2. How should the FSCOEC be registered so that it can present NQF-aligned courses?
3. Do the lecturing staff, the graduates and current students know about plans to incorporate the FSCOEC under a higher education institution?
4. How could the incorporation of the FSCOEC under a higher education institution have an effect on the lecturing staff, graduates and students of the FSCOEC?

5. What are the barriers and constraints to the possible incorporation of the FSCOEC under a higher education institution?

#### **1.3.4 Objectives of the study**

In order to achieve the aim of the study the following objectives were pursued:

- Investigate, via a literature study and analysis of documents from meetings, how the FSCOEC was to be incorporated under a higher education institution.
- Assess, via a literature study, how the FSCOEC should be registered to present an NQF-aligned programme.
- Determine, via an explorative interview, the knowledge of pre-hospital emergency care lecturers at the Central University of Technology (CUT), Free State, and the FSCOEC regarding the possible incorporation thereof under a higher education institution.
- Explore, via explorative interviews, how the possible incorporation of the FSCOEC under a higher education institution will have an effect on the lecturing staff, graduates and current students of the FSCOEC.
- Describe, on the basis of information gathered in explorative interviews, the barriers and constraints to the possible incorporation of the FSCOEC under a higher education institution.

By pursuing the objectives above the research questions of the study will be addressed.

#### **1.4 SIGNIFICANCE OF STUDY**

This investigation into the process of the possible incorporation of the FSCOEC under a higher education institution is important for the provision of high quality pre-hospital education and the production of safe, practicing and professional emergency care practitioners. Furthermore, this study could add value by providing insight into the effects of the incorporation process on lecturers, graduates and current students of provincial emergency care training colleges incorporated under higher education institutions.

Consequently, the findings of the research can make a contribution to dealing with the effects that the incorporation of the FSCOEC under a higher education institution may have on lecturers, graduates and current students. Furthermore, the researcher is of the view that the research can make a valuable contribution by adding new facts and understanding to the existing body of knowledge concerning the incorporation process. The completed research can be utilised for further research in the fields of health sciences education and pre-hospital education.

In summary, the value of the study will be realised in the contribution it will make via recommendations about the effects of the possible incorporation of the FSCOEC under a higher education institution.

### **1.5 DEMARCATION OF THE FIELD OF STUDY**

The findings of the study may be applied at other emergency care training colleges and universities both nationally and internationally. Furthermore, the study fits into the field of health professions education, and the study can be classified as being interdisciplinary since emergency care has a close relation with other health professions, for example, nursing. Furthermore, the participants in this study were individuals who all possessed specific expertise or were studying in the field of pre-hospital emergency medical care.

### **1.6 PERSONAL CONTEXT**

In a personal context, the researcher in this study is a qualified emergency care practitioner who has been registered with the HPCSA as an advanced life support paramedic for 7 years, and as an emergency care practitioner for 2 years. The researcher has been a lecturer and course coordinator at the FSCOEC for 7 years, and he has an interest in pre-hospital emergency care education.

### **1.7 TIME SPECIFICATION**

The study was conducted between January 2014 and November 2015, with data collection taking place from May 2015 to July 2015.

## **1.8 RESEARCH DESIGN AND METHODOLOGY**

The phenomenological research design was the most appropriate approach for achieving the aim of the study, which was to explore and understand the lived experiences of lecturers, graduates and current students of the FSCOEC. “Phenomenology aims to describe a person’s lived experiences (phenomena) in an attempt to enrich lived experience by drawing out its meaning” (Holloway 2005:47). The phenomenological design allowed participants, through explorative interviews, to bring about their own meaning of their experience of being involved in the incorporation process of the FSCOEC under a higher education institution. In the light of the above, the researcher considered phenomenology the best method and approach for this study.

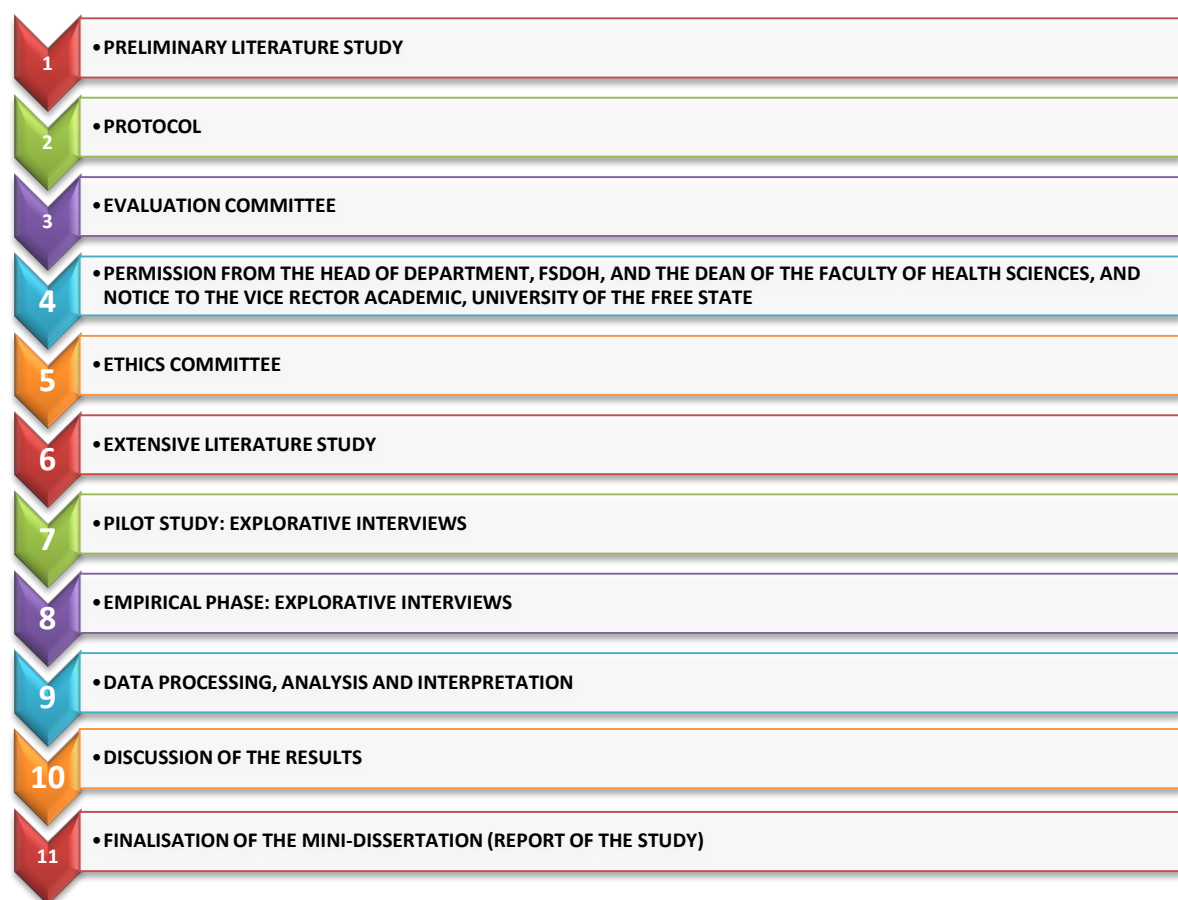
Because this study sought to explore and understand a phenomenon, a qualitative research design was adopted. According to Mason (2002:3), qualitative research explores dimensions of the social world, the quality and interface of regular life, the considerations, experiences, and opinions of research participants, and the implications of the meanings that they produce

### **1.8.1 Methods of investigation**

The methods that were used and which formed the basis of the study comprised a literature study and explorative interviews. Generally, the aim of the literature study was to describe the possible incorporation of pre-hospital emergency care colleges under a higher education institution. In particular, the aim of the literature study was to conceptualise the research problem and locate it in a body of theory. This conceptualisation and theorising puts the researcher’s efforts into perspective, situating the issue in a larger knowledge pool, and creating a foundation based on existing, related knowledge (De Vos, Strydom, Fouchè & Delpont 2005:134-135). Moreover, the literature study equipped the researcher with the necessary knowledge to conduct the research and answer the stated research problem. In addition, this literature study provided a basis for the identification of research questions to be included in the explorative interviews.

After the literature study, explorative interviews were conducted with participants at the Free State Provincial emergency medical services, FSCOEC, who are registered with the HPCSA, to explore their experiences with regard to the incorporation process. These interviews were aimed at investigating the opinions and understandings of the participants regarding the incorporation of provincial emergency care training colleges under higher education institutions. In order to conduct the explorative interviews, questions were compiled from factors identified by previous studies in other healthcare disciplines closely related to the field of pre-hospital emergency care education. Some of the questions were adapted to the context of the pre-hospital emergency medical care education environment during the actual interviews.

A detailed description of the research design and methodology will be discussed in Chapter 3. A schematic overview of the study is portrayed in Figure 1.1.



**Figure 1.1. Schematic overview of the study**



## 1.9 ARRANGEMENT OF THE REPORT

The following section provides a brief outline and layout of the dissertation.

Chapter 1, ***Orientation to the study***, provides the context of and background to the study and the problem, and states the research questions. These are followed by the overall goal, aim, objectives and the research design and methods that were employed and are discussed briefly, to give the reader an overview of what the report contains. Furthermore, this chapter provides the demarcation of the field of the study and elucidates the significance of the study for health sciences education and emergency medical care education.

Chapter 2, ***Incorporation of emergency care colleges under higher education institutions***, provides the theoretical orientation of the study and deals with a review of literature that describes publications and knowledge regarding the effects of the possible incorporation on lecturers, graduates and current students. The literature review provides the theoretical framework underlying the research questions.

Chapter 3, titled ***Research design and methodology***, explains the research design and the methodology that was applied in this study. The theoretical aspects of the methods used are discussed and the reasons for deciding on the approach and methods explained. Data collection is described with reference to the applicable literature, as well as the way the explorative interviews were conducted.

Chapter 4, ***Description and discussion of findings on the results of the explorative interviews***, reports on the results of the explorative interviews.

Chapter 5, consists of the ***Summary, limitations, recommendations and conclusions***, of the study.

## 1.10 CONCLUSION

Chapter 1 provided an orientation to the research undertaken regarding the possible incorporation of the FSCOEC under a higher education institution.

The next chapter, Chapter 2, **The incorporation of the Emergency Care Colleges under a higher education institutions**, will present a study of the relevant literature

## CHAPTER 2

### INCORPORATION OF EMERGENCY CARE COLLEGES UNDER HIGHER EDUCATION INSTITUTIONS

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#### 2.1 INTRODUCTION

This chapter consists of a literature review, which Coughlin, Cronin and Ryan (2007:258) define as the gathering of information from various sources, conducting a critical analysis and formulating a summary of available research and non-research relevant to a topic being studied. The authors further state that a literature review is an essential step in the research process, which begins with identifying a topic of interest, finding relevant literature and analysing the findings, culminating in writing a report.

Furthermore, Bowen (2005:210) suggests that the researcher should read extensively, as that ensures that he/she gains an overview of the existing literature and approaches to a particular topic. In this way the researcher can identify gaps and areas where further research is needed. The aim of the literature review is to conceptualise the research problem and to locate it in a body of theory, put the researcher's efforts into perspective and create a foundation based on existing, related knowledge (De Vos, Strydom, Fouchè & Delport 2005:134-135). For the purpose of this study's literature review the focus will be on (i) Context of emergency care colleges; (ii) Relationships in emergency medical care education (iii) Types of partnerships (iv) Collaborative models of partnerships (v) Finding appropriate partnerships (vi) Employers as role players in emergency medical care education (vii) Uniqueness of university and health sector partnerships (viii) South African perspective on pre-hospital education (iv) Incorporation of emergency care colleges under higher education institutions (x) Conclusion.

#### 2.2 CONTEXT OF EMERGENCY CARE COLLEGES UNDER HIGHER EDUCATION INSTITUTIONS

Emergency care training colleges are not currently registered with the Department of Higher Education and Training (DHET) through Umalusi, the Council on Higher

Education (CHE), the Department of Labour, or Health and Wellness, Sector Training and Education Authority (Seta) as emergency medical training providers (Vincent-Lambert 2011:29). Previously, the five provincial training colleges, namely, the Free State College of Emergency Care (FSCOEC), Lebone College, North West College of Emergency Care (NWCOEC), Western Cape College, Durban College, one higher education institution, namely, Cape Peninsula University of Technology (CPUT), and the South African National Defence Force (SANDF), obtained either accreditation or provisional accreditation from the Health Professions Council of South Africa (HPCSA) (Vincent-Lambert 2011:46). The CPUT is currently the only higher education institution presenting the Emergency Care Technician (ECT) National Qualifications Framework (NQF) 5 programme. Most importantly, the five provincial training colleges will not have accreditation for the NQF 5 ECT programme from 31 December 2016, due to the implementation of the new ECT diploma programme (NQF 6) (A. Pieters 2015 pers. comm. 2 March).

Since 2009, the National Department of Education has been divided into two sections, namely basic education and higher education and training. Furthermore, these sections is responsible for education throughout the country, whereas respectively the nine provinces has its own education department. The DHET is “responsible for tertiary education up to doctorate level, technical and vocational training, as well as adult basic education and training”. The Umalusi Council, appointed by the minister of Higher Education, sets and monitors standards for general and further education and training, while the CHE regulate higher education and training, including accreditation and quality assurance. (South Africa, Info 2016:Online).

Training providers present short courses even though they were not registered with the DHET through Umalusi, the CHE, the Department of Labour or Health and Wellness Seta as training providers for emergency care. This left the HPCSA as the only Education and Training Quality Assurance body (ETQA) for all of these providers (Vincent-Lambert 2011:29). Vincent -Lambert (2011a:30) explains that this situation left the Professional Board of Emergency Care (PBEC), National Department of Health (NDoH) and HPCSA in an “uncomfortable position, because the emergency care profession continued to confer professional registration and

status on persons who had no formal qualifications”. The author further mentioned, that in other health professions, nationally and internationally, professional registration is obtained only by “formal higher education qualifications”.

According to PBEC and the CHE, public sector provincial training colleges that desire to continue with the education and training of students in emergency medical care, whether the students are in-service staff or school leavers, will have to form a partnership with a higher education institution. In addition, all courses need to be aligned with the NQF Act (Act 67 of 2008) and be aligned with the Higher Education Qualifications Sub-Framework (HEQSF) (R. Naidoo 2014 pers. comm. 28 May).

### **2.3 BUILDING BALANCED RELATIONSHIPS IN EMERGENCY MEDICAL CARE EDUCATION**

The importance of relationship building and the managing thereof is widely acknowledged in the literature on healthcare partnerships between two institutions, and it is recognised as a daunting and time-consuming challenge faced by the partners in the partnerships (Lasker, Weiss & Miller 2001:205). Personal and professional relationships among partners have a notable influence on the performance of the partnership, and the relationships are a fundamental element of a successful partnership (Brown, White & Leibbrandt 2006:179). According to Kanter (1994:online), constructive partnerships are multidimensional and achieve incorporation at five levels: “strategic, tactical, operational, interpersonal and cultural”.

### **2.4 TYPES OF PARTNERSHIPS**

Partnerships can be classified according to the following types of concepts: “collaborative, operational, contributory and consultative” (Casey 2008:74). According to Kernaghan (2008:57-76), where there is sharing of resources, such as money and information, a collaborative partnership is formed and both partners are involved in the decision making. When the partnership involves work sharing instead of decision making, and where control is retained by one partner, an operational partnership is formed, leading to more responsive and efficient operations. In the

case of contributory partnerships, active participation is required by both partners, and in consultative partnerships the focus is mainly on advice on policy issues.

The significance of giving formal status to the partnership is emphasised throughout the literature. According to Huxham (2000:337–357) authority figures who are supportive of collective decision making are essential to ensuring effective operations in cases where collaborative partnerships depicted by committees, working groups and steering groups are involved.

Casey (2008:78) supports this view and states that, “partnerships become stunted by lack of trust, poor communication, conflict and lack of shared goals if no framework has been established to guide collaborative efforts”. Also, a “formalized partnership is more likely to be maintained because formal arrangements tend to signal commitment and accountability”. Brown, White and Leibbrandt (2006:170–179) state that all partners should be involved in developing authority structures, legal agreements and memorandums of agreement; these documents should provide an explanation of the accountabilities of both partners, decision making and issues such as “authority, accountability, confidentiality and staffing”. Somerville, McIlwrath, Johnson, Langdon and Jones (2000:32) suggest that it is highly probable that the expectations and needs of both parties involved in the partnership may be realised, for example in the case of collective affiliations between higher education institutions and the Department of Health (NDoH), thus, for healthcare services,

However, according to O’Meara *et al.* (2009:54), it will be a difficult task for academics involved in pre-hospital education to construct comprehensive undergraduate programmes and address the needs of emergency medical services. Furthermore, the authors point out that, even though the need for working partnerships between higher education institutions and the NDoH are recognised, a literature search did not present any form of investigation into combined processes or working associations with pre-hospital education. O’Meara *et al.* (2009:54) further state that some authors (for example, Lord, 2003; Pointon, 2004; Fawcett & McCall, 2008) discuss the history of pre-hospital education programmes at some universities, referring to “partnering arrangements” “collaborative arrangements”,

“collaborative agreements” and “working in close cooperation” – although the authors do not fully explain these concepts.

## **2.5 COLLABORATIVE MODELS OF PARTNERSHIP**

In the following section collaborative models of partnership are outlined. The models are related to nursing education, as no formal models for the emergency medical field could be found.

### **2.5.1 Collaborative teaching models in nursing**

Nursing education needs to be relevant and must comprise both expert and academic involvement, as is currently the case with higher education. In addition, the value of the link between theory and practice for closing the gap in a collaboration between two parties cannot be overemphasised. Complications in the transformation process, from university to the clinical setting, may be as a result of the gap between theoretical learning and actual clinical practice, and different cultures of education (O`Meara *et al.* 2009:63); for example, the different means of facilitation of learning between the short-course training model of emergency medical training in South Africa and higher education. A strategy for overcoming these problems is collaboration between academics and clinicians (O`Meara *et al.* 2009:63).

### **2.5.2 Partnerships in clinical practice**

Hou, Rego and Service (2013:1) state that the first degree-based qualification for pre-hospital practitioners was presented at the Charles Sturt University in Australia in 1994. Lord (2003:1) states that the above-mentioned degree was a result of a partnership between the emergency medical services of Australia, which aimed to professionalise paramedic practice. In 2009 only three states in Australia made the shift to presenting only tertiary-level pre-hospital courses, by phasing out all in-service paramedic programmes, thereby making the transition to higher education pre-hospital training (O`Meara *et al.* 2009:9).

Educators involved in the education of healthcare professionals are concerned about clinical education, as clinical education is acknowledged to be indispensable for students' learning experiences (O'Meara *et al.* 2009:64). Currently, the CUT has an agreement with the Free State DoH regarding clinical practice for its students and the use of departmental facilities for this training (Kabane 2010 pers. comm. 26 April).

According to Clare, Edwards, Brown, White, Van Loon, Malko-Nyhan, Leibbrandt and Fahey-Shelton (2003:online) clinical education helps students to understand the workplace and aids their socialisation. The most important factor influencing the clinical practice experience of students is the affiliation between health services and education providers.

### **2.5.3 Practice-research model of collaboration**

Downie, Orb, Wynaden, McGowan, Seeman and Ogilvie (2001:27-32) propose a Practice-Research Model of collaboration, which improves nursing research activities that lead to evidence-based nursing practice. "Nurse Research Consultants" were the product of a strategic collaboration between a West Australian University and Community Health Services. The function of the consultant is to articulate and act as mentor and consultant on issues related to research, methodology and publications.

### **2.5.4 Practice education models**

Budgen and Gamroth (2008:273-283) state that joint appointments, secondments and affiliate positions are among practice education models currently used for entry-level preparation of nursing students. These approaches can be applied by employing a practitioner at a university and by a health service provider. Some of the benefits of this model include the following:

- Increased credibility for practitioners at universities and for academics in health services; and
- Secondments involve practitioners being relieved of regular responsibilities in the health service and undertaking temporary employment at a university to



teach students. Consequently, students are given the opportunity to learn from expert clinicians who have extensive knowledge of the practice environment.

In the case of an affiliate position, an arrangement is made for clinicians or academics to assume some of the responsibilities and privileges associated with the alternate organisations, for example academic and clinical credibility along with opportunities to expand knowledge and skills and collaborate in new ways (Budgen & Gamroth 2008:273-283).

## **2.6 FINDING THE APPROPRIATE PARTNERSHIP**

The significance of having the appropriate partners involved in a joint partnership is emphasised. Furthermore, it is a difficult task to achieve the “right” mix, due to the involvement of issues such as identifying the most suitable individuals and representatives from appropriate organisations and interest groups. These issues include involving members from different professional backgrounds and with different reputations, while sustaining a stable partnership (Huxham & Vangen 2000:337–357).

According to Lasker, Weiss and Miller (2001:179), some literature refers to the value of recruiting similar partners, as opposed to diverse partners. Lasker, Weiss and Miller (2001:179) point out that, when membership includes diverse partners, who bring a variety of standpoints, views, resources and skills to the group, problem solving creates and may even strengthen the partnership. However, tension and conflict may arise from diversity because differences between partners make significant demands on leadership, coordination and management skills – it is thus essential to find the correct partner (Lasker, Weiss & Miller 2001:190). For example, the ECT course is currently only presented by Universities of Technology countrywide in South Africa; the exception is the Free State province, where the CUT does not have the ECT on its programme qualification mix. The CUT is the obvious choice for the FSCOEC to consider for a partnership, due to its location. Prof. A Swart (2014 pers. comm. 29 July), a dean at University of Johannesburg (UJ), stated in a letter, that it would be beneficial if the partnering university is located in close proximity to the FSCOEC due to the possibility of sharing resources and academic guidance.

## **2.7 EMPLOYERS AS ROLE PLAYERS IN EMERGENCY MEDICAL EDUCATION**

Although it is a normal characteristic in the pre-hospital emergency medical environment to monopolise pre-hospital education and training in their regions, this adversely affects the further education and academic progression of practitioners in terms of their freedom to access programmes. This is particularly true if the employer demands or insists on the continuation of the short-course regime and does not realise the benefits of tertiary education and professionalisation of the emergency medical care profession (O`Meara *et al.* 2009:79). In countries such as the United States, this situation does not exist, thus allowing for unique relationship between the universities and industry (service providers), thereby allowing industry to shape pre-hospital education for the future. One of the challenges universities face is meeting the needs of local services, directives set out by accrediting bodies and objectives of academic educators to produce independent practitioners (O`Meara *et al.* 2009:79).

## **2.8 UNIQUENESS OF UNIVERSITY AND HEALTH SECTOR RELATIONSHIPS**

O`Meara *et al.* (2009:80) state that there is little information on new models of collaboration between universities and pre-hospital service providers. The pre-hospital profession is fighting a “transformation battle” without sufficient information, which can be drawn from other health professions, for example nursing.

Potential problems and difficulties with pre-hospital education are not limited to maintaining clinical credibility, or having a cooperative connection between theory-driven staff and clinicians. Pre-hospital education is faced by the challenge of creating innovative relationships with its monopolistic employer service provider. Furthermore, the relationship between the education institution and the service provider needs to enhance quality education for graduates and prepare them for employment with a specific service (O`Meara *et al.* 2009:80). Most importantly, as O`Meara *et al.* (2009:80) state, the industry/university relationship needs to be one that promotes the further development of a theoretical and clinical body of knowledge that pinpoints domains of practice shared with other emergency services

and health professions, as well as knowledge that defines the uniqueness of the profession.

## **2.9 SOUTH AFRICAN PERSPECTIVES ON PRE-HOSPITAL EDUCATION**

Traditionally, in South Africa, pre-hospital education programmes, such as Basic Ambulance Attendant (BAA), Ambulance Emergency Care Assistant (AEA) and Critical Care Assistant (CCA), were focused on emergency medical response, with inadequate education in traditional safety, health preferment, geriatric care and chronic disease treatment. The requirement at the moment is that pre-hospital education should evolve into a four-year degree programme that is comparable with other health professions, such as nursing and psychology, which are seen as health professions. When pre-hospital emergency care education is structured more holistically, and over a longer period of time, it will compare with broader degree programmes, such as nursing and other allied health professions (O'Meara, Ruest & Stirling 2010:8,9). Therefore, pre-hospital emergency education needs to become more credible and, in order to make this possible, it should lead to a graduate profession (Cooper 2005:377).

In South Africa, the healthcare sector experienced a transformation during the past two decades, which placed new burdens on the training and education of pre-hospital emergency care providers. Because of the multidimensional nature of public needs and social and economic demands on pre-hospital emergency care services, academics have had to review the aims and expectations of pre-hospital care provider education (O'Meara, Ruest & Stirling 2010:9). This review led to the creation of new education frameworks for education, such as the possible incorporation of the FSCOEC under a higher education institution.

Some of the proposed standard contractual agreements between provincial pre-hospital training colleges and higher education institutions stated that colleges should be responsible for theory, clinical practice and work integrated learning (NECET 2015:8). Unfortunately, in the case of the FSCOEC, its application to partner with UJ, was not successful because this university is already partnering with other institutions. During personal communication (A. Swart 2014 pers. comm.

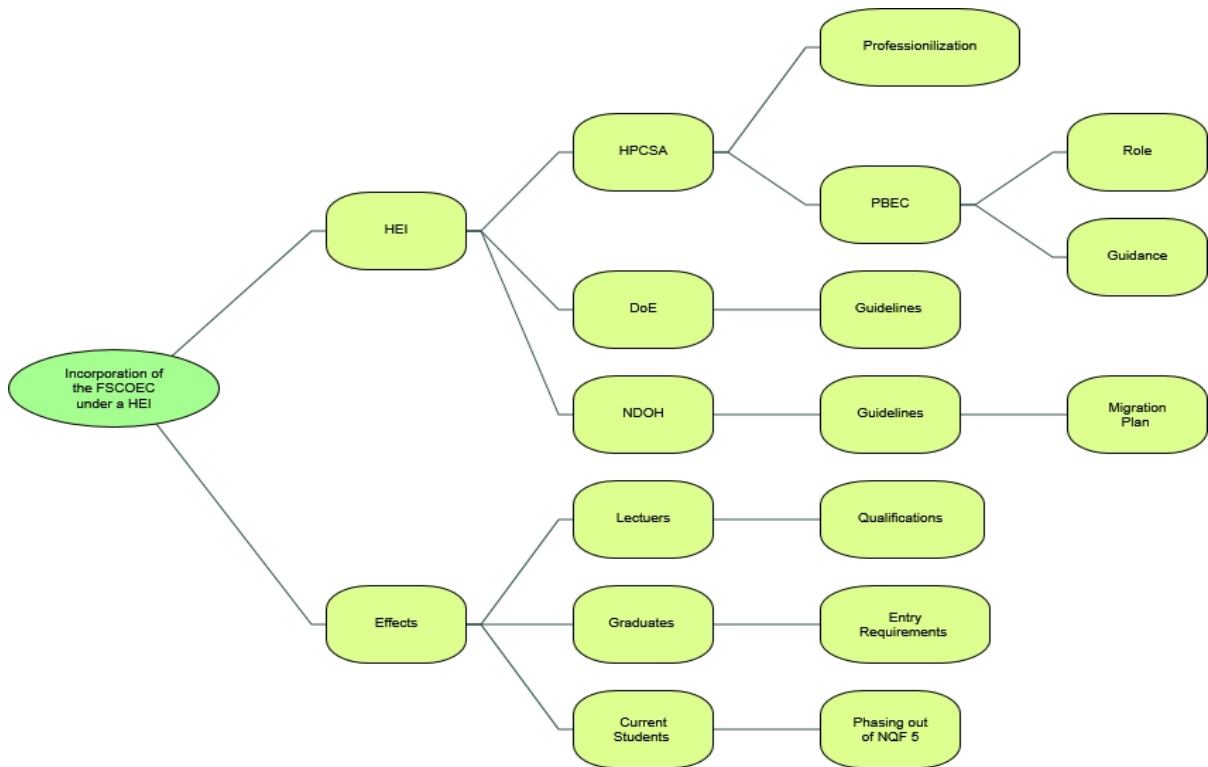
29 July) a dean at UJ, stated that, due to manpower shortages and the distance between UJ and the FSCOEC, it would be difficult to assure the quality of the programme. Hence, the dean of the UJ recommended that the FSCOEC partner with CUT. However, CUT currently does not have the ECT and B.Tech EMC programmes on their PQM.

According to Mr Munilal, former director of emergency medical training at the FSCOEC, his attempts to engage with CUT about a partnership for incorporation has, to date, not resulted in a signed partnership document (A. Munilal 2014 pers. comm. 2014). In an inspection report compiled by the HPCSA, Mr Rowe-Rowe, current principal of the FSCOEC, informed the HPCSA inspection panel of recent developments, namely, that CUT indicated that they are currently not able to assist the FSCOEC with the application to the CHE to present the Diploma (NQF 6) (D. Mulhbauser & C. Theu 2014 pers. comm. 5 December). The FSCOEC received approval to use the library at CUT and a memorandum of understanding (MoU) exists between Free State DoH and CUT regarding the use of departmental resources and staff of the FSCOEC (K. Rowe-Rowe 2015 pers. comm. 2 March).

The PBEC is primarily made up of senior managers and employers in the industry, rather than practitioners, from every province in South Africa, as is the case with other professional accrediting bodies. The Free State province is not represented on the PBEC, due to no practitioner being nominated or selected, meaning that the PBEC receives no input regarding changes in pre-hospital education, transformation into higher education and incorporation of colleges under higher education institutions in the Free State; this means that the FSCOEC's only representation on a national platform is at the principal's forum, which is mandated by the National Council of Emergency Care (NCEMS), in an advisory capacity on EMS training. The fact that universities are located in different provinces would make the incorporation process more complex, as some universities are more advanced in the process of incorporating colleges under them. Furthermore, because higher education institutions are generally located in the major urban centres, the logistical costs for practitioners who do not reside in large urban centres and who wish to further their education may be too high (Stein 2014:4).

## 2.10 INCORPORATION OF EMERGENCY CARE COLLEGES UNDER HIGHER EDUCATION INSTITUTIONS

The ff. figure, provides a framework of the incorporation of emergency care colleges under a higher education institution.



**Figure 2.1: Aspects of the incorporation of emergency care colleges [Compiled by the researcher, Nell 2015]**

According to Stein (2012:2) the Minister of Health announced, in Regulation 57-61 of January 2014 (as cited in Stein 2012), the closure of the short course register with the HPCSA. The implication of this announcement is that no colleges will be allowed to present short courses anymore, but need to align with the NQF and comply with the South African Quality Assurance Authority (SAQA). The incorporation resulted in challenges, such as meeting SAQA and NQF requirements, staff development that needed to be addressed and insufficient guidelines regarding the incorporation process.

## **2.10.1 Role players in the incorporation**

### **2.10.1.1 *Role of the Health Professions Council of South Africa and the Professional Board of Emergency Care in the incorporation***

As the standards generating body of health professions in South Africa the HPCSA needs to ensure that pre-hospital education aligns with the requirements of higher education (Naidoo 2011:2). The dispute regarding the phasing out of short training courses for pre-hospital emergency care and unequivocal guidelines from the HPCSA to move pre-hospital emergency care education to a higher education institution platform, as mentioned in a letter from the HPCSA, lead to many problems and questions such as the effect of these changes on lecturing staff, the graduates, current students at the FSCOEC and other provincial emergency care training colleges, which have not been answered to date (R. Naidoo 2014 pers. comm. 28 May).

As early as 2002, collaborations in higher education systems were proposed by the South African Ministry of Education (Daniels 2010:44). Hence, the HPCSA and the NDoH made a decision to replace all short training programmes in the emergency care profession with NQF-aligned programmes. Consequently, all future pre-hospital emergency care educational programmes will be structured in the form of recognised higher education programmes. As a legislative body, it is the responsibility of the HPCSA to align and evaluate the pre-hospital emergency medical education of pre-hospital emergency care providers with the Health Professions Act, thereby ensuring competent practitioners. The review of pre-hospital emergency care education was brought about by the requirements set out by the SAQA Act to transform pre-hospital education and to provide professional status (HPCSA 2010: online).

The aim of the HPCSA is to ensure that pre-hospital emergency care practitioners achieve high standards of education, thus fulfilling their obligation to protect the public against negligent practice. In a public news statement by the HPCSA, Me. M. O'Really, HPCSA chief executive officer and registrar, made the following statement: "We are of the opinion that the current short course training duration and

content is inadequate to meet the demands of the pre-hospital environment". She said further that,

*if you take into account that almost 80% of ambulance crews are made up of practitioners with three to four weeks' basic training, attending and transporting sometimes critically ill and injured patients, we have to ensure that the citizens of South Africa are in qualified and well trained hands in any emergency situation (O'Reilly 2010:online).*

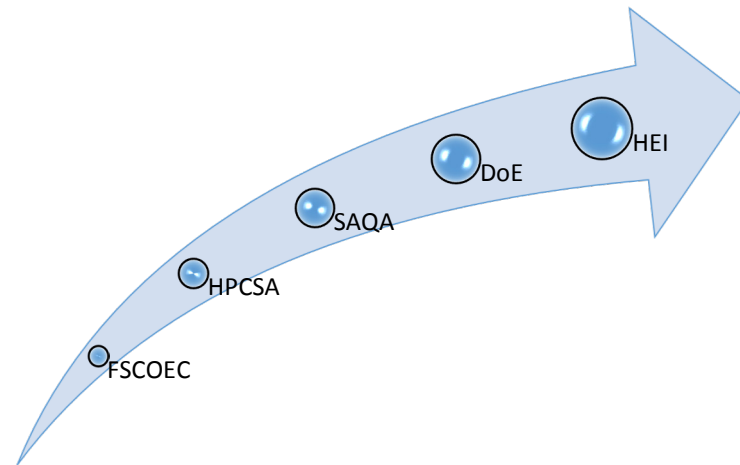
Mr. M. Mahlangu (2008, pers. comm. 2 July), representing the HPCSA, stated that the National Emergency Care Education and Training (NECET) policy will provide a three-tiered qualification system that will be aligned with the HEQSF. The framework will provide entry into emergency medical education, which will involve a one-year Higher Certificate in Emergency Medical Care, which will lead to registration with the HPCSA as an Emergency Care Assistant (ECA), followed by a two-year Diploma in Emergency Medical Care, which will lead to registration as an ECT, and a four-year professional Bachelor's degree in Emergency Medical Care, which will lead to registration as an Emergency Care Practitioner (ECP) (Kubirske 2014:online).

#### **2.10.1.2 Roles of the provincial and national departments of education in the incorporation**

Before a public or private higher education institution may offer higher education programmes, the programme must be aligned with set regulatory outlines and be accredited by the HEQC (CHE 2014:online). To date, the ECT programme presented at the FSCOEC and other provincial colleges has not been accredited by the DHET, and therefore the FSCOEC does not function as a higher education institution.

A formal emergency care qualification aligned with NQF requirements is therefore a requirement for further professional development of an emergency medical service member within the health sector. The short-course training model cannot adequately address the changing requirements of the profession and it is expected by the HPCSA that evidence-based levels and standards of care are adhered to by

training institutions. In South Africa, the emergency care profession has developed towards practitioners being registered independently as providers of pre-hospital emergency care; therefore, pre-hospital training colleges need to align with a higher education institution (NECET 2012:6, 11, 12), as demonstrated in Figure 2.2.



**Figure 2.2: Alignment of Free State College of Emergency Care with a higher education institution [Compiled by the researcher, Nell 2015]**

Furthermore, education and training providers will be required to produce evidence of accreditation with the CHE or Umalusi and the HPCSA prior to implementing their emergency care learning programmes, hence the need for public training colleges to align with higher education institutions (NECET 2012:17).

The onus of accrediting public and private higher education institutions lies with the CHE. Before the CHE accreditation is granted, qualifications must be registered on the NQF and accredited by the HEQC (CHE 2014:online). The DHET also states that the minimum admission requirement for the ECT programme is a National Senior Certificate as certified by the Council for General and Further Education and Training (Umalusi). Vincent-Lambert (2011b:68) elaborates that, according to SAQA, to gain access to the ECT programme, a prospective learner should have a Grade 12 qualification or “recognised equivalent” at NQF level 4.

According to Naidoo (2013:online), the need to professionalise pre-hospital emergency medical care programmes was hindered by short training courses that did not adhere to the guidelines set by the National Qualification Framework Act and the revised HEQSF.



### **2.10.2 Reasons for the incorporation of emergency care colleges under higher education institutions**

In 2013, the PBEC and NDoH held meetings, or as it was called, “road shows”, in the Free State with the aim of clarifying the decision about the migration framework, and to discuss the implications thereof. Pre-hospital education and training is experiencing a substantial transformation, from an in-service, post-employment training model to a higher-education based, pre-employment professional programme (Joyce, Wainer, Piterman, Wyatt & Archer 2009:534). Pre-hospital emergency care is entering a phase of being defined as an academic entity, with its own knowledge base, its own literature and, increasingly, its own research base. In this way pre-hospital education provides evidence for best clinical practice, similar to other health professions, and is thus transforming into a profession with professional status, such as nursing (Joyce *et al.* 2009:535).

In the case of the FSCOEC, the incorporation under an higher education institution is necessary because of the requirements of the rapidly developing pre-hospital emergency medical services and the requirements to move pre-hospital emergency care education away from the short-course regime, to a formal, structured way of education and training (Naidoo 2014:online). An important component of the professionalisation process is the regulation of education and professional recognition by “the profession” (as represented by a professional association), instead of by employers or universities. The change to higher education qualifications is part of the growth of standardised educational preparation. A system for accreditation of educational programmes also plays an important role in the transformation of pre-hospital education (Joyce *et al.* 2009:536).

Higher education serves as a channel for the sustainability of national values and is an important component of a society’s culture and knowledge (Collins & Hwer 2011:1). The presence of skilled healthcare practitioners is a critical element vital to a country’s ability to meet public needs for healthcare services (Collins & Hwer 2011:2). Internationally, there is acknowledgment of the urgent need to improve educational programmes to produce more healthcare professionals to address public health priorities and improve health system performance (Blaauw, Ditlopo & Rispel 2014:1).

O'Meara *et al.* (2009:10) state that, in Australia, transformation is not unique and has its roots in an overall "shortage of health professionals, increasing consumer demand for high cost medical technology, increasing life expectancy, particularly in the developed world, and a shift in the disease profile from acute infections to chronic diseases". The authors state that these are the reasons for Australia requiring highly skilled pre-hospital practitioners. Furthermore, Hsieh (2014:online) mentions that a pre-hospital degree is very important, as it will assist in the overall task of the practitioner, which requires competence in English and mathematics, and tasks such as "patient care, writing reports and problem analysis". The author states, further, that a degree generates inter-professional migration among professions and opens up possibilities to enter other health-related educational programmes. Further education may also increase practitioners' chances of rising to management positions (Hsieh 2014:online).

In addition, Hsieh (2014:online) elaborates that among the benefits of higher education may be that the workforce is stabilised, and that having professional qualifications promotes recognition and respect from other health professions. Furthermore, the acknowledgement of individuals as valued members of the healthcare profession will increase the opportunity to earn higher compensation. The move to higher education and subsequently to a profession will not only benefit society, but also practitioners, as higher education serves as the basis for building the pre-hospital profession (Hsieh 2014:online).

Although separate institutions can be located in one area they can combine their knowledge, efforts and infrastructural resources to deliver higher education programmes, and collaborate with each other (Hsieh 2014:online). The South African minister of Education envisioned that enhancing diversity in the provision of higher education programmes and reducing costs within the region can result from collaboration regarding programme development, delivery and rationalisation (DHET 2013:2). Furthermore, programmes will be strengthened by effective collaboration between academic experts and effective application of human resources. Well-organised use of facilities and resources for teaching, learning and research will contribute to infrastructural collaborations of higher education institutions (Hsieh 2014:online).

The following objectives are proposed by the NECET policy with regard to the incorporation of provincial training colleges under higher education institutions:

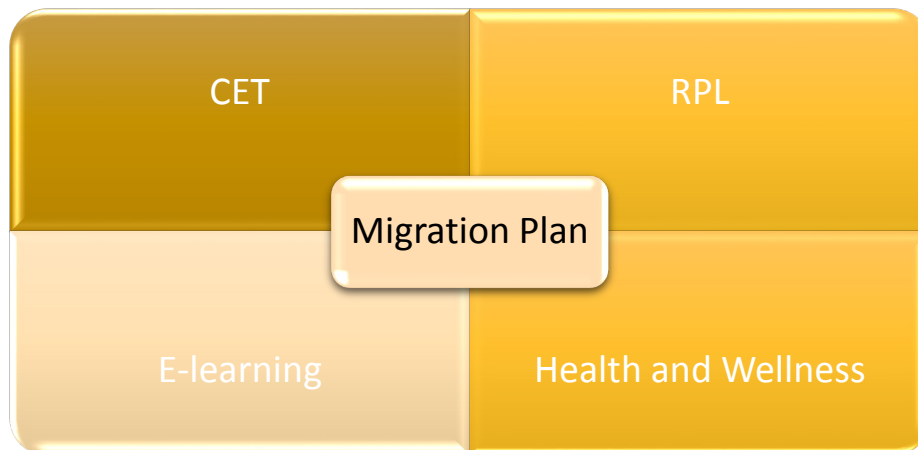
- To prepare the college for strategic partnerships;
- To migrate towards higher education and training that will involve reallocation of resources, from short courses and the ECT programme to diploma and certificate qualifications;
- To enhance staff's academic capacity and improving their qualifications as necessary; and
- To provide access to further education and minimise the impact of the NECET policy on current and future in-service emergency medical staff as well as emergency medical services operations as a whole (NECET 2015:2).

### **2.10.3 Challenges presented by the incorporation**

Undoubtedly, one of the most widely discussed challenges that would be a consequence of the incorporation of provincial emergency care training colleges under higher education institutions is ceasing pre-hospital emergency care short-course training and replacing it with NQF level courses that have been aligned to higher education. According to Vincent-Lambert, Bezuidenhout and Janse van Vuuren (2014:7) the above challenge raises fundamental questions at different levels regarding "lifelong learning, academic progression, potential career paths and professional development". Similarly, the phasing out of short-course training programmes and incorporation raises questions about beliefs, intelligibility, interrelationships, the rational investment of resources, and knowledge limitations of emergency care practitioners regarding pre-hospital education and its future (Slamdien 2010:online).

Articulation between the short training programmes and the pre-hospital higher education programmes is difficult due to a gap in knowledge between the non-credit bearing short training programmes and the higher education qualifications. Emergency care providers therefore remain disadvantaged in relation to other healthcare professionals who have access to higher education and training opportunities. The NECET draft policy mentioned that preparatory programmes would include recognition of prior learning, health and wellness, E-learning, for

example, online classrooms, and continuous education and training that would assist practitioners who do not meet the admission requirements of the new ECT Diploma NQF 6 programme. The migration plan is set out in Figure 2.3.



**Figure 2.3 Preparatory programmes to access higher education institutions training [NECET 2012]**

Kubirske (2015:online) states that emergency medical care short courses were re-curriculated in the late 1990s and have since become outdated, as they focused mainly on in-service training. Professional registration and status continues to be conferred by the HPCSA to persons holding university diplomas and degrees within emergency care, as well as to those with no formal qualifications (some without Grade 12), even if they have only completed a few weeks of training. This shows a clear difference to other health professions in South Africa and abroad, which permit professional registration only allowed completion of NQF aligned qualifications (NECET 2012:6).

It should be noted that the PBECP, NDoH and the HPCSA were faced with challenges regarding short courses that provided practitioners with professional registration as emergency care practitioners (Vincent-Lambert 2011a:29). Vincent-Lambert, Bezuidenhout and Janse van Vuuren (2014:6) confirm that serious problems surfaced with regard to short-course training: (i) multiple colleges were established to present courses, and it led to complaints about the quality of short-course training, (ii) the large number of basic life support graduates produced in a short time led to oversupply of practitioners for the limited number of available posts, and (iii) the articulation between short courses and higher education qualifications is problematic. The authors further state that lecturing staff became frustrated

because short courses were not aligned with the NQF and did not comply with SAQA requirements.

The professionalisation of pre-hospital emergency medical care courses was hindered by short training courses, because these short courses did not adhere to the guidelines set by the National Qualification Framework Act and the revised HEQSF (Naidoo 2013:online). The biggest challenge the HPCSA faced was to design a SAQA and NQF compliant pre-hospital emergency care education framework, and still meet the requirements of the DHET and the emergency care environment (HPCSA 2010:online).

According to the NECET policy, “the changes will have several implications for the emergency care profession as it necessitates the re-engineering of all emergency care courses to be compliant with changing legislative requirements.” The NDoH, together with the PBEC, drafted the NECET policy in response to the legislative changes (NECET 2015:5). The policy states that the existing BAA, AEA and CCA short courses do not comply with the qualification regulations of the NQF Act of 2008, and that the majority of learning outcomes fall within the Higher Education and Training band (NECET 2012:5). Presently the NECET policy is still in draft form (NECET 2015). A letter dated 28 August 2014 stated that the end date for the phasing out of the current curriculum (ECT NQF 5) programme is 31 December 2016 (A. Pieters 2014 pers. comm. 28 August). Furthermore, the purpose of the NECET policy is to:

- *Ensure alignment of emergency care education and training with the current education legislative requirements, national needs and imperatives of the National Department of Health in order to ensure the rendering of quality healthcare services to the population of South Africa;*
- *Provide a NQF alignment framework for emergency care education and training;*
- *Facilitate access to mobility and progression within emergency care education and training and career paths;*
- *Rationalise, enhance and maintain the quality of emergency care education and training programmes;*

- *Redress the past inequities of the educational system thereby contributing to the full personal development of emergency care providers and the provision of emergency care to the nation at large; and*
- *Produce emergency care workers who are able to render quality effective and efficient services (NECET 2015:5).*

Despite the advantages of professional training, the rapid transition from vocational to a university-based education can cause a number of problems. For instance, Collins and Hewer (2011:4) mention that major problems involved in this transition are failure to prepare educators adequately for the change, and inadequate mentoring resources for new faculties to address their academic deficiencies. Another problem is the lack of language proficiency of students, which acts as a barrier to student learning. Language proficiency is particularly important in the nursing profession, where inter-professional and patient communication is paramount to facilitating care and avoiding mistakes (Collins & Hewer 2012:5).

These developments present ambulance services with considerable challenges, including having to adapt in-house training to new graduates rather than untrained recruits, as well as supervising students on clinical placement (Joyce *et al.* 2009:537). There are also opportunities for these graduates beyond ambulance services, including private non-emergency patient transport services, humanitarian organisations, and industry emergency health roles (Joyce *et al.* 2009:537). Another challenge associated with a move to a university-based education programme is funding, because of the higher costs associated with higher education in comparison to government emergency care training colleges. Government funding for pre-hospital degrees is currently not aligned with funding levels for other clinical disciplines, such as nursing and medicine, despite similar operating costs. Another potential problem is a widening of the gap between employer and educator. Although effective relationships exist between service providers and universities, strengthened by MoUs, new ways of working together will have to be established in this new context (Joyce *et al.* 2009:53).

Stein (2014:6) explains that employers will play a vital role in making “access and migration possible”. Furthermore, provincial colleges of emergency care will need

assistance with aligning and empowering themselves to offer NQF-aligned courses, such as the ECT and ECA programmes. According to Stein (2014:5) unfortunately a final migration plan has not been approved by the NDoH and that the NECET policy is still in draft form. Stein explains that the NECET policy “should give a more comprehensive explanation of precisely how the monitoring and evaluation of education programmes will be conducted”. Another concern mentioned by Stein (2014:5) is that communication regarding the NECET draft policy and the migration framework needs to be improved. At the time of writing up this study the NECET policy is still in draft form, with the most recent draft being made available in 2015.

#### **2.10.4 Effects of the incorporation**

##### **2.10.4.1 *International effects of the incorporation***

In Australia the development of a “generic health worker called a paramedic practitioner who can move between a variety of community and health settings is implemented” (O`Meara *et al.* 2009:64). Paramedical practitioners are not restricted to delivering patients to overcrowded accident and emergency departments, but are educated to assess, triage or treat patients in community settings, whether in the patient’s home or in public spaces.

In Australia the majority of academics teaching in the newly formed university programmes are experienced paramedics, or in the case of the supporting sciences, academics seconded from other health programmes. O`Meara *et al.* (2009:76) point out that some of the professional challenges faced by pre-hospital programmes are that they need to be developed to maintain a credible curriculum while also meeting the demand for an autonomous university programme. The practitioners must also balance the need to maintain their own clinical expertise, while at the same time devoting considerable effort to achieving credibility in the university sector through completion of higher degrees.

According to the results of a pilot study of a BSc degree at Coventry University in the United Kingdom pre-hospital education needs to produce skilled emergency care practitioners and “develop research skills to support evidence based practice,

ensure credibility and recognition from other clinicians, and facilitate student progression to higher levels of education and training” (Gregory 2006:2).

According to the National Highway Traffic Safety Administration, Emergency Medical Service (NHTSA EMS) the minimum standards for paramedic training is considered vocational in the United States of America. Furthermore colleges offer a 2 year “paramedic associate degree”. Pre Hospital education programs classically follow the U.S. NHTSA EMS Curriculum. Numerous regionally accredited public colleges offer 2 year emergency medical care education “associate” degrees. Some of the universities, for example the University of South Alabama offer a 4-year bachelor's degree programme (NHTSA 2016:online).

Linden (2002:3) notes the following characteristics in leaders of a range of successful government and non-government agency partnerships in Australia:

*persuasive and able to ‘pull’ others into a coalition; strongly committed to the partnership and its goals; systemic thinkers who can see how pieces fit together and contribute to the partnership’s goals; able to identify useful roles for partners; able to anticipate the consequences of a given action and help others to see the potential contribution of their actions.*

A major stressor identified in this study was the pressure on paramedic academics to respond to industry curriculum requirements, maintain effective relationships with industry, teach, develop their own research careers and maintain clinical competence. A further imminent problem is the capacity of universities to attract paramedics into teaching, given the discrepancies in salaries and working conditions. Short-term secondments are one solution, as are teaching-only university appointments.

#### **2.10.4.2 National and local effects of the incorporation**

In South Africa, lecturers at university level need a minimum of a B.Tech EMC degree, with a Master’s degree being the preferable qualification (NECET 2015:11). Mostly, lecturers teaching in the newly formed higher education programmes in



South Africa are clinically highly skilled pre-hospital emergency care practitioners or paramedics. In contrast, provincial training college lecturers hold pre-hospital emergency care qualifications, such as National Diploma Emergency Medical Care (N.Dip EMC) or B.Tech EMC, although only a very few hold formal educational qualifications. An example of a professional challenge faced by lecturing staff is that they were previously employed by ambulance services and are now required to develop vigorous mechanisms for maintaining an industry-credible curriculum, as well as meeting the requirements of an independent higher education programme. In addition, pre-hospital lecturers need to maintain clinical expertise whilst devoting time to achieving credibility in higher education by completing higher education qualifications, as well as developing a research profile. Lecturers also need to teach various subjects, such as “sociology, psychology, communication skills, law, ethics and research methods” to pre-hospital emergency care students, which requires a deep understanding of the educational techniques, methods and strategies of higher education in order to achieve success in teaching and professionalising the profession (O`Meara *et al.* 2009:10,12).

As stated in the evaluation report of the HPCSA in 2014, the FSCOEC still “lacks qualification credentials, including the credentials of the principal, deputy principal, coordinators and lecturers” (D. Mulhbauer & C. Theu 2014 pers. comm. 5 December). Negotiations with UJ took place for the advanced placement of academic staff that are still registered as National Diplomates onto the B. EMC degree programme – this is an ongoing matter, considering that universities in other provinces only accommodate their own alumni (D. Mulhbauer & C. Theu 2014 pers. comm. 5 December).

The shift to higher-education-based education and access into the pre-hospital profession will continue to marginalise some individuals who were previously capable of following a career in pre-hospital emergency care due to the short-course educational system, making on-the-job training possible. O`Meara *et al.* (2009:12) state that finding ways to make higher education available to short-course-qualified practitioners requires inventive thinking and the development of replacement pathways, as also explained in the study by Vincent-Lambert (2011a).

The NECET draft policy further elaborates on the role of universities in the migration plan as providing relevant academic support to provincial college staff to ensure that they meet higher-education-institution admission requirements. According to the NECET draft policy, colleges should serve as satellite campuses of universities. College employees, dedicated to the respective accredited programmes, will report to the college principal, who will report to the academic head of the relevant university department. Furthermore, the clinical practicum should be structured in blocks to accommodate students who live in rural areas. This structure will reduce the burden of overcrowding in clinical teaching platform facilities and improve experiential learning exposure (NECET 2015:12).

Based on the contractual agreement between colleges of emergency care and higher education institutions, the colleges will deliver the emergency medical care theoretical and practical components of the diploma and emergency care technician course curricula. As a result, academic staff at all colleges of emergency care who are directly involved in the delivery of the new emergency medical care programmes will need to obtain at least Master's degree qualifications, as stipulated by the higher education institution's admission requirements. As part of the contractual agreement, the higher education institutions will assist to provide opportunities for study for college academic staff to achieve the required minimum qualifications. In the interim, their B.Tech EMC qualifications will suffice as a minimum qualification for teaching the new ECT diploma (NQF 6) programme. As indicated in Table 2.2, the majority of colleges of emergency care currently have academic staff who possess N.Dip EMC/B.Tech EMC/Bachelors in Emergency Medical Care and or Bachelors in Health Sciences qualifications (NECET 2015:15).

**Table 2.1: Projected staff qualification progression in the Free State Province [NECET Policy 2015:13]**

Free State	2014	2015	2016	2017	2018	2019	2020
AEA	2						
CCA							
ECT				2			
N.Dip EMC	7						
B.Tech EMC/BEMC/BHSC	4			11	2		
Master's	1		3			3	3
PhD EMC				1		1	1
Education	1		2	2	2	2	2

The incorporation of provincial emergency care colleges under higher education institutions will also have an effect on current students. As stated by Vincent-Lambert (2011a:47) the ECT qualification is currently registered with SAQA as a National Certificate in Emergency Care. Vincent-Lambert (2011a:47) further states that the ECT qualification that is known as “Certificate” and “Higher Certificate”, is noted in the latest HEQF, but the name “National Certificate” not. Therefore, the name of the ECT qualification, even thou registered with SAQA, is not on the latest HEQF. Another concern regarding further academic progression is the fact that some of the FSCOEC students do not meet the academic entry level requirements of higher education institutions, as some students on the ECT programme do not possess Grade 12 qualifications, as mentioned an evaluation report from HPCSA (D. Mulhbauer & C. Theu 2014 pers. comm. 5 December).

Mr. S.E. Mohlokoane (2014 pers. comm. 10 November), Free State district manager, stated that, in 2014, emergency medical service personnel in the Free State province were only 15% compliant with the requirements of the ECT NQF 6 programme.

## **2.11 CONCLUSION**

This chapter provided background for the study by (i) clarifying the context of colleges of emergency care internationally and locally; (ii) discussing the incorporation of emergency care colleges under higher education institutions, focusing on the various role players involved in this incorporation, reasons for the incorporation, as well as challenges; and (iii) considering the effects the incorporation would have on lecturers, graduates and current students. In the next chapter, Chapter 3, the researcher will discuss the research design, methodology and procedures followed in this research study.

## CHAPTER 3

### RESEARCH DESIGN AND METHODOLOGY

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#### 3.1 INTRODUCTION

The preceding chapter provided an overview of the incorporation of emergency care colleges under higher education institutions. This chapter discusses the (i) research design; (ii) method and process of data collection; (iii) sample selection; (iv) pilot study; (v) data analysis; (vi) matters relating to quality of the study; and (vii) ethical considerations.

#### 3.2 THEORETICAL PERSPECTIVES ON THE RESEARCH DESIGN

##### 3.2.1 The research design of this study

Polit and Beck (2006:509) define research as an complete plan to address a research question and specify conditions for improving study integrity. A research design is considered to be the spine of the study, as it provides a “structure, method and design” allowing effective planning and control over issues that could affect the validity of study findings (Burns & Grove 2011:53). A valid research design, as described by Botma, Greeff, Mulaudzi and Wright (2010:108), is one that “enhances social value and realises the aim and objectives of the research. It is, furthermore, theoretically appropriate, with strong distinct outcomes that provide an answer to the research question. The research question for this study is: What is the effect of the incorporation of the Free State College of Emergency Care (FSCOEC) under a higher education institution?

Moreover, a research design provides an approach for solving a research question, and is an outline for action. The overall design explains the approaches the researcher uses to develop correct, unbiased and explanatory evidence (Brink, Van der Walt & Van Rensburg 2010:105). In this study, a phenomenological design was used to examine human experience through descriptions provided by the respondents involved (Brink, Van der Walt & van Rensburg 2010:113). The authors

explain that, with this method, the lived experiences of the respondents are captured and this approach leads to the development of concepts and themes, which may be applied in practice.

De Vos, Strydom, Fouchè and Delport (2011:316) mention that the goal of a phenomenological approach is to describe what the “life world consists of, specifically, what concepts and structures of experience give form and meaning to it.” Also, Creswell (2007:57) describes a phenomenological study as a “study that describes the meaning of lived experiences of a phenomenon or concept for several individuals.” Furthermore, De Vos *et al.* (2011:316) explain that a phenomenological study is a “careful description of the conscious everyday experiences and social action of subjects.” In this study, the experiences of the respondents regarding the incorporation of the FSCOEC under a higher education institution were captured by means of qualitative research. The Collins English Dictionary (1991:1168) defines the term phenomenological as follows:

*“the movement founded by Husserl that concentrates on the detailed description of conscious experience, without resources to explanation, metaphysical assumptions, and traditional philosophical questions, and also the science of phenomena as opposed to the science of being”.*

Thus, phenomenology is an attempt to describe lived experiences without making previous assumptions about the objective reality of those experiences (Holloway 2005:47).

The phenomenological research design was the most appropriate for achieving the aim of the study, which was to explore and understand the lived experiences of lecturers, graduates and current students at the FSCOEC. Phenomenology aims to gain an extensive understanding into our everyday experiences. The phenomenological design enabled participants, through explorative interviews, to bring about their individual value of their experiences of being involved in the incorporation process of the FSCOEC under a higher education institution. As Holloway (2005:47) declares, “phenomenology aims to describe a person’s lived experiences (phenomena) in an attempt to enrich lived experience by drawing out

its meaning”. In the light of the above, the researcher considers phenomenology to be the best design and qualitative research method for this study.

### **3.2.2 Qualitative research**

Labaree (2014:online) states that qualitative research is used when information about a research problem needs to be obtained when either few or no earlier studies have been done. The focus is on gaining an understanding and knowledge for future studies for data collection in a face-to-face manner. According to Mason (2002:3), qualitative research explores dimensions of the social world, its quality and connection to regular life, the considerations, experiences, and opinions of research participants, and the implications of the meanings that they produce. In the case of this study, the researcher explored the opinions of research participants and the implications and meaning of the possible incorporation of the FSCOEC with a higher education institution, which is social world of the research participants.

De Vos *et al.* (2011:308) state that qualitative research is more than a set of “worked out formulas.” The authors claim that, in qualitative research, the focus is more on understanding than explanation, and more on naturalistic observation than controlled measurement, and on an exploration of the reality of the perspectives of an insider, rather than that of an outsider, as is the case in quantitative research. This was the case in this study – the researcher explored the reality of the possible effects of the incorporation of the FSCOEC under a higher education institution as the effects related to the research participants.

Yin (2011:7) explains that qualitative research should be defined by considering five features, rather than by means of a single definition:

- Studying the meaning of people’s lives, under real-world conditions;
- Representing the views and perspectives of the people in the study;
- Covering the contextual conditions within which people live;
- Contributing insights into or emerging concepts that may help to explain human social behaviour; and
- Striving to use triangulation, rather than relying on a single source alone.

Qualitative research has the ability to represent the views and perceptions of the participants and capture their personal perspectives (Yin 2011:8), which was the case in this study. Figure 3.1 shows the flow of activities in a qualitative study.

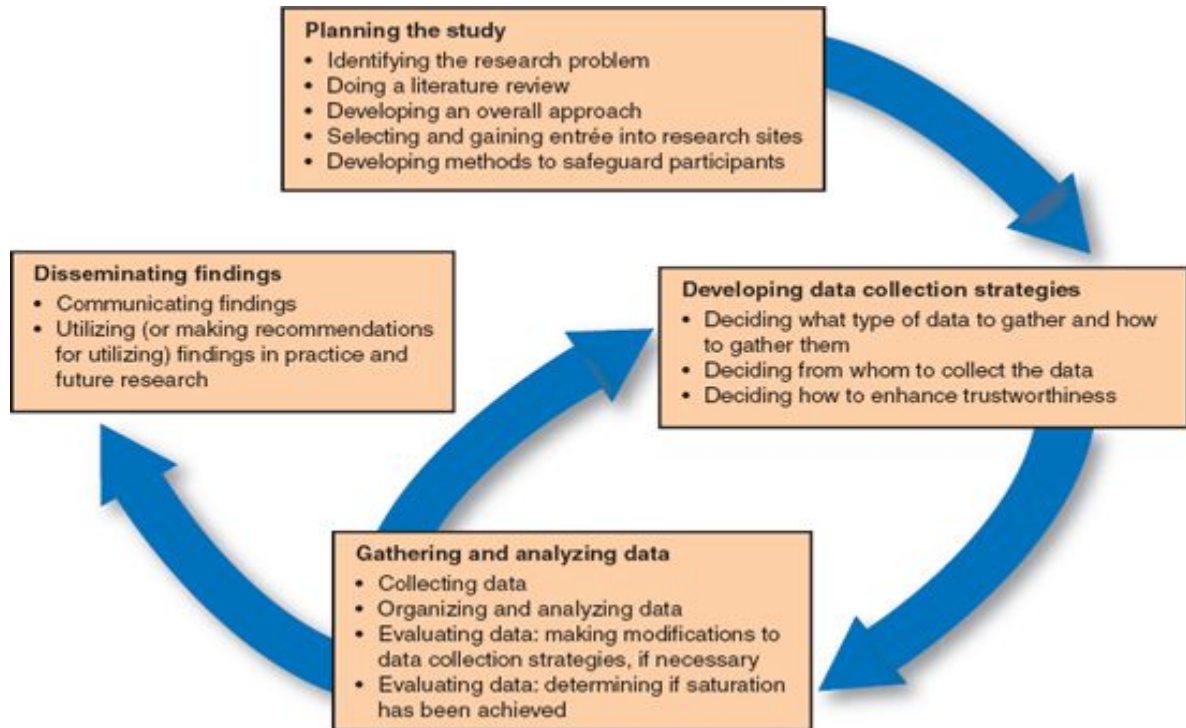


Figure 3.1. Flow of activities in a qualitative study [Polit & Beck 2004:online]

### 3.2.2.1 Strengths and limitations of qualitative research

Some of the strengths and limitations of qualitative research are presented in Table 3.1.on the next page

**Table 3.1. Strengths and limitations of qualitative research (University of South Alabama 2015:online)**

Strengths	Limitations
<ul style="list-style-type: none"> <li>• Data are based on the participants' own categories of meaning</li> <li>• Useful for studying a limited number of cases in depth</li> <li>• Useful for describing complex phenomena</li> <li>• Provides individual case information</li> <li>• Cross-case comparisons and analysis are possible</li> <li>• Provides understanding and description of people's personal experiences of phenomena (i.e., the emic or insider's viewpoint)</li> <li>• Can describe in rich detail phenomena as they are situated and embedded in local contexts</li> <li>• The researcher almost always identifies contextual and setting factors as they relate to the phenomenon of interest</li> <li>• The researcher can study dynamic processes (i.e., documenting sequential patterns and change)</li> <li>• The researcher can use the primarily qualitative method of grounded theory to inductively generate a tentative but explanatory theory about a phenomenon</li> <li>• Can determine how participants interpret constructs (e.g., self-esteem, IQ)</li> <li>• Data are usually collected in naturalistic settings in qualitative research</li> <li>• Qualitative approaches are especially responsive to local situations, conditions, and stakeholders' needs</li> <li>• Qualitative researchers are especially responsive to changes that occur during the conduct of a study (especially during extended fieldwork) and may shift the focus of their studies as a result</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge produced might not generalise to other people or other settings (i.e., findings might be unique to the relatively few people included in the research study)</li> <li>• It is difficult to make quantitative predictions</li> <li>• It is difficult to test hypotheses and theories with large participant pools</li> <li>• Qualitative research might have lower credibility with some administrators and commissioners of programmes</li> <li>• It generally takes more time to collect the data than for quantitative research</li> <li>• Data analysis is often time consuming</li> <li>• The results are more easily influenced by the researcher's personal biases and idiosyncrasies</li> </ul>



<ul style="list-style-type: none"> <li>• Qualitative data in the words and categories of participants lend themselves to exploring how and why phenomena occur</li> <li>• The researcher can use an important case to vividly demonstrate a phenomenon to the readers of a report</li> <li>• Determine idiographic causation (i.e., determination of causes of a particular event)</li> </ul>	
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### 3.3 RESEARCH METHODS AND PROCEDURES

King and Horrocks (2010:6) define research methods as techniques or procedures that are used to collect and analyse data. One of the methods used to collect data in qualitative research is interviews. King and Horrocks (2010:1) describe interviews as one of the most commonly used methods of data collection in qualitative research. De Vos *et al.* (2011:342) refer to interviews as social interactions designed to exchange information between participants and the researcher. The authors state that interviewing participants involves not only a description of the experience, but also an explanation of the experience. Furthermore, qualitative interviews can be defined as “attempts to understand the world from the participant’s point of view, to unfold the meaning of people’s experiences and to uncover their lived world prior to scientific explanations” (De Vos *et al.* 2011:342).

According to Opdenakker (2006:online), one of benefits of qualitative interviews is that the researcher can note social indications, such as voice, intonation and body language, which give the interviewer extra information to supplement the verbal answers of the participants. Furthermore, with interviews there is no time delay between the questions, and recording of interviews provide more accurate information than hand-written notes. This is one of the clear benefits of qualitative interviews over other qualitative information gathering methods, for example questionnaires.

Interviews can be described as follows:

- Interviews are open-ended and flexible in style;
- They tend to focus on people`s actual experiences more than general beliefs and opinions; and
- The relationship between interviewer and interviewee is crucial to the method (King & Horrocks 2010:3).

In this study the method that was used and which formed the basis of the research was explorative interviews. These interviews were conducted in English, because English is the official language of the FSCOEC, Central University of Technology (CUT) and the National Department of Health (NDoH).

### **3.3.1 Explorative interviews**

King and Horrocks (2010:35) state that the interviewer needs to be flexible and able to respond to issues emerging from the interview if he/she is to explore the perspectives of the participants fully. In this study, explorative interviews were conducted to generate valuable supplementary data that support and develop on the findings that were gathered from the literature review, which was discussed in Chapter 2.

Conducting explorative interviews enables the researcher to gain a richer understanding of and insight into a relatively new phenomenon, on which little or no research has been done to date (Bruce & Klopper 2010:3). In the context of this research, exploration was used to gain insight into the views of participants (lecturers, graduates and current students) regarding the incorporation of the FSCOEC under a higher education institution. Therefore, it was appropriate to use an exploratory approach to meet the study purpose, rather than questionnaires, which would not provide opportunity for personal contact with participants.

The interviews were semi-structured, which meant that the interviews could be conducted according to an informal structure, with open-ended questions, enabling the focus area to be defined (Pope & May 2006:13). Open-ended questions enable

participants to discuss their personal experiences and opinions. King and Horrocks (2011) mention that the formats of interview guides differ widely, thus reflecting different methodological traditions as well as personal inclinations of researchers. Although, in this research, the purpose of the questions was to guide the interview, the questions were used flexibly to enable probing into and exploration of responses. The knowledge and insights gained from the literature review were also used by the researcher to inform the interview guide for the explorative interviews. Subsequently, questions in the guide were therefore both purposefully and carefully created and informed by the outcomes of the literature review and analysis.

The researcher determined the focus of the interview by using an interview guide (Appendix A1) to explore the following main ideas:

- Knowledge about the possible incorporation of the FSCOEC under a higher education institution;
- Barriers and constraints to the possible incorporation of the FSCOEC under a higher education institution; and
- Effects of the possible incorporation on lecturers, graduates and current students.

The researcher could not locate any existing literature or data focusing on the incorporation of provincial pre-hospital emergency care training colleges under higher education institutions in South Africa. For the above reason this type of study was deemed necessary.

### **3.3.1.1 Strengths of explorative interviews**

The various strengths of explorative interviews can be summarised as follows by Patton (1990)

- Allows the participant to describe what is meaningful or important to him or her using his or her own words, rather than being restricted to predetermined categories; thus participants may feel more relaxed and inclined to be truthful;

- Provides high credibility and face validity; results "ring true" to participants and make intuitive sense to lay audiences;
- Allows the researcher to probe for more details and ensure that participants are interpreting questions the way they were intended;
- The researcher has the flexibility to use his/her own knowledge, expertise, and interpersonal skills to explore interesting or unexpected ideas or themes raised by participants; and
- Sometimes no existing standardised questionnaires or outcome measures are available that are appropriate for what a certain research project wishes to accomplish.

### **3.3.1.2 Limitations of explorative interviews**

Patton (1990) mentions that an understanding of the limitations or weaknesses of explorative interviews sensitises and helps the researcher to take the following limitations into consideration:

- May be experienced as more intrusive than quantitative approaches; participants may say more than they intended to say, and later regret having done so;
- May be more reactive to personalities, moods, and interpersonal dynamics between the interviewer and the interviewee than other methods, such as surveys;
- Training interviewers and conducting interviews can be expensive and time-consuming, because qualitative interviewing requires considerable skill and experience;
- Analysing and interpreting qualitative interviews is much more time-consuming than analysing and interpreting quantitative interviews; and
- More subjective than quantitative interviews, because the researcher decides which quotes or specific examples to report.

### **3.3.2. Target population**

A target population consists of a group of individuals who possess and share certain common characteristics (De Vos *et al.* 2005:223). In this study the target population

consisted of pre-hospital emergency medical care lecturing staff and graduates and current students of the FSCOEC, who were registered with the Health Professions Council of South Africa (HPCSA) and involved with pre-hospital emergency care and pre-hospital emergency care education at the FSCOEC, CUT and emergency medical services in the Free State. The target population consisted of 20 lecturers, 60 graduates and 160 students.

### **3.3.3 Sample selection**

Quantitative research is concerned with measuring qualities and recognising relationships in a population, and therefore a representative sample is desired, as this would make generalisation of the findings possible. The aim of most qualitative studies is to notice meaning and to reveal multiple realities, not to generalise to a target population. Qualitative researchers ask such sampling questions as: Who would be an information-rich data source for my study? Whom should I talk to, or what should I observe, to maximise my understanding of the phenomenon? A first step in qualitative sampling is selecting settings with high potential for information richness. As the study progresses, new sampling questions emerge, such as the following: Who can I talk to or observe, who would confirm my understandings? Challenge or modify my understandings? Enrich my understandings? (Polit & Beck 2004:online).

When conducting qualitative research, selecting a sample that is statistically characteristic of the population that is to be studied is very important, due to the need to establish the “generalisability of the conclusion drawn from research” (King & Horrocks 2010:29). The authors further state that qualitative research normally applies sample strategies to produce statistical representativeness. With qualitative research the aim is to obtain different forms of “generalisability or transferability” (King & Horrocks 2010:29).

In addition to requirements relating to representativeness, the sample needs to relate in some systematic manner to the social world and phenomena that a study are exploring (King & Horrocks 2010:29). Hence, in this study, the experiences of the lecturers, graduates and current students regarding the process of the

incorporation of the FSCOEC under a higher education institution, and how this incorporation affects them, were investigated. The most frequently proposed criterion for sampling in qualitative studies is diversity. Researchers recruit participants who represent a variety of positions in relation to the research topic, participants who most likely will provide meaningful information about differences in experiences about a particular research topic (King & Horrocks 2010:29).

Many qualitative studies evolve to a purposive sampling strategy in which researchers purposely select the cases or types of cases that will make the best impact on the study. Regardless of how participants are selected initially, qualitative researchers often strive to select sample members purposefully based on the information needs that emerge from the early findings (Polit & Beck 2004:online).

Brink, van der Walt and van Rensburg (2010:134) mention that purposive sampling is centred on the judgement of the researcher regarding subjects or objects typically associated with study, and who are also knowledgeable about the particular study. In purposive sampling, cases are selected because they clarify features or processes that are of significance to the specific study. Furthermore, in purposive sampling it is imperative that criteria and identification of participants is well defined, due to the parameters of the population chosen. With purposive sampling the researcher purposely seeks distinctive and different data (De Vos *et al.* 2005:328-329).

According to Mason (2002:131) a sample gives the researcher access to data that will allow development of an empirically and academically grounded argument. Mason (2002:131) states that it is predictable in social research to classify participants for sampling and to analytical purposes on the basis of “characteristics like age, sex, class, ethnicity, occupation, specific life experiences”. Therefore, purposive sampling, data generation and data analysis are observed as dynamic and interactive. In addition, the qualitative researcher needs to know when to make sampling decisions and when to stop sampling. Equally important is the need to make knowledgeable decisions about sampling, which are also informed by “analysis, theory and explanation”, e.g. looking for negative occurrences (Mason 2002:148).

In this study, the researcher used the purposive sampling method to obtain the required information. The selection criteria for inclusion were emergency medical care lecturing staff, graduates and current students who studied or were still studying at the FSCOEC and CUT, who expressed their experiences as it related to the phenomenon being explained as the incorporation of the FSCOEC under a higher education institution. When sample selection was being done, one staff member of CUT was on maternity leave, another on extended annual leave, leaving the remaining two unavailable for interviews due to the increased workload. All available participants had to be registered with the HPCSA.

#### **3.3.4 Sample size**

According to Brink, van der Walt and van Rensburg (2010:135) it is often claimed that a larger sample size is better, but this is not the case in qualitative research. The authors explain that, after a certain size has been reached, increasing the size further would not improve the outcome significantly.

In this study, the researcher used a purposive sampling method to collect the required information. Initially, explorative interviews were conducted with a sample of 33 participants. After a point of saturation had been reached, the sample size was reduced to 23. According to Rebar, Gersch, Macnee and McCabe (2011:1001) exploratory saturation occurs when the researcher finds that no new descriptive codes, categories or themes are emerging from the analysis of data. As mentioned by Polit and Beck (2004:online), in qualitative research, informational needs usually determine the sample size. Data saturation is mentioned as a guiding principle, which is explained as “sampling to the point at which no new information is obtained and redundancy is achieved”. Furthermore, various factors play a role in a decision that saturation has been reached regarding the number of participants, for example, the broader the scope of the research question, the more participants are needed. In qualitative research data quality can also affect sample size. If participants are able to reflect on their experiences and communicate effectively, saturation can be achieved with a relatively small sample (Polit & Beck 2004:online). The qualitative researcher needs to realise when to stop sampling.

Equally important is the verification of decisions regarding sampling by “analysis, theory and explanation”, for example, the researcher looking for negative events (Manson 2002:148). In this study, explorative interview transcriptions were provided to each participant to confirm their accuracy. The aim of this study supported the sampling method. Furthermore, the selection of each participant to participate in the study was done on the basis of their involvement in pre-hospital emergency care education, as either a lecturer, graduate or student.

### 3.3.5 Description of sample

Lecturers, graduates and current students who were willing to participate in the explorative interviews and who consented to participate in the interview process were interviewed (see Table 3.2). The rationale was to interview various people working at the FSCOEC and the emergency medical services (EMS) in the Free State with the purpose of collecting data from lecturers, graduates and current students.

**Table 3.2. Description of sample**

Participants	Lecturers		Graduates		Students	
Institution	FSCOEC	EMS	FSCOEC	EMS	FSCOEC	EMS
No.	9	0	0	9	5	0
Total	23					

The explorative interview participants consisted of nine lecturers at the FSCOEC, nine graduates from emergency medical services in the Free State and five current students of the FSCOEC. Participants had to be registered with the HPCSA under the Professional Board of Emergency Care (PBEC).

### 3.3.6 Pilot study

A pilot or feasibility study is a small experiment intended to test logistics and gather information prior to a larger study, in order to improve the latter’s quality and efficiency (Lancaster, Dodd & Williamson 2004:307-12). The pilot study ensured the interview questions were clear, not biased, and well-structured, and gave an



indication of the time it took to conduct an interview. A pilot study was conducted by interviewing one participant at the FSCOEC on 4 May 2015. The participant was welcomed and the consent form and study information documents were discussed with the participant. Thereupon, the participant was asked to sign the consent form (Appendix A2). Questions in the interview were pertinent to the study, and the interview lasted 31 minutes. The pilot study was undertaken to ensure the credibility, dependability, conformability, transformability and trustworthiness of the study. Pilot interview data were not included as part the study.

The following information about the participant can be noted. The participant in the pilot study was 49 years old, and had been involved in the pre-hospital emergency care environment for 30 years; 10 years of which as an active participant in the training environment. At the conclusion of the pilot study, the participant was asked about the validity and structure of the explorative interviews. The participant explained that the questions were fair, understandable, well-structured and related to the topic being discussed.

### **3.3.7 Data collection process**

During the data collection process the explorative interviews were audio-recorded for reference, transcription and analysis, using two digital recorders, a Sony Experia Z2 voice recorder and a Sony Digital voice recorder. An interview guide was used in the explorative interviews to guide the process. The researcher also made handwritten notes during the interviews, and all the interviews were conducted by the researcher. The written notes of the exploratory interviews were used for referencing purposes. The same explorative interview guide was used for all the interviews. The interviews were conducted on dates as arranged with and convenient to the participants, in Bloemfontein at the FSCOEC.

Data were gathered by interviewing research participants individually in a quiet environment that was free from disturbances and where the participants felt safe. These interviews were held at the FSCOEC, in the office of the lecturer or at a pre-arranged venue at the FSCOEC.

The researcher followed the following steps with each interview:

- Made an appointment with each participant at a time which suited them;
- Created a quiet room conducive to conversation;
- Arranged chairs to enhance face-to-face interviewing; and
- Set up a voice recorder.

Before the researcher conducted each interview, the following steps were followed as suggested by Talbot (1995:477)

- Thanked the participant for his/her time and willingness to be part of the study;
- Reminded the participant about the confidentiality agreement that needed to be signed;
- Explained that the interview was to be unstructured and that probing questions would be determined by the information given by the participant; and
- Asked permission to record the interview.

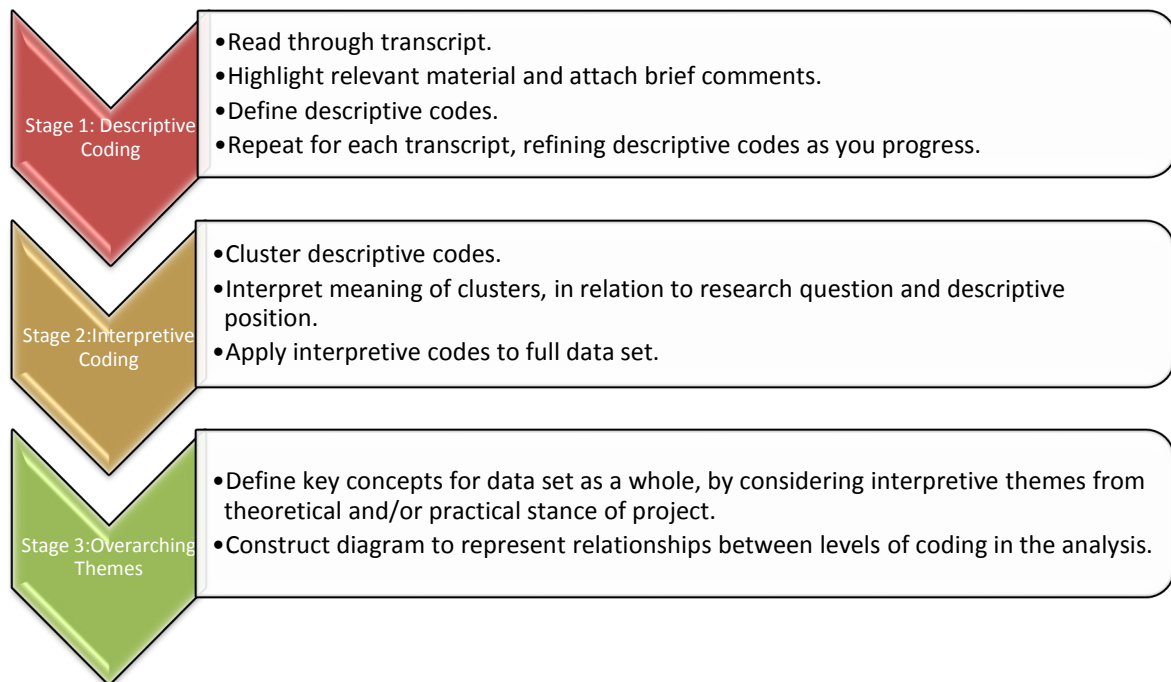
Moreover, a directive style of questioning was used by the researcher if clarification of information provided by the participants was required. According to Brink, Van der Walt and Van Rensburg (2010:42) data gathering provides an advantage of security, which ensures the relevance of the study. Data in this study were collected during the scheduled explorative interview sessions from May 2015 to July 2015 as set out in Table 3.3 on the next page.

Table 3.3. Explorative interview schedule

<b>*Participant Code</b>	<b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Duration</b>
G4	25/05/2015	10:15:00	10:22:15	00:07:15
G1	26/05/2015	11:36:00	11:46:19	00:10:19
G2	28/05/2015	12:25:33	12:34:36	00:09:03
L3	02/06/2015	08:22:14	08:45:39	00:23:25
G3	04/06/2015	09:38:36	09:45:17	00:06:41
L2	04/06/2015	14:20:10	14:39:40	00:19:30
L9	09/07/2015	11:29:09	11:36:11	00:07:02
L5	09/07/2015	14:13:48	14:34:12	00:20:24
L7	09/07/2015	14:32:25	14:43:35	00:11:10
L1	14/07/2015	09:21:21	09:37:14	00:15:53
L4	14/07/2015	11:51:12	11:57:59	00:06:47
L8	15/07/2015	14:08:49	14:18:29	00:09:40
G5	20/07/2015	13:37:33	13:46:22	00:08:49
G9	20/07/2015	14:52:23	15:08:12	00:15:49
G6	29/07/2015	11:40:52	11:52:04	00:11:12
G7	29/07/2015	12:01:03	12:05:04	00:04:01
S4	29/07/2015	14:00:42	14:05:38	00:04:56
S5	29/07/2015	14:17:56	14:25:00	00:07:04
G8	29/07/2015	14:30:00	14:36:57	00:06:57
L6	31/07/2015	10:57:33	11:11:59	00:14:26
S3	31/07/2015	11:29:52	11:35:43	00:05:51
S2	31/07/2015	13:58:53	14:02:15	00:03:22
S1	31/07/2015	14:14:47	14:19:01	00:04:14
* G = Graduate L = Lecturer S = Student				

### 3.3.8 Data analysis

As explained by King and Horrocks (2011:142), when considering the types of data analysis available, the distinctive difference between the types is that some focus strongly on language and others focus on the content of the response of the participants. In Figure 3.2 the stages in the schematic analysis is shown.



**Figure 3.2. Stages in the thematic analysis [King & Horrocks 2010:153]**

Coding involves the invention and application of a category and theme system. A typical step in the coding of qualitative data is the making of memos of the content and the variations of the phenomenon being studied.

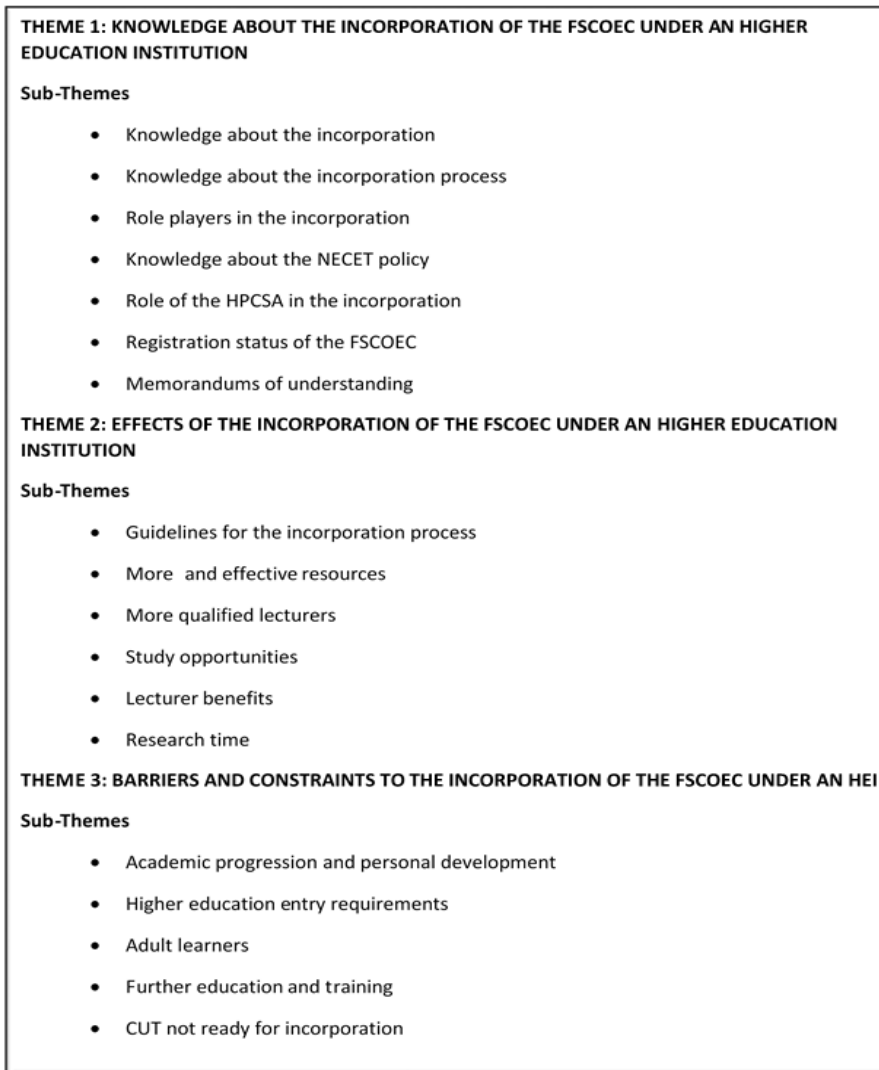
Coding characterises the process by which data are divided, conceptualised and put back together in different ways. It is the predominant process by which concepts are built from data (Mason 2005:340). According to Miles and Huberman (1994:10-12) qualitative data analysis consists of three actions, namely, data reduction, data presentation and conclusion verification. Arrangement of data into diagrams and tables is the first step in data interpretation. Doing so enables the researcher to display the data to explore associations and measure the significance of different

factors by means of data reduction through coding, clustering and then summarising.

In this study, the researcher reduced the data by applying Tesch's coding method, as adapted by Creswell (2009:186).

- Transcripts were read and hard copies were printed;
- The most interesting interview was selected after studying the recordings;
- Unique and leftover topics were listed;
- Abbreviated topics were grouped into segments;
- Descriptive words were checked for topics and turned into categories; related topics were grouped together;
- Codes were written down in alphabetical order;
- Preliminary data analysis was done; and
- Existing data were recorded, if necessary.

Dragon Naturally Speaking 12 was used to transcribe the explorative interviews from recorded speech to text. The transcribed texts were then coded using NVivo 7; themes and subthemes were compiled by analysing the transcriptions (see Figure 3.3). NVivo 7 is coding software for qualitative data analysis. Consequently, the quality of the data was evaluated by the study leader. The collected data were integrated, summarised and displayed in the research report. Open-ended questions were analysed by reading, identifying and summarising concepts and then grouping themes to form specific sub-themes, see Figure 3.3 on the next page.



**Figure 3.3. Themes and sub-themes identified from the data**

### **3.4 ENSURING THE QUALITY OF THE STUDY**

The quality of the study was ensured in terms of the following: trustworthiness, credibility, dependability, confirmability, transferability. These concepts will be discussed in the following sections.

#### **3.4.1 Trustworthiness**

Trustworthiness is defined as the “believability” of a researcher’s results (Maykut & Morehouse 1994:64). Guba proposes four criteria for trustworthiness in qualitative research, namely, “credibility, transferability, dependability and confirmability”, in

contrast to the four criteria for trustworthiness in quantitative research, namely, “internal and external validity, reliability and objectivity” (Guba 1981:76). The trustworthiness of this study was established by providing a detailed outline of how the qualitative data were analysed and interpreted in the final research report.

Similarly, Streubert Speziale and Carpenter (2003:364) describe trustworthiness as “establishing the validity and reliability of qualitative research”. Qualitative research is trustworthy when it represents the experiences of the study participants accurately. Trustworthiness establishes the validity and reliability of qualitative research (Talbot 1995:428). The goal of rigour in qualitative research is to accurately represent the study participants’ experiences (Streubert Speziale & Carpenter 2003:39). The four criteria that were used to measure trustworthiness of data in this study are credibility, dependability, confirmability and transferability.

#### **3.4.1.1 Credibility**

Polit and Beck (2014:online) mention that the correct interpretation of the data plays an important role in qualitative research. The accuracy of the findings for the particular participants and contexts of the qualitative research must be a priority for the researcher. The authors state that credibility involves two aspects: “first, carrying out the study in a way that enhances the believability of the findings, and second, taking steps to demonstrate credibility to external readers” (Polit & Beck 2004:online).

De Vos *et al.* (2011:419) mention that credibility is an alternative to internal validity, in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject has been identified and described accurately. The authors state that, with credibility, the researcher identifies the strengths of the study, which aims to explore a “problem or describe a setting, a process, a social group or a pattern of interaction”. Furthermore, an in-depth description showing the “difficulties of variables and interactions will be so embedded with data derived from the setting that it cannot help but be valid” (De Vos *et al.* 2011:420).

Credibility in qualitative research is the concept equivalent to internal validity in qualitative studies, and as such it refers to the “degree to which findings, and by implication the methods that are used to generate the findings, can be trusted” (De Vos *et al.* 2005:353). Flick (2009:393-398) refers to credibility as the “correctness of the documentation, the reliability of the producer of the document, the freedom from errors”. Ascertaining the credibility of qualitative research can contribute to its results being considered relevant in any way to society. The credibility of this study was established by means of clear and extensive comparative interviews, which were reviewed by the researcher and validated by the study leader, and by making use of sampling.

Ultimately, the credibility of this research was maintained by the way the research instrument (explorative interview guide) was designed, by the expertise of the supervisors and by the supportive expertise provided to the researcher. Proper record keeping, transcriptions and audio recordings of the explorative interviews also add to the credibility of the study.

#### **3.4.1.2 Dependability**

According to Polit & Beck (2004:online) dependability refers to the “stability (reliability) of data over time and over conditions”. Polit and Beck further mention that, with qualitative research, the dependability question is: “Would the study findings be repeated if the inquiry were replicated with the same (or similar) participants in the same (or similar) context?” Credibility cannot be achieved if dependability is lacking, in the same way, in quantitative research validity cannot be achieved in the absence of reliability (Polit & Beck 2004:online).

As alternative to reliability, with dependability, the researcher attempts to explain variable circumstances in the phenomenon selected for study, as well as variations in the design generated by gradually developed comprehension by the researcher of the setting (De Vos *et al.* 2005:346). The authors state that, with dependability, the researcher determines if the research process is logical, well documented and audited. Furthermore, dependability is the alternative to reliability, where the researcher attempts to account for changing conditions in the phenomenon chosen



for the study. According to Brink, Van der Walt and Van Rensburg (2010:119) dependability ensures the trustworthiness of the study.

In this study, dependability was enhanced by doing a thorough literature review in the field of pre-hospital emergency care education. Proper records of all the phases of the research process were kept by the researcher; this included recordings, notes and documents related to the study. Data were coded and recoded after a period of two weeks, and the results evaluated again.

### **3.4.1.3 Confirmability**

Polit and Beck (2004:online) explain that confirmability refers to objectivity, showing that the potential for similarity between two or more independent people's opinions about the data's "accuracy, relevance, or meaning". It is important for the researcher to establish that the data represent the information participants provided, and ensuring that the analysis of data is true and valid. The authors elaborate that findings in qualitative research need to reflect the "participant's voice and the conditions of the inquiry, and not the researcher's biases, motivations, or perspectives" (Polit & Beck 2004:online).

Confirmability captures the traditional concept of objectivity (De Vos *et al.* 2005:346). The authors elaborate that the need is to ask whether the findings of the study could be confirmed by other researchers, which then removes evaluation from inherent characteristics of the researcher. Confirmability guarantees the findings, ensure that conclusions and recommendations are reinforced by the data, and that the understanding of the researcher and the actual data relate to one another (Brink, Van der Walt & Van Rensburg 2010:119).

Confirmability was ensured by the researcher having an unbiased interest in the study. He did not allow personal values or theoretical predispositions to influence the research and findings.

#### **3.4.1.4 Transferability**

Polit and Beck (2004:online) define transferability as “the extent to which qualitative findings can be transferred to or have applicability in other settings or groups”, which means that transferability and generalisability are comparable. In qualitative research transferability can be defined as the extent to which the results of research can relate or transfer beyond the limit of the project. Transferability suggests that the results of the research study can be applicable to similar situations or individuals. It implies that knowledge that was obtained in a certain setting will be relevant in another, and the researcher who carried out research in another situation will be able to utilise certain concepts that were initially developed (De Vos *et al.* 2005:420).

With transferability it is possible for the researcher to establish whether the findings of the study can be transferred from a specific situation or case to another (De Vos *et al.* 2011:420). Babbie and Mouton (2001:277-278) state that a qualitative study cannot be transferable without it being credible, and it cannot be considered credible unless it is dependable. Transferability indicates the degree to which the results can be validated or documented. The researcher can document the events for evaluation and re-evaluation of the data during the study (Trochim 2006:online).

In this study transferability was addressed by collecting adequate, comprehensive transcriptions of data, after which thorough analysis of the outcomes were reported. Data from the explorative interviews were transcribed and checked for accuracy by comparing it to the audio recordings. Copies of the transcribed documents were sent to participants to read and confirm the authenticity of the transcriptions.

#### **3.4.2 Reflexivity**

Another way of enhancing the quality of the study was reflexivity, which involves the researcher exploring personal feelings and experiences that might have an impact on the study (Burns & Grove 2003:380). The analysis of the researcher’s experience made the researcher aware of his own biases and preconceived ideas. King and Horrocks (2011:128) mention that “personal reflexivity involves giving consideration to the ways in which our beliefs, interests and experiences might have impacted

upon the research.” To avoid bias and approach the phenomenon with an open mind, bracketing (to lay aside what is known) was implemented throughout the study.

Fischer (2009:583) explains that, with bracketing, the researcher’s engagement with data and with developing results may take two forms. The first form is the well-known identification and temporary setting aside of the researcher’s assumptions. The second engagement is the hermeneutic reconsidering of data and of one’s evolving understanding of it in light of a revised understanding of any aspect of the topic. The author states that both of these processes are ongoing, and they incorporate the careful development of language with which to represent research results.

### **3.5 ETHICAL CONSIDERATIONS**

Research procedures should adhere to professional, legal and sociological obligations regarding study participants. Ethics refers to a scheme of moral values (Polit & Hungler 1995:36). Research ethics refers to a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and sociological obligations to the study participant (Polit & Beck 2006:36).

#### **3.5.1 Approval**

Permission to perform the study was obtained from the Ethics Committee of the Faculty of Health Sciences at the University of the Free State (UFS) on 20 October 2014, and the number ECUFS 172/2014 was allocated. The allocated Ethics Committee number was used on all documents pertaining to the study. Permission from the Faculty Management Committee of the Faculty of Health Sciences, the head of the department, Free State DoH and from the dean of the Faculty of Health Sciences, UFS, was obtained (Appendix A2). The vice rector, Academic Planning, UFS, was informed about the study.

### **3.5.2 Informed consent**

An important procedure for safeguarding participants involves obtaining their informed consent. Informed consent means that participants have adequate information about the study, comprehend the information, and have the power of free choice, enabling them to consent to participate or decline participation voluntarily.

All members of the target population of the explorative interviews received information about the study in English. The participants received a description of the study and the expected duration of participation. Participants were guaranteed that all information would remain confidential. The name and contact details of the researcher as well as the allocated Ethics Committee approval number were made available to the participants.

Participants were provided with an invitation letter (Appendix A1) that provided relevant detailed information with regard to the aim and purpose of the study. Participants were informed that they may elect to either participate and/or exercise their right to withdraw from the study at any time. All participants in this study had to give informed consent to participate in the research by completing an informed consent form (Appendix A2). The researcher explained to the participants that there is no remuneration for participating in the study, and that there will be no costs involved for them.

### **3.5.3 Right to privacy**

The information collected by means of the explorative interviews were handled in a confidential manner and no names or personal information were made known. The nature and quality of the responses of the participants were confidential and the names of participants did not appear on any document. Code numbers were allocated to each participant and only these numbers appeared on documentation.

All information collected is stored and kept in a secure location with limited access by the principal researcher until such time as deemed appropriate and determined

by the principal researcher to safely destroy/discard the information using acceptable and international practices for the discarding of information used in research.

### **3.6 CONCLUSION**

Chapter 3 provided an overview of the research methodology involved in the study and the procedures that were followed.

In the next chapter, Chapter 4, titled ***Description and discussion of findings on the results of the explorative interviews***, the results of the explorative interviews that were used to obtain data for this study will be reported and discussed.

## CHAPTER 4

### DESCRIPTION AND DISCUSSION OF FINDINGS ON THE RESULTS OF THE EXPLORATIVE INTERVIEWS

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#### 4.1 INTRODUCTION

In this chapter the results of the explorative interviews conducted for this study are discussed and presented. The literature review in Chapter 2 provided a theoretical basis for the identification of the research questions that were included in the explorative interviews. This study involved 23 explorative interviews, which were conducted to obtain information from lecturers, graduates and current students regarding the possible effects of the incorporation of the Free State College of Emergency Care (FSCOEC) under a higher education institution. As described in Chapter 3 (cf. Section 3.3.7), the stages of the schematic analysis are the analysis and interpretation of data, categorisation of the data into themes and sub-themes, identification of the patterns in the themes and showing connections with the interview questions. Data for this study were collected at the FSCOEC in Bloemfontein.

The main aim of the interviews was to gather information and personal experiences from participants from different designations to deliver different perspectives on the topic. The findings and discussions originate from the literature review in Chapter 2 and explorative interviews discussed in Chapter 3.

#### 4.2 DESCRIPTION AND DISCUSSION OF EXPLORATIVE INTERVIEWS

In order to simplify the process of generating findings, each question of the explorative interview guide will be described and discussed separately. Three main themes emanating from the five main questions in the interviews are presented as follows:

Theme 1: Knowledge about the incorporation of the FSCOEC under a higher education institution.

Theme 2: Effects of the incorporation of the FSCOEC under a higher education institution.

Theme 3: Barriers and constraints to the incorporation on lecturers, graduates and current students.

In the description and discussion of the results the interviewees are distinguished as follows:

L = Lecturers

G = Graduates

S = Students

#### **4.2.1 THEME 1: KNOWLEDGE ABOUT THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY MEDICAL CARE UNDER A HIGHER EDUCATION INSTITUTION**

The first theme emanates from the first question in the explorative interview guide, which was, "What do you know about the possible incorporation of the FSCOEC under a higher education institution?" The question was posed to all 23 participants and further questions were asked in order to probe and explore further. These questions were categorised as sub-themes as presented below.

- Sub-theme 1: Knowledge about the incorporation
- Sub-theme 2: Knowledge about the incorporation process
- Sub-theme 3: Role players in the incorporation
- Sub-theme 4: Knowledge about the NECET policy
- Sub-theme 5: Role of the HPCSA in the incorporation
- Sub-theme 6: Registration status of the FSCOEC
- Sub-theme 7: Memorandums of understanding

The above sub-themes are summarised in Table 4.1-4.7 and will subsequently be discussed. Direct quotes of the interviewees are given in the text to enhance the trustworthiness of the study and to assist the reader to understand participants' responses.

#### 4.2.1.1 Theme 1: Sub-theme 1: Knowledge about the incorporation

The first sub-theme is **knowledge about the incorporation**, and will be described and discussed after Table 4.1. Verbatim quotes of the interviewees' responses are given in the text to enhance the trustworthiness of the interpretation of the responses.

Table 4.1. Theme 1: Sub-theme 1: Knowledge about the incorporation

Theme 1	KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION
Sub-theme 1	Knowledge about the incorporation
	<p><i>“currently rumours that there is going to be an incorporation” [G2]</i></p> <p><i>“the hearsay that our college is going to fall under the University of the Free State or the Central University of Technology one of the two but previously we were using CUT” [G7]</i></p> <p><i>“for us to continue with training as far as I know as far as my knowledge go is that we need to link up with an higher education institution institute to present our qualifications the ECT programme at an NQF level 6” [L2]</i></p> <p><i>“that we are supposed to fall under higher education institution so that we can be able to getting accreditation in order to be able to teach ECTs” [L3]</i></p> <p><i>“the College at the moment is offering the ECT NQF level 5, of which it is going to change to NQF level 6 and it’s a higher education [pause] status and the college cannot offer it therefor the college needs to partner with a higher education institution” [L4]</i></p> <p><i>“the colleges are not actually able to register as institutions of higher education by themselves therefore they must partner with a recognised institute of higher education” [L5]</i></p> <p><i>“all I know is that [pause] we are not are not a higher education institution and have to [pause] fall under one or join one in order to be able to run courses” [L9]</i></p> <p><i>“the problem is that there is severely limited amount of information with regards to this, like I said earlier the higher education institutions do not even yet understand how this incorporation is going to take place” [L5]</i></p>

Five students and four graduates mentioned that they had not been aware of the incorporation before being questioned about it in the interview. One of the



graduates mentioned that he had only heard rumours about the incorporation, “*currently rumours that there is going to be an incorporation*” [G2]. Other participants mentioned that they had only heard “hearsay” and rumours about the incorporation. Participating lecturers mentioned that, if the FSCOEC was to present courses, it would need to fall under a higher education institution. One lecturer stated that the FSCOEC cannot register as a higher education institution itself, and therefore needs to fall under a higher education institution to present the NQF 6 ECT course.

It is of vital importance that all lecturers, graduates and current students know about the incorporation of the FSCOEC under a higher education institution. Limited knowledge about the matter might result in a sense of insecurity. Hence, one of the participants said, “*for us to continue with training as far as I know as far as my knowledge go is that we need to link up with an higher education institution institute to present our qualifications the ECT programme at an NQF level 6*” [L2], which illustrates that participants are not aware of the possibility of the FSCOEC functioning as a higher education institution on its own. As mentioned in Chapter 2 (cf. Section 2.1) public sector provincial training colleges that wish to continue with the education and training of students in emergency medical care, whether the students are in-service staff or school leavers, will have to form a partnership with a higher education institution. One of the lecturers mentioned that, for the FSCOEC to present courses, it needs to function under an higher education institution, “*All I know is that [pause] we are not are not an higher education institution and have to [pause] fall under one or join one in order to be able to run courses*” [L9]. It might be concluded from the above statements by participants that information about the possibility of an FSCOEC registering and functioning independently of a higher education institution has obviously never been shared. It then follows that proper disclosure of all information regarding this matter is essential if all involved are to make or contribute to critical decisions in their respective roles.

Knowledge about the incorporation is limited and has not been communicated well with lecturers, graduates and current students. Participants have limited information regarding the incorporation of the FSCOEC under a higher education institution, as stated by lecturer [L5], “*the problem is that there is severely limited amount of*

information with regards to this, like I said earlier the higher education institution do not even yet understand how this incorporation is going to take place". A document dated 3 August 2009, Dr S. Essack (2015 pers. comm. 5 November), clearly states that it is possible for a public emergency medical care training college to operate as an independent higher education institution. Based on responses by the majority of the lecturer participants there is clearly a perception that the FSCOEC needs to align with a higher education institution to be able to present NQF-level courses. Only one participant mentioned that it may be possible for the FSCOEC to be a higher education institution on its own, confirming that this information was probably never made available to the majority of participants.

#### 4.2.1.2 Theme 1: Sub-theme 2: Knowledge about the incorporation process

The second sub-theme is knowledge about the incorporation process. The sub-theme dealing with knowledge about the incorporation process will be described and discussed after Table 4.2.

Table 4.2. Theme 1: Sub-theme 2: Knowledge about the incorporation process

Theme 1	KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION
Sub-theme 2	Knowledge about the incorporation process
	<p><i>"I think all the colleges if they falling under one umbrella they will be they will be able to [pause] the information will be relate accordingly like everybody will be having the same information" [G3]</i></p> <p><i>"basically stand as an higher education institution on its own" [L1]</i></p> <p><i>"it's not feasible for that to happen we already gave two higher education institutions currently in Bloemfontein which is CUT and the UFS" [L1]</i></p> <p><i>"this is actually not clear to me but however is that after we get accredited by an higher education institution we will then be functioning as a satellite of this specific institute may it now be CUT or UJ" [L2]</i></p> <p><i>"No. No, if I look at what is, uhm, no I do not understand the clear processes of the Free State College of Emergency Care under a higher education institution" [L2]</i></p> <p><i>"The process currently is not very clear [pause] as to how it's going to be done [pause] but what is required is, uhm,</i></p>

	<p><i>for the college to be in line or aligned with the higher education institution for instance we are supposed to be partnering with CUT” [L3]</i></p> <p><i>“What I currently know about how the Free State College of Emergency Care is going to be incorporated into higher education is that the process is currently underway to look at a possible partnership with CUT along with the UJ. The University of Johannesburg has made an agreement apparently that they will assist CUT with their PQM and then will give us the practical assistance in actually running the programme” [L5]</i></p> <p><i>“I have heard about (( )) suggestion is that logically CUT is much closer, so there is no major geographical separation between the two institutions and therefore they are prompting to go towards that direction that there is a partnership between CUT and the Free State College of Emergency Care in order to deliver the programmes” [L5]</i></p> <p><i>“Not really, no” [L5]</i></p> <p><i>“the process so far I know of nothing about it but engagements and mutual agreements [unclear] other things that needs to be aligned and if Free State College of Emergency Care [pause] can then they need to be incorporated, it simply means that we will be offering just [pause] we will be as a satellite of this particular [pause] institutes” [L6]</i></p> <p><i>“to get aligned via the university CUT” [L8]</i></p>
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Regarding the sub-theme dealing with knowledge about the incorporation process, one of the lecturers mentioned that, *“it’s not feasible for that to happen we already have two higher education institutions currently in Bloemfontein which is Central University of Technology and the University of the Free State” [L1]*. Two lecturers stated that the process was not clear to them. Furthermore, three lecturers and one graduate stated that they do not know how the incorporation process will occur. One graduate and three lecturers mentioned that the process of the incorporation involves that the FSCOEC must align with a higher education institution to be able to present courses and that this will be done by partnering or aligning the College with a higher education institution. Conversely, one lecturer stated that the FSCOEC should be a higher education institution, *“basically stand as a higher education institution on its own”*. One of the lecturers also mentioned that Central University of Technology (CUT) would be a better option for this partnership due to its geographical location in Bloemfontein. One of the lecturers mentioned that, *“What I currently know about how the FSCOEC is going to be incorporated into*

*higher education institution is that the process is currently underway to look at a possible partnership with CUT along with the UJ the UJ has made an agreement apparently that they will assist CUT with their PQM and then CUT will give us the practical assistance in actually running the programme” [L5]. Furthermore, a lecturer [L5] mentioned that CUT, which is located in the Free State, is closer to the FSCOEC than other universities, making it the more appropriate choice for forming a partnership. This lecturer [L5] mentioned, further, that, “I have heard about (( )) suggestion is that logically CUT is much closer so there is no major geographical separation between the two institutions and therefore they are prompting to go towards that direction that there is a partnership between CUT and the FSCOEC in order to deliver the programmes” [L5].*

During personal communication with A. Swart (2014 pers. comm. 29 July) Dean at the UJ, stated that, due to manpower considerations and the distance between UJ and the FSCOEC, it is recommended that the FSCOEC partner with CUT. However, one of the challenges is that CUT does not currently present any emergency medical care courses, as per instruction of the Health Professions Council of South Africa (HPCSA) (cf. Section 2.10.3). Furthermore, A. Swart (2014 pers. comm. 29 July) stated that, even though they are not in the position to partner with the FSCOEC directly, they will assist in the partnering process between FSCOEC and CUT. Knowledge about the incorporation process and how it would actually work was very limited and most of the participants indicated that they either did not understand the process or it was unclear to them how the process would be implemented. From the statements of the participants it is clear that the process, in its totality, had not been explained or comprehensively discussed with them. The reasons for the incorporation are clear to the participants, however, their main concerns are how the process will be rolled out and how the reasons will be addressed. As discussed in Chapter 2 (cf. Section 2.10.2), some of the reasons for the incorporation are that emergency care training colleges are not currently registered with Department of Higher Education and Training (DHET) through Umalusi, Council on Higher Education (CHE), the Department of Labour, or the Health and Wellness Seta as emergency medical care education providers (Vincent-Lambert 2011a:29). Furthermore, as stated by the HPCSA (cf. Section 2.1), public sector training colleges that desire to continue providing education and training to students in

emergency medical care, whether the students are in-service staff or school leavers, will have to form a partnership with a higher education institution. In addition, all courses need to be aligned with the National Qualifications Framework (NQF) Act (Act 67 of 2008) and the Higher Education Qualifications Sub Framework (HEQSF) (R. Naidoo 2014 pers. comm. 28 May).

#### 4.2.1.3 Theme 1: Sub-theme 3: Role players in the incorporation

The third sub-theme related to the role players in the incorporation and will be described and discussed after Table 4.3.

Table 4.3 Theme 1: Sub-theme 3: Role players in the incorporation

<b>Theme 1</b>	<b>KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION</b>
<b>Sub-theme</b>	<b>Role players in the incorporation</b>
	<p><i>“the role players must be your principal of the colleges and staff” [G1]</i></p> <p><i>“it’s the department itself vs CUT and the people who are always talking about it is the (( )) head of departments [pause] including the principals of the colleges” [L3]</i></p>

Regarding the sub-theme dealing with the role players in the incorporation process, one graduate mentioned that the role players in the incorporation should be the principals of the colleges, including the staff, the National Department of Health (NDoH), and CUT [L3].

Correctly identifying role players in the incorporation process is very important, as these role players need to lead the process of the incorporation and give guidance. These role players must fulfil the vital role of making sure that all involved in the incorporation are knowledgeable about the incorporation and of the way the process will unfold. As discussed in Section 2.6, the standards generating body of the HPCSA needs to ensure that pre-hospital education aligns with the requirements of higher education (Stein 2014:5). Furthermore, as a legislative body, it is the responsibility of the HPCSA to align and evaluate pre-hospital emergency medical education for pre-hospital emergency care practitioners (ECP) with the Health

Professions Act, thus ensuring competent practitioners. The aim of the HPCSA is to ensure that pre-hospital ECPs achieve high standards of education, thus protecting the public against negligent practice.

The onus of accreditation of public and private higher education institutions lies with the CHE. This, in turn, leads to qualifications being registered on the NQF, and also registered by the DHET (SAQA 2014:online). Furthermore, it is very important that role players are appointed and that these role players have sufficient information about the incorporation process. It seems as if no single entity is willing to take responsibility for the incorporation process and how it should be implemented. Role players should be clearly identified and appointed to assist with the incorporation process, which will not be successful without someone taking the lead.

#### 4.2.1.4 Theme 1: Sub-theme 4: Knowledge about the NECET policy

The fourth sub-theme, namely, knowledge about the NECET policy, will be described and discussed after Table 4.4.

**Table 4.4 Theme 1: Sub-theme 4: Knowledge about the NECET policy**

<b>Theme 1</b>	<b>KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION</b>
<b>Sub-theme 4</b>	<b>Knowledge about the NECET policy</b>
	<p><i>“Honestly, the first time I hear about it” [G4]</i></p> <p><i>“I don't know if what I know, but what I know is that there been the new course coming the emergency care technician and the emergency care assistant. I don't know if I'm answering what you asking I know that, uhm, short courses has to be, uhm, moved away and then you have to move from [emergency care assistant]. National Diploma is also moved out, emergency care assistant and professional degree” [G6]</i></p> <p><i>“The NECET policy is guided on a three-tier system and in which they come up, uhm, with the migration plan of going into an emergency care assistant ECA programme and the emergency technician“ [L2]</i></p> <p><i>“It's about the [pause] three tiers of the, uhm education within the EMS system so it's going to outline [pause] what qualification and the levels of articulation within that those qualifications” [L3]</i></p>

	<p><i>"I haven't actually, uhm, use the NECET policy to the extent that I, uhm, not that familiar with it, but from what I can recall from looking at the NECET policy now, I don't really see that there are any clear guidelines with regards to this" [L5]</i></p> <p><i>"No, I haven't seen any document" [L6]</i></p> <p><i>Honestly, I haven't read it because was only given to us I think it was this week or last week Friday, I didn't read it" [L4]</i></p> <p><i>No, it's not guiding us on that. There is no clear direction on that" [L7]</i></p> <p><i>"No, not clearly, as far as I have read it, it only guide you on the qualifications it replaces" [L2]</i></p> <p><i>"No, I haven't go through it, No, I do not know about it" [S1]</i></p> <p><i>"No, not clearly, as far as I have read it, it only guide you on the qualifications it replaces" [L2]</i></p>
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In the sub-theme dealing with knowledge about the incorporation, the responses of the respondents were as expected: six graduates stated that they did not have any knowledge of the NECET policy, and one graduate mentioned that the NECET policy is about moving away from short-course training to the emergency care assistant and professional degree. Five of the lecturers mentioned that they had either not seen the document before or that the document had been made available to them only the week before; as stated by a lecturer: *"Honestly, I haven't read it because was only given to us I think it was this week or last week Friday, I didn't read it" [L4]*. Another lecturer [L5] stated that he knew about the NECET policy but could not find any information about the actual incorporation process: *"I haven't actually, uhm, use the NECET policy to the extent that I, uhm, not that familiar with it, but from what I can recall from looking at the NECET policy now, I don't really see that there are any clear guidelines with regards to this" [L5]*. Another lecturer stated that, *"No, not clearly, as far as I have read it, it only guide you on the qualifications it replaces" [L2]*. *No, it's not guiding us on that. There is no clear direction on that" [L7]*. None of the five students had heard of or seen the NECET document before. One student stated that, *"No, I haven't go through it, No, I do not know about it" [S1]*.

In total, six graduates mentioned that they do not know about the NECET policy and that this was the first time they had heard about it. Furthermore, three lecturers mentioned that the NECET policy was not clear to them, e.g., *"No, not clearly, as far as I have read it, it only guide you on the qualifications it replaces" [L2]*. Another

lecturer stated, “No, I haven’t seen any document” [L6]. The rest of the lecturers stated that the NECET policy is about the migration plan: “It’s about the [pause] three tiers of the, uhm, education within the EMS system so it’s going to outline [pause] what qualification and the levels of articulation within that those qualifications.” [L3]. Consequently, not one of the participants could confirm whether the NECET policy provides a clear guide on how the actual incorporation process should occur.

The NECET draft policy states that,

*The aim of this migration plan is to operationalise the draft National Emergency Care Education and Training (NECET) Policy which aims to ensure the alignment of emergency care education and training with current education legislation, training needs and imperatives of the National Department of Health (NDoH) and the rendering of quality health care services to the people of South Africa (NECET 2015:1).*

The current migration plan discusses the objectives, situational analysis, preparatory access, preparatory courses, and contractual agreements between higher education institutions, student intake projections, staff development, budget projections and projected limitations. With all the above in mind, nowhere in the policy are clear guidelines given on the actual process of how colleges will align with higher education institutions. The fact that the NECET policy is in draft form and has not been communicated well to lecturers, graduates and students may add to uncertainty about academic progression and uncertainty about work (job) security.

According to statements by the respondents, they do not know the contents of the NECET policy, and those who do know about the policy could not indicate whether the NECET policy provides guidelines on the incorporation process. This may imply that the NECET policy has not been communicated well. A concern about the NECET policy is that it is still in draft form and has not been communicated well or discussed with staff (cf. Section 4.2.1.4). Furthermore, the NECET policy draft may be limited in terms of information regarding the actual incorporation process and



guidance to staff on the incorporation of colleges under a higher education institution.

#### 4.2.1.5 Theme 1: Sub-theme 5: Role of the HPCSA in the incorporation

The fifth sub-theme is the role of the HPCSA in the incorporation, and it will be described and discussed below Table 4.5.

Table 4.5. Theme 1: Sub-theme 5: Role of the HPCSA in the incorporation

Theme 1	KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION
Sub-theme 5	Role of the HPCSA in the incorporation
	<p><i>“The main role of the HPCSA, it has to give the guidance to the college so that it could be on that level of which they want the college to be, like, if they want the college to be like, uhm, UJ or UFS, the HPCSA can guide” [G7]</i></p> <p><i>“The HPCSA is supposed to have been taking [pause] ownership on this as they guiding our whole profession as a whole, in the mere sense is that [pause] I personally, all the shortfalls that we having with regards the guidance, how do we achieve this? This was supposed to be have done by the HPCSA” [L2]</i></p> <p><i>“I think HPCSA as a [pause] the [pause] body, it’s there for ensuring the quality and safeguarding the practitioners against, actually the patients against, the practitioners, but in this regard I think they should be giving the guidelines in terms of how should the college or even the universities partner into” [L4]</i></p> <p><i>“they are putting down certain things that they see as requirements, but once again, I don’t believe that there is proper consultation with an higher education institution the Department of Higher Education” [L5]</i></p> <p><i>“HPCSA, they should be guiding us in terms how we should, ahh, transit from the, the certificate into, ahh, the National Diploma and clear guidelines and detailed guidelines needs to, ahh, be implemented from them because they are our governing body [unclear] higher education” [L7]</i></p> <p><i>“they should, I mean, they are the one governing it, so I think that guidance at least should come from them” [L8]</i></p> <p><i>“Currently the HPCSA is also sitting in, ahh, in ahh, uhm, loophole were they also don’t know how this is actually going to articulate into the higher education institution” [L7]</i></p>

	<p><i>“Health Professions Council of South Africa is not really playing much of a constructive role currently with us. They, they gave the colleges permission to start with the course and they messed up, but then they turned around and say that it is the college’s fault” [L5]</i></p>
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In the sub-theme dealing with the role of the HPCSA in the incorporation process, four graduates stated that the role of the HPCSA is to guide the incorporation process. Moreover, the HPCSA needs to ensure that the FSCOEC and other colleges meet the requirements required by a higher education institution (cf. Section 2.10). Consequently, the HPCSA should also ensure that all lecturers have the correct qualifications to present courses, as mentioned by one lecturer, *“HPCSA, they should be guiding us in terms how we should, ahh, transit from the, the certificate into, ahh, the National Diploma and clear guidelines and detailed guidelines needs to, ahh, be implemented from them because they are our governing body [unclear] higher education” [L7]*. One lecturer stated that the HPCSA should take ownership of the incorporation process and guide the colleges in the incorporation, *“The HPCSA is supposed to have been taking [pause] ownership on this as they guiding our whole profession as a whole in the mere sense is that [pause] I personally, all the shortfalls that we having with regards the guidance, how do we achieve this? This was supposed to be have done by the HPCSA” [L2]*. One of the lecturers mentioned that the HPCSA is *“putting down certain things that they see as requirements, but once again, I don’t believe that there is proper consultation with a higher education institution and the Department of Higher Education” [L5]*. Another lecturer stated that, *“Currently the HPCSA is also sitting in, ahh, in ahh, uhm, loophole were they also don’t know how this is actually going to articulate into the higher education institution” [L7]*. Six of the graduates stated that the HPCSA should play a guiding role in the incorporation process.

One of the lecturers stated that the HPCSA had certain requirements for colleges, without having conducted proper consultation with higher education institutions or the DHET: *“they are putting down certain things that they see as requirements, but once again, I don’t believe that there is proper consultation with higher education institutions, the Department of Higher Education” [L5]*. A lecturer stated that the HPCSA is not playing a constructive role in the incorporation process: *“Health*

*Professions Council of South Africa is not really playing much of a constructive role currently with us. They, they gave the colleges permission to start with the course and they messed up, but then they turned around and say that it is the college's fault" [L5].* The majority of the lecturers stated that the main role of the HPCSA is to guide the incorporation process. The main motivation given for the incorporation of the FSCOEC under a higher education institution is professionalisation of the profession, as mentioned by one student. According to Naidoo (2013:online), the need to professionalise pre-hospital emergency medical care programmes was hindered by short training courses, which did not adhere to the guidelines set by the National Qualification Framework Act and the revised HEQSF (cf. Section 2.10).

The involvement of the HPCSA is vital in the incorporation process. As discussed in Chapter 2 (cf. Section 2.10.1.1), the HPCSA's role is enforce rules and regulations to ensure a high standard of education. The HPCSA is the overall governing body of emergency medical care and, therefore, emergency medical care training. Clearly, guidance from the HPCSA is needed, as can be seen from the responses of the majority of participants. Furthermore, the roles of the HPCSA and higher education institutions concerning the incorporation process should be held in higher regard than what it is at present, as their role are crucial in the incorporation of colleges under higher education institutions. The DHET should provide clear guidance on the incorporation process and provide clear suggestions on how the incorporation of colleges under a higher education institution should be handled.

From the responses of the participants it is apparent that they expect the HPCSA, as an entity providing guidance, to play a more hands-on role. According to one of the lecturers, the HPCSA should not merely inspect a college that wants to obtain accreditation and report on negative issues obtained from such a report, but should provide proposals to resolve these issues. The DHET should provide guidelines and policies for colleges regarding the incorporation process, stating not only the requirements for the college to align with a higher education institution, but also exactly how the incorporation process needs to happen, for example, facilities specifications, under which department the college will classify, and whether will college will be subject to the higher education institution policies.

#### 4.2.1.6 Theme 1: Sub-theme 6: Registration status of the FSCOEC

The sixth sub-theme is registration status of the FSCOEC, and will be described and discussed after Table 4.6.

Table 4.6. Theme 1: Sub-theme 6: Registration status of the FSCOEC

<b>Theme 1</b>	<b>KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION</b>
<b>Sub-theme 6</b>	<b>Registration status of the FSCOEC</b>
	<p><i>“Currently the college is registered with the health professions board that governs our profession” [L2]</i></p> <p><i>“Currently there is no formal registration for the FSCOEC. It was just a decision which was taken from the principals’ forum, when they took this decision with National Health and HPCSA included to say they running the ECTs ,which... turned out to be [pause] a disaster” [L3]</i></p> <p><i>“actually, no compliant with the requirements of an higher education institution, which means that the course can actually not really be given by the college’ [L5]</i></p> <p><i>“Currently we are only having provisional accreditations from HPCSA, which simply means we only running the courses which HPCSA” [L6]</i></p> <p><i>“Well, with the Professional Board of Emergency, ahh, uhm, HPCSA” [L8]</i></p> <p><i>“We should be registered under an Higher Education Institution and currently we are not, so currently, as far as I know, we work under the Board” [L9]</i></p>

In the sub-theme relating to the registration status of the FSCOEC, four graduates mentioned that the registration status of the FSCOEC is unknown to them. None of the students knew how the FSCOEC was registered. One lecturer stated that the FSCOEC cannot be a higher education institution on its own, due to the fact that they need to fall under a higher education institution. A graduate [G1] mentioned that the HPCSA, as regulating body, should evaluate the FSCOEC, and then the FSCOEC should be registered with SAQA. One graduate stated that the FSCOEC is registered with UJ for rescue modules, and with CUT for ambulance emergency care courses. Seven graduates stated that they were not sure how the FSCOEC was registered. Furthermore, the FSCOEC only had provisional accreditation, which had been obtained from the HPCSA.

As discussed in Chapter 2 (cf. Section 2.1), emergency care training colleges in South Africa are accredited provisionally by the HPCSA. A lecturer pointed out that the FSCOEC was not formally registered with the DHET: *“Currently there is no formal registration for the FSCOEC. It was just a decision which was taken from the principals’ forum, when they took this decision with National Health and HPCSA included to say they running the ECTs, which... turned out to be [pause] a disaster [L3].* Consequently, the FSCOEC is not compliant with the requirements of the DHET, and is only accredited by the HPCSA to present NQF 5 ECT programmes. One of the lecturers mentioned that, *“actually, not compliant with the requirements of higher education institution, which means that the course can actually not really be given by the college” [L5].* As discussed in Chapter 2 (cf. Section 2.1), if a training college intends to present courses, the courses need to be aligned with the NQF Act (Act 67 of 2008) and the Higher Education Qualification Sub-framework (R. Naidoo 2014 pers. comm. 28 May).

Even though National Qualifications Framework (NQF) level courses are presented at the FSCOEC, the college is not registered with or accredited by the Department of Higher Education and training (DHET) or Umalusi. As discussed in Chapter 2 (cf. Section 2.10.3), even though colleges are not accredited with DHET or Umalusi, it enabled practitioners who had completed non-credit-bearing courses to obtain professional registration. Furthermore, the FSCOEC needs to fall under a higher education institution to present NQF-level courses. This will allow for academic progression and will define career pathways for practitioners. The fact that the FSCOEC is presenting an NQF-level qualification establishes the importance of the FSCOEC aligning with the DHET and South African Qualifications Authority (SAQA) requirements and regulations. The possibility of a college operating as an independent higher education institution, as mentioned in personal communication with Dr. S. Essack (pers. comm. 5 November 2015), should also be noted.

#### **4.2.1.7 Theme 1: Sub-theme 7: Memorandums of Understanding**

The seventh sub-theme is memorandums of understanding (MoU) and will be described and discussed after Table 4.7.

Table 4.7 Theme 1: Sub-theme 7: Memorandums of understanding

<b>Theme 1</b>	<b>KNOWLEDGE ABOUT THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION</b>
<b>Sub-theme 7</b>	<b>Memorandums of understanding</b>
	<p><i>“I know of the MoU of, ahh, CUT and Free State College of Emergency Care, uhm, and also I think it is like a triangulation of UJ also forming part of this whole partnership thing, however, the memorandum of understanding is not that clear as to what we [pause], uhm, basically what pros and cons of each institution that we currently having, so, even though we have an memorandum of understanding it’s not clear as to what exactly do they expect from us” [L1]</i></p> <p><i>“There was a document which was circulated [pause] but it never outlined what was the contents of the [pause] it was just a document which was [pause] if I can put it, up, updating from the previous MoUs. So we don’t know the content of the MoU currently because the only MoU that is there is for the Free State College of Emergency Care with CUT with regards how they function, but not specifically, according to my knowledge, how are we going to function as the College with CUT” [L3]</i></p> <p><i>“I am aware of the MoU between the Free State College of Emergency Care and the University of Johannesburg in terms of rescue. The University of Johannesburg has given us accreditation on I think rescue modules for the College, to present rescue modules and the College has been engaging with CUT in terms of sharing certain equipment and even lecturers, for us to go and assist and maybe trying to merge, but I don’t know how far that process of merging actually the College falling under CUT” [L4]</i></p> <p><i>“Currently I think we have a provisional MoU that incorporates, uhm [pause] the Department of Health and CUT, so it’s a very broad, uhm, what’s you call, contract or MoU we have, but it’s not in detail, saying that the College is now falling under higher education institution and this is how things are going to work” [L7]</i></p> <p><i>“there was an MoU with, ahh, CUT, if I may elaborated, but at this stage I am not sure who is gaining what out of the MoU” [L8]</i></p> <p><i>“Now? There was with CUT” [L9]</i></p> <p><i>“required to be {Laugh} in class every second you don’t have time which is free were you can look at yourself, evaluate yourself you can’t even think, immediately when you are not busy something else is being thrown to you” [L3]</i></p>

In the sub-theme dealing with MoUs, graduates and current students were excluded from questioning, based on the very low probability that they would have any knowledge of the matter, as this is considered to be outside their reference framework. All lecturers mentioned that they are aware of a MoU, however, none were sure of the content thereof, as mentioned by one lecturer, *“There was a document which was circulated [pause] but it never outlined what was the contents of the [pause] it was just a document which was [pause] if I can put it, up, updating from the previous MoUs. So we don't know the content of the MoU currently because the only MoU that is there is for the Free State College of Emergency Care with CUT with regards how they function, but not specifically, according to my knowledge, how are we going to function as the College with CUT”*[L3]. This response indicates that the contents of the MoU is not known. Furthermore, the lecturers stated that it is not clear what exactly is expected of them regarding the incorporation.

A lecturer [L4] stated that an MoU between the FSCOEC and UJ exists for rescue training. As discussed in Chapter 2, the FSCOEC received approval to use the library at CUT and a MoU exists between the Free State DoH and CUT regarding the use of departmental resources and staff of the FSCOEC (K. Rowe-Rowe 2015 pers. comm. 2 March). One lecturer mentioned that FSCOEC staff are currently required to be in class, and they are expected to perform other functions in their free time [L3]. If this is the case, it would be advantageous if the FSCOEC operated under a higher education institution, because more time would be available for research and preparation of lesson plans and lectures, as stated by one respondent: *“allow you to have your research time, you are able to reflect on work and everything”* [L3].

Three lecturers mentioned that the contents of the MoU between the FSCOEC and CUT is not known. Furthermore, there is a MoU between FSCOEC and the UJ regarding rescue training (cf. Section 2.8). No knowledge of a signed MoU in relation to the FSCOEC falling under CUT could be referenced. As discussed in Chapter 2 (cf. Section 2.9), Mr. Munilal, who was the director of emergency medical training, explained that he had engaged with CUT about a partnership regarding the incorporation, but to date no signed partnership document existed (A. Munilal 2014

pers. comm. 2014). Without an MoU it is difficult to determine exactly what the benefits would be for the staff and what role incorporation would play in progression of the College. Actually, the MoU should have been signed in 2000, and the fact that it has not been signed places a great deal of tension on the FSCOEC and staff due to uncertainty about the future of the FSCOEC.

At the time of this study a MoU between the FSCOEC and CUT had not been signed. Therefore, no rules and regulations regarding the incorporation was known by the respondents. The fact that there is no MoU results in lecturers, graduates and current students having limited or no knowledge about an MoU between the FSCOEC and CUT, and they are thus confused about what is expected of them. It is important for lecturers to understand what is going on regarding the FSCOEC and the incorporation, as this knowledge would allay insecurities and reduce staff resignations motivated by a need for a more secure work environment. The lack of information regarding the MoU is very concerning, considering that the phase-out period of the current Emergency Care Technician (ECT) (NQF 5) programme set by the HPCSA is 31 December 2016.

#### **4.2.2 THEME 2: EFFECT OF THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION**

A second theme emanated from the second question in the explorative interview guide, namely, “How will the possible incorporation of the FSCOEC under a higher education institution affect you as a lecturer, graduate or current student?” The question was asked to all participants and the answers that were given by all 23 respondents were arranged into sub-themes. In order to probe further, the following – which are presented as sub-themes – was explored.

- Sub-theme 1: Effects of the guidelines for the incorporation process
- Sub-theme 2: Lecturers’ qualifications

The responses under these two sub-themes are presented in Tables 4.8-4.9, and followed by discussions. Verbatim quotes of the interviewees’ responses are given in the text to enhance the trustworthiness of the interpretation of the responses.



#### 4.2.2.1 Theme 2: Sub-theme 1: Effects of the guidelines on the incorporation process

The first sub-theme is the effects of the guidelines on the incorporation process will be described and discussed following the table underneath.

Table 4.8. Theme 2: Sub-theme 1: Effects of the guidelines on the incorporation process

THEME 2	EFFECTS OF THE INCORPORATION OF THE FSCOEC UNDER AN HIGHER EDUCATION INSTITUTION
Sub-theme 1	Effects of the guidelines on the incorporation process
	<p><i>“we don't have final document to say this is what is going to be expected of us and this is going to be expected from the higher education institution” [L1]</i></p> <p><i>“I don't think there is proper guidance, uhm, and if I need to be frank there has been no clear guidance” [L2]</i></p> <p><i>“not to be personal, but there is no clear guidelines from our managers” [L2]</i></p> <p><i>“what we trying to do now is to, to jump light years from a normal college, without proper guidance under NQF, into an higher education institution” [L2]</i></p> <p><i>“there is a NECET document, but it doesn't outline [pause] how that process should unfold” [L3]</i></p> <p><i>“there is no proper guidelines which are stipulating, because we have been teaching this ECT NQF 5 qualification with National Diploma, no, it has been change there is no clear. No, it's not a guidelines, in terms of progression, how is it (( ))” [L3]</i></p> <p><i>“there is nothing that was put on the table to say this is how we are going to discuss. The only thing that we are hearing is HPCSA wants every college to be falling under education department. When we asking the guidelines from them, there is nothing which is stating how is it done what should be” [L3]</i></p> <p><i>“HPCSA [pause] in the first place was not supposed to be the accreditor of the education courses [pause] and now what is happening is they looking at [pause] all the colleges within South Africa and they are putting the blame [pause] on all the colleges to say whatever they are doing it is wrong, whereas they are the first people to say this are the guidelines that people should follow” [L3]</i></p> <p><i>“no, not really, not really, the institutions were left on their own to go and figure it out” [L4]</i></p>

	<p><i>“the HPCSA haven't, ahh, given the guidelines, they just told the colleges that they need to fall under the higher education institution” [L4]</i></p> <p><i>“I don't think there is, it is very vague, uhm, the NECET policy states that we have to move over to higher education institution, but there is no details in informing, uhm, the colleges in what steps to take to actually move over” [L7]</i></p> <p><i>“I wouldn't call it guidelines, all I'm saying is I don't think that anyone knows exactly how this should happen” [L1].</i></p>
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In the sub-theme dealing with guidelines for the incorporation process, all graduates admitted that they do not know of any guidelines for the incorporation of the College under a higher education institution. The NECET policy is mentioned as the only document that relates to the migration plan; a lecturer mentioned that the NECET policy exists, but that it cannot be called guidelines, *“I wouldn't call it guidelines, all I'm saying is, I don't think that anyone knows exactly how this should happen” [L1].* Furthermore, participants are not knowledgeable about what exactly is expected of them regarding the incorporation of the FSCOEC under a higher education institution. Respondents also mentioned that proper guidance is lacking, causing uncertainty regarding the incorporation, and there is no document clearly stating what is expected. *Not to be personal, but there is no clear guidelines from our managers” [L2].* One lecturer mentioned that *“the HPCSA haven't, ahh, given the guidelines, they just told the colleges that they need to fall under the higher education institution” [L4].* As mentioned in Chapter 2, the demand to be incorporated under a higher education institution resulted in challenges for colleges, such as meeting SAQA and NQF requirements, insufficient guidelines, and staff development.

One respondent [L3] stated that the NECET policy exists, but it does not outline how the incorporation process should proceed (cf. Section 4.2.2.1). Information regarding the incorporation process is limited; participants needed to obtain information regarding the incorporation for themselves, as mentioned by one lecturer, *“I don't think there is, it is very vague, uhm, the NECET policy states that we have to move over to higher education institution, but there is no details in informing, uhm, the colleges in what steps to take to actually move over” [L7].* One lecturer stated that the HPCSA requires colleges to be incorporated under a higher

education institution, but that the HPCSA does not provide clear guidelines on how this process is to happen. Another lecturer mentioned that institutions were left to figure out how the process should proceed on their own, *“No, not really, not really, the institutions were left on their own to go and figure it out”* [L4].

Students were not aware of any guidelines about the incorporation of the FSCOEC under a higher education institution. Lecturers, graduates and students were not informed about the incorporation process and had very little information about the process and the way forward, neither in a personal capacity nor an academic capacity. The NECET policy, as previously discussed (cf. Section 4.2.1.4), does not explain the actual process of the incorporation clearly and does not set out the steps that need to be followed for the successful incorporation of a college under a higher education institution. One lecturer mentioned that colleges need to compile their own policies, without guidance or input from the HPCSA on this process. Three lecturers were of the opinion that no clear guidelines on the incorporation exists. The NECET draft policy outlines the migration plan, but, as discussed in Section 2.11, no clear guidelines for the actual incorporation process of provincial colleges under higher education institutions is noticed in the draft policy. Based on the respondents' perceptions, the NECET draft policy is very limited regarding guidance for the incorporation of colleges under higher education institutions. According to most of the lecturer respondents' perceptions, the actual plan for the incorporation of colleges under a higher education institution is not thoroughly covered by the NECET draft policy.

#### **4.2.2.2 Theme 2: Sub-theme 2: Effects on lecturers' qualifications**

The second sub-theme refers to the effect of incorporation of colleges under higher education institutions on lecturers' qualifications, and it will be described and discussed after Table 4.9.

Table 4.9 Theme 2: Sub-theme 2: Effects on lecturers' qualifications

THEME 2	EFFECTS OF THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION
Sub-theme 2	Effects on lecturers' qualifications
	<p><i>"because there will be a lecturers that is more qualified"</i> [G6]</p> <p><i>"we are all struggling to get on a higher NQF, uhm, in the current emergency medical services qualifications, uhm, I believe that [pause] the articulation of this whole process need to happen first before we can get to the point we can say we are actually ready, uhm, to present a course of that nature"</i> [L1]</p> <p><i>"we might be deemed as experts in our field of training, but if I'm going to go look at from an educational perspective, we are not properly equipped to go immediately into an higher education institution our current academics in our field of training are few and far"</i> [L2]</p> <p><i>"we have lecturers who are on NQF 6, the qualification is on NQF 6, it is problematic [pause] and also these three-tiered system is also closing [pause] [cough] they are moving away in order to articulate, also to ECP they are STUCK"</i> [L3]</p> <p><i>"It might be that I would need to go and work operationally because I cannot lecture at higher education institution because of qualifications"</i> [L4]</p> <p><i>"maybe, if there is another changes it will assist us, maybe they will say we must come and finish whatever"</i> [G5]</p> <p><i>"to be a lecturer at a higher education institution you need to have at least a minimum of a Master's and I have a National Diploma as a highest qualification"</i> [L4]</p> <p><i>"problem with our qualifications coming across, because most of us are National Diploma and only a few of us that actually, uhm, meet the criteria of lecturing the ECT programme"</i> [L7]</p> <p><i>"[pause] look, I don't think it's going to impact me uhm personally, uhm but however I think it's going to impact uh the two different departments but personally it's not going impact me in any way ahh, ja"</i> [L7]</p> <p><i>"the biggest issue for me personally is the fact that I got a wife I've got a child I've got a house and I cannot afford to go and study full time for two years, the Department is never going to allow me to go and study full time for two years while being employed by them [pause] uhm so that is one of my major barriers"</i> [L5]</p> <p><i>"actually it is very unclear as to what is the way forward, uhm since we not getting, uhm the support"</i></p>

	<i>what we would actually need from the institutions that is currently offering it, uhm and they obviously prioritise their alumni uhm in order to make sure they at least get onto the B.Tech EMC” [L1]</i>
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In the category dealing with qualifications, seven of the lecturers mentioned that they only have National Diplomas in emergency care (N.Dip EMC) and that they would either need to articulate into the B.Tech EMC degree or the BEMC degree. As discussed in Chapter 2, in South Africa, lecturers at university level need a minimum of a B.Tech EMC degree, with a Master’s degree being the preferable qualification (NECET 2015:11). Lecturers should possess an appropriate qualification at least one NQF level higher than the qualification for which they lecture. The B.Tech EMC degree is phased out, leaving the BEMC as the only other option for lecturers who need to obtain degrees in emergency medical care; this currently means that the lecturers would have to study full time, which would have a financial impact. One lecturer [L4] mentioned that if he could not obtain the necessary qualifications, he would probably need to start working operationally.

Furthermore, lecturers need a basic education qualification, because they only have clinical experience, and no teaching experience or teaching qualifications. A lecturer elaborated that, *“we might be deemed as experts in our field of training, but if I’m going to go look at from an educational perspective, we are not properly equipped to go immediately into an higher education institution our current academics in our field of training are few and far”* [L2]. One lecturer mentioned that the incorporation of the FSCOEC under a higher education institution would not impact him personally, *“[Pause] Look, I don’t think it’s going to impact me uhm personally, uhm but however I think it’s going to impact uh the two different departments but personally it’s not going impact me in anyway ahh, ja”* [L7].

Concern about how lecturers, graduates and students will progress academically is clear throughout almost all the participants’ responses. Lecturers must have qualifications that are rated at least one NQF level higher than what they teach; according to the NECET draft lecturers at a higher education institution need at least a Master’s degree, though a B.Tech EMC or BEMC degree would be sufficient for now (NECET 2015:11). Moreover, participants have limited information regarding the migration process and how it would work (cf. Section 4.3.1.4). Due to the phasing out of the B.Tech EMC degree, it would be difficult for some lecturers to

obtain the qualification needed to lecture on the new ECT NQF 6 programme. They would have to obtain a BEMC degree, which, even if they succeeded in being admitted on the basis of the recognition of prior learning (RPL) programme, would still take them two years full time to complete. Considering that most all lecturers would be mature learners, with families and work responsibilities, this constitutes a major problem, as mentioned by one of the lecturers: *the biggest issue for me personally is the fact that I got a wife I've got a child I've got a house and I cannot afford to go and study full time for two years, the Department is never going to allow me to go and study full time for two years while being employed by them [pause] uhm so that is one of my major barriers*" [L5].

Government emergency care training colleges need to attend to the academic development of lecturers, to assist the lecturers to meet higher education institution requirements. The NECET draft policy outlines an articulation process, but does not set out clearly mention how staff who have N.Dip EMC qualifications should progress. The urgency of attending to means to improve lecturers' qualifications is indicated by the fact that, from 2016, no more NQF 5 ECT students will be enrolled, and lecturers need to be ready for the new NQF 6 qualification. As discussed in Chapter 2 (cf. Section 2.10.3), the teach-out date for the ECT NQF 5 course is 31 December 2016 (A. Pieters 2014 pers. comm. 28 August). Lecturers don't have much time to obtain the required B.Tech EMC qualification. Some universities admit final intakes of B.Tech EMC students from their pool of N.Dip EMC graduates, but the question is how lecturers with N.Dip EMC qualifications from the Free State will be accommodated, as the B.Tech EMC is not presented in the Free State. A concern among lecturers is the actual academic pathway from N.Dip EMC to a Master's degree, as mentioned by one lecturer, *"actually it is very unclear as to what is the way forward, uhm since we not getting, uhm the support what we would actually need from the institutions that is currently offering it, uhm and they obviously prioritise their alumni uhm in order to make sure they at least get onto the B.Tech EMC"* [L1]. A lecturer would need a B.Tech EMC or the BEMC degree; if the BEMC degree is not a viable option due to it being a full-time programme and the B.Tech EMC is phased out, lecturers would need to study in a different field, which leads to the question: Is this a solution, and wouldn't this process cause the profession to lose good lecturers who may lose their passion for EMC training?

#### 4.2.3 THEME 3: BARRIERS TO AND CONSTRAINTS ON THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION

The third theme emanates from the third question in the explorative interview guide, which was: “What will the barriers and constraints of this possible incorporation be on you as lecturer, graduate or current student?” The question was put to all participants and the answers that were given by all 23 respondents were arranged into sub-themes, which are:

- Sub-theme 1: Academic progression and personal development
- Sub-theme 2: Higher education admission requirements

The sub-themes are summarised in Tables 4.10-4.11 and will be discussed below. Direct quotes of the interviewees are given in the text to enhance the trustworthiness of the study and to facilitate understanding by the reader.

##### 4.2.3.1 Theme 3: Sub-theme 1: Academic progression and personal development

The first sub-theme is academic progression and personal development and will be described and discussed after Table 4.10.

**Table 4.10 Theme 3: Sub-theme 1: Academic progression and personal development**

<b>THEME 3</b>	<b>BARRIERS TO AND CONSTRAINTS OF THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION</b>
<b>Sub-theme 1</b>	<b>Academic progression and personal development</b>
	<p><i>“first of all, we just paramedics within the institution [pause] and most of the paramedics which are in the institution, we have the lack of [pause] background in terms of education” [L2]</i></p> <p><i>“I got a wife, I've got a child, I've got a house, and I cannot afford to go and study full time for two years, the Department is never going to allow me to go and study full time for two years while being employed by them” [L5]</i></p> <p><i>“problem with our qualifications coming across, because most of us are N.Dips and only a few of us that actually, uhm, meet the criteria of lecturing the ECT programme” [L7]</i></p> <p><i>“I think the infrastructure, there is a lot of work to be done. I don't think we are ready for higher education, to be accredited by them, the infrastructure is not up to date” [L7]</i></p>

	<p><i>“currently we going to have to do the two-year programme, which is run, uhm, by the different universities except for CUT, uhm, it’s the professional degree in EMC but however there is a barrier with regards to that the financial constraints, with regards to us resigning and going and doing the two-year degree full time, that’s also a very big barrier for us” [L7]</i></p> <p><i>“my highest qualification is a N.Dip so I am not quite sure where I am going to fit in if I, uhm, are required to teach medical subjects“ [L8]</i></p> <p><i>“guidance in learning material“ [L8]</i></p> <p><i>“guidance in how to do your job better with tools that they already have created” [L8]</i></p> <p><i>“yes, educational background as well, which I still think we should only be focus on HPCSA requirement, we should actually go on the educational background to say can you teach” [L6]</i></p> <p><i>“because now I will tell my children that I am at the university and that would make me to put pressure on my studies not to fail and then I think my child is there at CUT, so it’s going to make it more pressure for me to study harder” [S2]</i></p> <p><i>“the protocols going to change because it’s going to be a higher level” [G1]</i></p> <p><i>“because there will be a lecturers that is more qualified” [G6]</i></p> <p><i>“I heard the hearsay again saying that, maybe, like, we can be able to, can come back again and do something like additional modules so that we can go to upgrade” [G7]</i></p> <p><i>“how does it impact my normal working hours, how does it impact my leave, how does it impact my development?” [L2]</i></p> <p><i>“positive impact in that, going forward, it could be recalled, to come and improve the NQF level from NQF 5 to 7” [G2].</i></p> <p><i>“study for our development {Cough} and also like I said guidance in learning material uhm and just general guidance in how to do your job better with tools that they already have created” [L8]</i></p> <p><i>‘NQF level 6 going to change there must be certain changes in your NQF level and your ECT protocols” [G1]</i></p> <p><i>“I won’t even say it’s a grey area, it’s a dark area, I do not know when I function under the higher education institution I am I then an employee of the university or am I a government employee, uhm, public servant?” [L2]</i></p>
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A perceived benefit of the incorporation is that knowledge and expertise will increase. A lecturer [L5] mentioned that financial constraints caused by further studies is a barrier. This lecturer [L5] also mentioned that infrastructure at the



FSCOEC is currently a problem, because the higher education institution that the college would partner with would want the infrastructure to be the same as that of the university, to give the student the same experience as current university students. Furthermore, it is also possible that graduates may be asked by the HPCSA to update their knowledge with content from the new NQF 6 ECT diploma programme, as mentioned by a graduate: *“positive impact in that, going forward, it could be recalled, to come and improve the NQF level from NQF 5 to 7”* [G2]. Another graduate mentioned a possible negative impact: *“but it will impact, it will have a negative influence for me, because the very same people who come direct from the school, they will be having more qualifications than myself”* [G7]. A lecturer asked, *“how does it impact my normal working hours, how does it impact my leave, how does it impact my development?”* [L2]

Most of the participants are uncertain about academic development. *“I won’t even say it’s a grey area, it’s a dark area, I do not know when I function under the higher education institution I am I then an employee of the university or am I a government employee, uhm, public servant?”* [L2] As mentioned in Chapter 2 (cf. Section 2.10.3), one of the most widely discussed challenges is the suspension of pre-hospital emergency care short-course training and replacing it with NQF level courses that are aligned with requirements and standards of higher education. According to Vincent-Lambert, Bezuidenhout and Janse van Vuuren (2014:7) the above-mentioned challenge raises fundamental questions at different levels regarding “lifelong learning, academic progression, potential career paths and professional development”. A lecturer stated, *“so other people are left in the dark because we not partaking, we just being informed as to what will be happening next”* [L3]. This comment means that they are not sure how they would be able to progress.

The matter of qualifications seems to present a major barrier for lecturers, because lecturers would need a higher qualification to lecture on the new NQF 6 diploma programme, and some lecturers have only the N.Dip EMC qualification. As mentioned by one of the lecturers [L8] some of the positive outcomes of incorporation would be that lecturers will receive guidance about learning material, there is the possibility of further studies, and there would be more tools to provide

better learning opportunities for students. The need for a basic education qualification, for example Postgraduate Education Certificate for lecturers, is emphasised, as stated by the HPCSA in form 169A (A. Pieters pers comm 29 June 2012). Furthermore, one graduate [G1] mentioned that new protocols for the NQF 6 ECT diploma programme will be developed, because it would be on a NQF 6 level as the ECT certificate programme is on a NQF level 5. Another graduate [G9] stated that all colleges should have the same policies; the question that needs to be answered is who is to develop these policies? A graduate [G7] elaborated that training of pre-hospital emergency care personnel should be done only by colleges, as these colleges understand what is expected of in-service personnel. On the other hand the opinion of a graduate [G7] is that the incorporation will result in the standard of education, and by logical extension the standard of the qualification, being uplifted, providing better alignment of qualification structure and educational resources (Stein 2012:2). Furthermore, a positive effect of the incorporation would be that lecturers could serve as role models to their children, and incorporation would encourage lecturers to complete their studies successfully.

The incorporation will open doors for further education of staff, and lead to improvement of the profession. A student [S5] noted that it would be more beneficial for the FSCOEC to fall under a higher education institution, because then there would be one standard of education. This comment could be extended to having all colleges adhere to the same policies and standards, ensuring that all graduates, regardless of the institution they graduated from, maintain a measurably similar standard of practice.

In the sub-theme dealing with academic progression and personal development, participants mentioned that it would be beneficial for the FSCOEC to be incorporated under a higher education institution. Academic progression and development would make it possible for staff and students to have realistic opportunities for academic progression. Furthermore, participants referred to the need for a basic educational qualification for lecturers.

Financial constraints, particularly if lecturers have to resign their positions in order to enrol for a full-time course, is also of concern to lecturers. Moreover, guidance

from universities on policies and learning material would be beneficial to and uplift the standard of education students receive. The knowledge and expertise of lecturers will also increase, due to more resources and academic opportunities. It is not clear whether lecturers would be college or university employees, or have dual appointments, and the lack of a signed MoU between the FSCOEC and CUT causes uncertainty regarding employment security. Furthermore, the fact that neither the B.Tech EMC or the BEMC degrees was ever presented in the Free State hindered the academic development of staff, resulting in staff being unsure about their academic development and career pathway. Graduates and students are also unsure about their academic pathway, because clear guidelines are not available or have not been communicated to them.

Lecturers, graduates and students are not sure about their academic pathway or how they will progress educationally or professionally. Lecturers are worried about how they will obtain the necessary training and courses needed to lecture under a higher education institution. Academic progress is not set out clearly in the NECET policy (cf. 4.3.1.4). A major barrier for participants is that no clear guidelines are available to guide them on the process of obtaining a B.Tech or BEMC degree, considering that the B.Tech EMC programme is phased out and possibly two years of full-time studies will be required to articulate from N.Dip EMC. The articulation of ECT NQF 5 is discussed in a study by Vincent-Lambert (2011a), but the matter at hand is the phasing out of the B.Tech programme, and lecturers needing to do the BEMC degree full time, which would mean that if they do not receive financial support to enrol for full-time studies, this route would be impossible for them.

According to the NECET policy (2015:11), a ECT NQF 5 graduate lacking the requirements for entry to a course run by a higher education institution would need to do a bridging course for entry into further education, even though an NQF 5 qualification had already been obtained. It should be noted that some of the graduates and students do not meet the higher education institution admission requirements (cf. Section 2.10.3). A further concern is that the NQF 5 programme presented at provincial colleges is still not accredited by the DHET, which leads to questions regarding how graduates of provincial colleges compare with NQF 5 graduates who have completed their studies at the CPUT, the only university in

South Africa currently presenting the NQF 5 ECT. Further investigation would need to be done in order to find an answer to this question.

#### 4.2.3.2 Theme 3: Sub-theme 2: Higher education admission requirements

The second sub-theme, namely, higher education admission requirements, will be described and discussed after Table 4.1.

Table 4.11 Theme 3: Sub-theme 2: Higher education admission requirements

THEME 3	BARRIERS TO AND CONSTRAINTS OF THE INCORPORATION OF THE FSCOEC UNDER A HIGHER EDUCATION INSTITUTION
Sub-theme 2	Higher education admission requirements
	<p><i>“it’s going to be time consuming and it’s going to, depends on your person itself, if he going to make it available for him to enhance himself” [G1]</i></p> <p><i>“modules that we have not covered with the ECT qualification” [G2]</i></p> <p><i>“there could be a different culture of, way of operating, with the incorporation of the two institutions” [G2]</i></p> <p><i>“I have to go back to the college or the university then get maybe retrained or get maybe more info” [G3]</i></p> <p><i>“concerning me not knowing” [G4]</i></p> <p><i>“the NQF level 6 will require the mathematics or the physical science, it will disadvantages others” [G5]</i></p> <p><i>“NQF level 6 six but the requirements is. It is not like the NQF level 5, where they only take, let’s say, maybe matric, so now they going to say, specific you need to follow this, or you need to have so much points to do that level 6” [G5]</i></p> <p><i>“I don’t think it will be negative. The only thing, maybe, that I will think that it will be negative, it will be for those [pause] who are about to come to the college because now, uhm, the entrance is going to change“ [G6]</i></p> <p><i>“the requirements for entrance is going to change, maybe since it is a university, maybe you will need an exemption or you will need a certain points, but for those who are already in the college, they will benefit a lot. It will only disadvantage those guys who are out there, since you know that EMS, not all of us have matric, some of us or most of the people who came here with standard nine” [G6]</i></p> <p><i>“maybe the requirements will be maths and science. Maybe they do not have that, because it will now be a university” [G6]</i></p>

	<p><i>“the points and even maybe the field of science, so that most of the time, at university, they do regards maths and science as a priority, so some of us, we don't have matric, some of us don't have that points that are needed in order to study at higher education institution” [S1]</i></p> <p><i>“the NQF level 6 will require the mathematics or the physical science it will disadvantages others” [G5]</i></p> <p><i>“because my matric results were not really good, so I thought so if I had this certificate I am going to enter” [S3].</i></p>
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In the sub-theme dealing with higher education admission requirements, it was mentioned that the new NQF 6 diploma would have higher education institution admission requirements, instead of NQF 5, which had been required for courses presented by the FSCOEC. A graduate [G5] stated that, *“the NQF level 6 will require the mathematics or the physical science, it will disadvantages others”* [G5]. Learners who would like to study further would need matric exemption, consequently, few of the personnel in the Free State emergency medical services meet higher education institution admission requirements. Moreover, concern about how universities would conduct their entry assessment, compared to the way the FSCOEC conducts entry assessment, was stated by a graduate [G9]. A student mentioned that, in spite of poor matric results, possessing a certificate would provide admission to a higher education institution: *“because my matric results were not really good, so I thought so if I had this certificate I am going to enter”* [S3].

The admission requirements of higher education institutions seem to be a major concern among graduates and students, except for one graduate [G6], who mentioned that the admission requirements would not be a disadvantage. The majority of in-service emergency medical service staff lack matric qualifications (cf. Section 2.10.3) – only 15% of personnel in the Free State emergency medical service meet the requirements for higher education institution admission. Matric with university exemption would be needed to gain entry into higher education institutions, or students would need to do a bridging course. Concerns were also expressed about mathematics and science, which would be part of the admission requirements, as mentioned by one of the graduates [G5].

Admission requirements need to be communicated clearly and discussed with students. Furthermore, the articulation process should be explained to lecturers,

graduates and students. The possibility of a bridging course for emergency medical service personnel who do not meet the higher education institution admission requirements should be considered, along with the impact that this extended time in the education process would have on service delivery and budget expenditure. Management of the FSCOEC should also communicate the articulation process to all graduates and students. Moreover, the migration plan should be finalised and communicated in detail to all emergency medical service personnel, with inputs from all higher education institutions on how it may be implemented on a practical level.

### **4.3 CONCLUSION**

Chapter 4 provided an overview of the results and a discussion of the findings of the explorative interviews.

In the following chapter, Chapter 5, entitled **Summary, limitations, recommendations and conclusion of the study**, the study will be summarised and final conclusions will be drawn.

## CHAPTER 5

### SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

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#### 5.1 INTRODUCTION

The aim of this chapter is to provide a short overview of the study and to present comments and some concluding thoughts on the findings. The chapter commences with a summary of the study, followed by recommendations for dealing with the possible effects of the incorporation of the Free State College of Emergency Care (FSCOEC) under a higher education institution, a short discussion on the limitations of the study, recommendations for future studies, and a conclusion.

#### 5.2 SUMMARY OF THE STUDY

The overall goal of the study was to explore the possible effects that the incorporation of the FSCOEC under a higher education institution may have on lecturers, graduates and current students of the FSCOEC, in order to provide recommendations for the incorporation process. The research methods used in this study were a literature review and explorative interviews, which gathered information on the possible effects of the incorporation of the FSCOEC under a higher education institution on lecturers, graduates and current students.

Chapter 1 of this study provided an introduction and orientation to the study; Chapter 2 comprised a report on the literature study that was conducted. In Chapter 2, the main topics reviewed were **Context of emergency care colleges under a higher education institution, Incorporation of emergency care colleges under higher education institutions, and Effects of the incorporation.** Chapter 3 provided a description of the research design and methodology and sampling and selection used in the study. Chapter 4 provided a description and discussion of the results of the explorative interviews.

The study was an exploratory qualitative study. Moreover, the researcher adopted a phenomenological approach to achieve the objectives of the study. Qualitative explorative interviews were conducted with lecturers, graduates and current

students of the FSCOEC, who were purposively selected to participate. Explorative interviews were conducted in English and audio-recorded, then transcribed and analysed.

Trustworthiness of the data was assured and ethical considerations respected (Lincoln & Guba 1985:36). Furthermore, findings and recommendations described below are centred on the experiences of the participants, the research question, the objectives and the themes emerging from the data analysis. The research was approached and completed based on five explicit research questions (cf. Section 1.3.3). These questions arose as a result of a gap that had been identified in current knowledge regarding the possible effects of the process of incorporating the FSCOEC under a higher education institution on lecturers, graduates and current students. Building on a conceptual framework, created from engagement with the literature, and making use of a suitable research design and methodology, data were collected and processed, and the results were presented.

The research findings and engagement with literature made it possible for the researcher to answer the research questions and draw conclusions, which served as basis for recommendations in relation to the possible effects of the incorporation of the FSCOEC under a higher education institution on lecturers, graduates and current students of the FSCOEC. In Section 1.2 (**Research problem**), an outline of the specific research questions was presented. The research questions guided the study and shaped the final outcome. In Sections 5.2.1 to 5.2.5 the research questions are reviewed and the main findings that have a bearing on each research question are given.

### **5.2.1 Research question 1**

The research question was stated as:

*How could the Free State College of Emergency Care be incorporated under a higher education institution?*

The following objective was pursued:



*Investigate how the Free State College of Emergency Care could be incorporated under a higher education institution via a literature study and documents from meetings.*

Conceptualising and contextualising the possible effects of the incorporation of the FSCOEC under a higher education institution with a view to forming the theoretical framework for this study from a methodical viewpoint was discussed via a literature study in Chapter 2. Furthermore, the research question aimed to provide a background to this study.

These are the main areas on which the focus fell: **Collaborative models of partnerships** (cf. Section 2.4), **Finding the appropriate partnership** (cf. Section 2.5), **University and health sector relationships are unique** (cf. Section 2.7), **South African perspectives on pre-hospital education** (cf. Section 2.8) and **Reasons for the incorporation of emergency care colleges under higher education institutions** (cf. Section 3.2). Each of these primary areas of the research study comprise subdivisions. The main section, **Collaborative models of partnerships** (cf. Section 2.4), and its subdivisions, **Finding the appropriate partnership** (cf. Section 2.5), **Monopoly role players in emergency medical education** (cf. Section 2.6), **University and health sector relationships are unique** (cf. Section 2.7), **Reasons for the incorporation of emergency care colleges under higher education institutions** (cf. Section 3.2), **South African perspectives on pre-hospital education** (cf. Section 2.8), **Challenges of the incorporation** (cf. Section 3.3) and **The effects of the incorporation** (cf. Section 2.4) focused on the main reasons why it is necessary to incorporate provincial emergency medical training colleges under a higher education institution. These sections also investigated how the incorporation should take place and explained how pre-hospital emergency care education has evolved over the past few decades.

The next main section, **Finding the appropriate partnership** (cf. Section 2.5), discussed the different aspects of selecting a suitable partner and the importance thereof. In the section entitled **University and health sector relationships are unique** (cf. Section 2.7), information on new models of collaboration between a university and pre-hospital service providers were discussed; this section included

information on quality education for graduates, maintaining clinical credibility, and the promotion of a body of clinical and theoretical knowledge.

In the section on **South African perspectives on pre-hospital education** (cf. Section 2.8) the transformation that took place in South Africa over the past two decades was discussed, as was new burdens on the training and education of pre-hospital emergency care providers. Attention was also paid to the multidimensional nature of public needs, the social and economic demands facing pre-hospital emergency care education, and a review of the aims and expectations of pre-hospital care practitioner education. The creation of new education curriculums for pre-hospital education, such as the new ECT NQF 6, and the incorporation of the FSCOEC under a higher education institution, was discussed.

The last section dealt with **Reasons for the incorporation of emergency care colleges under higher education institutions** (cf. Section 3.2).

### **5.2.2 Research question 2**

The research question was stated as:

*How should the FSCOEC be registered to present NQF-aligned courses?*

The following objective was pursued:

*Assess, via a literature study, how the FSCOEC should be registered to present a NQF-aligned programme and if the FSCOEC can be registered as a higher education institution.*

This objective was achieved by means of a literature review. The section on **Current registration status of provincial emergency care training colleges in South Africa vs the proposed registration status** (cf. Section 2.1), focused on how the FSCOEC is currently registered and how the FSCOEC should be registered.

### 5.2.3 Research question 3

The research question was stated as:

*Did the lecturing staff, the graduates and current students know about the possible incorporation of the FSCOEC under a higher education institution?*

The following objective was pursued:

*Determine the knowledge of pre-hospital emergency care lecturers at the FSCOEC regarding the possible incorporation thereof under a higher education institution via an explorative interview.*

This objective was attained by means of explorative interviews. Chapter 4 presented the **Results and discussion of the findings of the explorative interviews regarding the incorporation of the FSCOEC under a higher education institution**. The **Introduction** (cf. Section 4.1) was followed by a **Description and discussion of explorative interviews** (cf. Section 4.2) that were conducted with the lecturers, graduates and current students who took part in this research.

These are the main areas that were covered: **Theme 1: Knowledge about the incorporation of the FSCOEC under a higher education institution** (cf. Section 4.2.1.1), **Theme 1: Sub-theme 2: Knowledge about the incorporation process** (cf. Section 4.2.1.2). These sections discuss several issues mentioned by the participants pertaining to knowledge about the incorporation process.

### 5.2.4 Research question 4

The research question was stated as:

*How could the incorporation of the FSCOEC under a higher education institution affect the lecturing staff, the graduates and current students at the FSCOEC?*

The following objective was pursued:

*Explore how the possible incorporation of the FSCOEC under a higher education institution affected the lecturing staff, the graduates and current students at the FSCOEC via explorative interviews.*

This objective was attained by means of explorative interviews. Chapter 4 presented the **Results and discussion of the findings of the explorative interviews regarding the incorporation of the FSCOEC under a higher education institution**. The **Introduction** (cf. Section 4.1) was followed by a **Description and discussion of explorative interviews** (cf. Section 4.2) that were conducted with the lecturers, graduates and current students who took part in this research.

The main theme that was identified is **Theme 2: Effect of the incorporation of the FSCOEC under a higher education institution** (cf. Section 4.2.2). The main section of the research study comprised subdivisions: **Theme 2: Theme 1: Sub-theme 1: Effects of the guidelines on the incorporation process** (cf. Section 4.2.2.1), and **Theme 2: Sub-theme 2: Effects on lecturer qualifications** (cf. Section 4.2.2.2). The academic development of lecturers so that they could meet higher educational requirements was discussed. Furthermore, the effects of the incorporation on lecturers, graduates and current students were discussed.

### **5.2.5 Research question 5**

The research question was stated as:

*What are the barriers and constraints for the possible incorporation of the FSCOEC under a higher education institution?*

The following objective was pursued:

*Describe the barriers and constraints to the possible incorporation of the FSCOEC under a higher education institution via explorative interviews.*

This objective was attained by means of explorative interviews. Chapter 4 presented the **Results and discussion of the findings of the explorative interviews regarding the incorporation of the FSCOEC under a higher education institution**. The **Introduction** (cf. Section 4.1) was followed by a **Description and discussion of explorative interviews** (cf. Section 4.2) that were conducted with lecturers, graduates and current students who took part in this research.

An overview of the participants' experiences of the barriers and constraints to the incorporation of the FSCOEC under a higher education institution was presented, based on the main section, **Theme 3: Barriers and constraints of the incorporation of the FSCOEC under a higher education institution** (cf. Section 4.2.3). The main section of the research study comprised subdivisions, **Theme 3: Sub-theme 1: Academic and personal development** (cf. Section 4.2.3.1) and **Theme 3: Sub-theme 2: Higher education entry requirements** (cf. Section 4.2.3.2).

### **5.3 LIMITATIONS OF THE STUDY**

The researcher acknowledges the following limitations of the study with a view to ensuring that the limitations can be avoided in future research.

Although the study was clearly defined, it turned into a comprehensive study. For instance, in some of the categories the researcher decided not to ask the graduates and current students certain questions, based on the very low probability that they would have any knowledge of the matters under discussion, as it was considered to be beyond the reference framework of graduates and students. Furthermore, the study was limited to the Free State province, which resulted in experiences of lecturers, graduates and students of other colleges being excluded from the study. In some of the interviews, data were generated that could not contribute to the research, because of respondents' unfamiliarity with and lack of knowledge regarding the memorandum of understanding and the National Emergency Care Education and Training (NECET) draft policy. One of the themes only ask about the "Barriers and Constraints" the respondents may have, but do not ask about the positive effects regarding the incorporation, this may also be a limitation of the study.

These aspects could be addressed when the researcher prepares further publications based on this research. Some of the respondents, for example the graduates, may have found it difficult to answer questions related to policies due to the fact that they are mainly involved in clinical work. Furthermore, some of the lecturers did not have sufficient information to answer questions about policies, resulting in shorter interview times, consequently this may also be a limitation of the study.

The researcher recognises another limitation in this study, namely, that in spite of the preparations that were made for the interviews, interruptions occasionally occurred, for example, students knocked on the door of the lecturers during interviews.

#### **5.4 RECOMMENDATIONS**

In order for the study to produce significant and valuable results, the researcher takes the autonomy to recommend the following:

- That the findings of this research be made available to the management of the FSCOEC and emergency medical services in the Free State, as well as other role players in the field of pre-hospital emergency medicine, for example, universities presenting or planning to present pre-hospital emergency care programmes.
- That the research findings be disseminated by submission of publications to accredited pre-hospital emergency medical journals. The publications should aim to describe the effects of the incorporation of the FSCOEC under a higher education institution on lecturers, graduates and current students in the pre-hospital emergency medical environment.
- That research findings be presented at relevant pre-hospital emergency care educational forums at national and international conferences.
- That further research be conducted in the emergency medical care education environment in order to improve the efficacy of the incorporation of provincial emergency care training colleges under higher education institutions.

- That the roles and responsibilities of professional, registered pre-hospital emergency care practitioners involved in education as lecturers be defined clearly, and that they be provided with information about the incorporation.
- That the possibility of provincial emergency care training colleges functioning as higher education institutions be investigated further.
- That the skills and knowledge of ECT NQF 5 certificate graduates who completed their studies at a higher education institution be compared with ECT NQF 5 certificate graduates from emergency care training colleges.
- That the draft NECET policy be completed and signed off.
- That a proper incorporation guide, outlining the plan set out for the incorporation of provincial training colleges under a higher education institution be developed and made available to all registered practitioners.
- That further investigation be done into the readiness of ECT NQF 5 certificate students and graduates from provincial emergency care training colleges to study at a higher education institution.
- That all lecturers in the field of pre-hospital emergency care education should obtain relevant academic qualifications.

## **5.5 CONCLUSION**

The findings of this study made it evident that insight into the experiences of lecturers, graduates and current students is required to understand the full effects of the incorporation of the FSCOEC under a higher education institution. The research showed that lecturers, graduates and current students are faced with and experience a range of problems and challenging circumstances while they are performing their roles as lecturers, practitioners or students. Among the most troubling findings is the lack of information available to lecturers, graduates and students about the incorporation of the FSCOEC under a higher education institution. In addition to the limited information available regarding the incorporation process, the lack of a signed guidance document or policy providing clear guidance regarding the incorporation process of provincial training colleges under a higher education institution, is very troublesome. On the positive side, the research found that the participants mostly found the prospect of the incorporation of the FSCOEC

under a higher education institution to hold benefits for their future academic development.

Pre-hospital emergency care is constantly evolving into a dynamic profession, with innovations, new and improved technology and research regularly emerging. Strong, knowledgeable, compassionate and skilled educators are needed to take pre-hospital emergency medical care education forward, so that it can produce skilled and knowledgeable practitioners. This research was conducted after the researcher discovered that very little or limited research has been done on the effects of the incorporation of provincial emergency care training colleges under a higher education institution, graduates and current students.

It was found that a programme for guiding the incorporation process is needed, one that provides a step-by-step guidance plan to colleges regarding the incorporation process. From this study it became clear that lecturers, graduates and current students have limited knowledge about the possible incorporation of the FSCOEC under a higher education institution. The results of the research showed that participants are not sure of their academic progression and how the incorporation will affect their academic careers. Among the most disturbing discoveries were the lack of information available about the actual incorporation process, and the absence of a detailed plan for the implementation of the incorporation. Another concern of the researcher is the fact that the NECET policy is still in draft form.

The readiness of graduates and current students for study at a higher education institution was considered and discussed in Chapter 2 (**National and local effects of the incorporation**), and it was found that only 15% of staff of Free State emergency medical services met admission requirements of the new ECT NQF 6 diploma programme. Moreover, the findings of the explorative interviews, combined with the literature review, assisted the researcher to propose certain recommendations on how the FSCOEC can manage the effects of the incorporation with a higher education institution on lecturers, graduates and current students. The reasons for the incorporation were discussed in Chapter 2 (**Current registration status of provincial emergency care training colleges in South Africa vs the proposed registration status**).



Furthermore, the findings of this research can make a contribution to dealing with the possible effects of the incorporation of the FSCOEC under a higher education institution on lecturers, graduates and current students. The researcher is of the view that the research made a valuable contribution by adding new facts and understanding to the existing body of knowledge concerning the incorporation and the incorporation process. The research approach and methodology ensured the quality, reliability and validity of the research. The completed research can be utilised for further research in the field of health sciences education, as well as in higher education in general.

In conclusion, the value of the study will be realised in the contribution it will make via recommendations with regard to the possible incorporation of the FSCOEC under a higher education institution.

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**APPENDICES A1 – A7:**

- APPENDIX A1: EXPLORATIVE INTERVIEW GUIDE**
- APPENDIX A2: CONSENT FORM TO PARTICIPATE IN EXPLORITAVE INTERVIEWS**
- APPENDIX A3: REQUIRING PERMISSION TO CONDUCT THE RESEARCH – DEAN OF THE FACULTY OF HEALTH SCIENCES**
- APPENDIX A4: INVITATION LETTER TO PARTICIPATE IN THE EXPLORATIVE INTERVIEWS**
- APPENDIX A5 HEAD OF THE DEPARTMENT FSDOH**
- APPENDIX A6 NOTICE OF RESEARCH: VICE-RECTOR: ACADEMIC**
- APPENDIX A7 PERMISSION TO CONDUCT THE RESEARCH STUDY – HEAD OF THE DEPARTMENT OF THE FACULTY OF HEALTH SCIENCES CENTRAL UNIVERSITY OF TECHNOLOGY**

**EXPLORATIVE INTERVIEW GUIDE****EXPLORATIVE INTERVIEW: THE EFFECT OF THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER EDUCATION INSTITUTION**

1. What do you know about the incorporation of the FSCOEC under a HEI?
2. How will the incorporation of the FSCOEC under a HEI affect you as a lecturer
3. How will the incorporation of the FSCOEC under a HEI affect you as a graduate?
4. How will the incorporation of the FSCOEC under a HEI affect you as a student?
5. What will the barriers and constraints of this incorporation be on you as lecturer?
6. What will the barriers and constraints of this incorporation be on you as graduate?
7. What will the barriers and constraints of this incorporation be on you as student?

**APPENDIX A2:**

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**CONSENT FORM TO PARTICIPATE IN THE EXPLORATIVE INTERVIEW**

Regarding participation in the M (HPE) research study titled: **An Investigation of the effect of the incorporation of the FSCOEC under a Higher Education Institution.**

I (title and full names) \_\_\_\_\_

- I have been fully informed about the research study and my participation in the study;
- I freely agree to participate in this project, and acknowledge that should I wish to withdraw my participation, due to unforeseen circumstances or personal choice, I can do so in writing. I understand that this will not disadvantage me in any way;
- I understand that my identity and personal details will remain confidential;
- I further acknowledge that I am aware that the results from this study will be made available to the Free State Emergency Medical Service. The findings will also be presented at appropriate congresses and forums for publication purposes;
- I understand that I will be given a copy of the Consent Form to keep;
- I understand that there is no remuneration for participating in the study, and that there will be no costs involved for me should I decide to participate in the study.
- I am aware that I can contact the researcher and/or study leaders of the study at any time should I have a concern.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Eduard Nico Nell

Principal Researcher

Tel: (Office) 051 405 2770 / (Cell) 0725908890

Email address: [nellen@fshealth.gov.za](mailto:nellen@fshealth.gov.za) / [niekienell5@gmail.com](mailto:niekienell5@gmail.com)

Dean of the Faculty of Health Sciences  
University of the Free State  
Bloemfontein

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH ON THE EFFECT OF THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER EDUCATION INSTITUTION.**

Dear Prof G.J. Van Zyl

I am in the process of writing a mini dissertation to obtain the Magister in Health Professions Education in the Faculty of Health Sciences at the University of the Free State (Student number 2013174343). The title of my research is The Incorporation of the Free State College of Emergency Care under a Higher Education Institution.

My study leaders are:

Dr Mpho Jama  
Division Health Science Education  
Faculty of Health Sciences, UFS  
Bloemfontein, SOUTH AFRICA.

The **problem** that has to be addressed is the effect of the incorporation of the Free State College of Emergency Care under a Higher Education Institution. To achieve this goal, the following objective will be pursued:

The **goal** of the study is to investigate the process of the effect of the incorporation of the FSCOEC under a Higher Education Institution to determine the effect on lecturing staff, the graduates and current students at the FSCOEC.

The **aim** of the study is to investigate the effect of the incorporation of the FSCOEC under a Higher Education Institution, to determine the effect on current students, graduates and lecturing staff. To achieve this aim, the following **objectives** will be pursued namely:

1. Investigate how the Free State Emergency Care College will be incorporated under a Higher Educational Institution via a literature study and documents from meetings.
2. Assess how the Free State Emergency Care College should be registered to present an NQF aligned program and if FSCOEC can be registered as Higher Education Institutions via a literature study.
3. Explore the knowledge of Pre Hospital Emergency Care lecturers at the CUT, FS and FSCOEC regarding the incorporation thereof under a HEI via an Explorative Interview.
4. Assess how the incorporation of the FSCOEC under a HEI effect the lecturing staff, the graduates and students at the FSCOEC via Explorative Interviews.
5. To explore and describe the barriers and constraints for the Incorporation of the FSCOEC under a HEI via an Explorative Interviews.

The methods that will be used in this study comprise of extensive literature review to provide the theoretical basis of the study and explorative interviews. The survey population will consist of the emergency medical care practitioners in the Free State provincial emergency medical services and Free State College of Emergency Care that are registered with the HPCSA.

I hereby apply to conduct research as approved by the Ethics Committee (Faculty of Health Sciences) for the incorporation of the FSCOEC under a Higher Education Institution, to determine the effect on the lecturing staff, the graduates and current students.

Yours faithfully

Eduard Nico Nell

Principal Researcher

Tel: (Office) 051 405 2770 / (Cell) 0725908890

Email address: [nellen@fshealth.gov.za](mailto:nellen@fshealth.gov.za) / [niekienell5@gmail.com](mailto:niekienell5@gmail.com)

**APPENDIX A4:**

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**INVITATION LETTER TO PARTICIPATE IN EXPLORATIVE INTERVIEW**

**Date:** \_\_\_\_\_

**To: Participants in the explorative interview.**

**Principle Researcher:** Mr Eduard Nico Nell, Course Co-ordinator, Free State College of Emergency Care, Free State Department of Health.

Dear Colleague,

I am conducting research in fulfilment of the requirements of a Master's Degree in Health Professions Education. The aim of the study is to investigate the effect of the incorporation of the FSCOEC under a Higher Education Institution to determine the effect on current students, graduates and lecturing staff.

You have been selected to participate in this research because you are an emergency medical care practitioner in the Free State provincial emergency medical services, or a graduate/student from the Free State College of Emergency Care (FSCOEC) or Central University of Technology (CUT, FS), and registered with the HPCSA. I feel that your contribution in this study will be valuable.

I therefore would like to request your participation in this research. Participation is voluntary and confidential. Your responses will be treated confidentially and you will remain anonymous, and should you feel concerned you may withdraw your consent and end your participation at any stage of the project.

Permission to conduct the study had already been obtained from the ethics committee of the Faculty of Health Sciences (Ecufs: 172/2014), University of the Free State and the Head of the Department, Free State Provincial Department of Health.

Should you be willing to participate, kindly fill in the attached consent form.

If you require any further information, or wish to withdraw your participation at any stage, you can contact the principle researcher or any of the study-leaders below.

Thank you in advance for your consideration to take part in this research.

Regards

**Eduard Nico Nell**

**Principal Researcher**

**Tel: (Office) 051 405 2770 / (Cell) 0725908890**

**Email address: [nellen@fshealth.gov.za](mailto:nellen@fshealth.gov.za) [niekienell5@gmail.com](mailto:niekienell5@gmail.com)**

**Contact Details:**

Study leader: Dr.M.P. Jama

Division Health Sciences Education

Telephone: 051 405 2846

E-mail: [jamamp@ufs.ac.za](mailto:jamamp@ufs.ac.za)

Head of the Department  
Free State Department of Health  
Bloemfontein

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH ON THE EFFECT OF THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER EDUCATION INSTITUTION.**

Dear Dr D. Motau

I am in the process of writing a mini dissertation to obtain the Magister in Health Professions Education in the Faculty of Health Sciences at the University of the Free State (Student number 2013174343). The title of my research is the incorporation of the Free State College of Emergency Care under a Higher Education Institution.

My study leaders are:

Dr Jama  
Division Health Science Education  
Faculty of Health Sciences, UFS  
Bloemfontein, SOUTH AFRICA.

The **problem** that has to be addressed is the incorporation of the Free State College of Emergency Care under a Higher Education Institution. To achieve this goal, the following objective will be pursued:

The **goal** of the study is to investigate the process of the possible incorporation of the FSCOEC under a Higher Education Institution to determine the effect on lecturing staff, the graduates and current students at the FSCOEC.

The **aim** of the study is to investigate the possible incorporation of the FSCOEC under a Higher Education Institution,

To achieve this aim, the following **objectives** will be pursued namely:

1. Investigate how the Free State Emergency Care College will be incorporated under a Higher Educational Institution via a literature study and documents from meetings.
2. Assess how the Free State Emergency Care College should be registered to present an NQF aligned program and if FSCOEC can be registered as Higher Education Institutions via a literature study.
3. Explore the knowledge of Pre Hospital Emergency Care lecturers at the CUT, FS and FSCOEC regarding the incorporation thereof under a HEI via an Explorative Interview.
4. Assess how the incorporation of the FSCOEC under a HEI effect the lecturing staff, the graduates and students at the FSCOEC via Explorative Interviews.
5. To explore and describe the barriers and constraints for the Incorporation of the FSCOEC under a HEI via an Explorative Interviews.



The methods that will be used in this study comprise of an extensive literature review to provide the theoretical basis of the study and explorative interviews. The survey population will consist of the emergency medical care practitioners in the Free State provincial emergency medical services and Free State College of Emergency Care that are registered with the HPCSA.

I hereby apply to conduct research as approved by the Ethics Committee (Faculty of Health Sciences) for the incorporation of the FSCOEC under a Higher Education Institution, to determine the effect on lecturing staff, the graduates and current students.

Yours faithfully

Eduard Nico Nell

Principal Researcher

Tel: (Office) 051 405 2770 / (Cell) 0725908890

Email address: [nellen@fshealth.gov.za](mailto:nellen@fshealth.gov.za) / [niekienell5@gmail.com](mailto:niekienell5@gmail.com)

Vice Rector: Academic  
University of the Free State  
Bloemfontein

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH ON THE EFFECT OF THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER EDUCATION INSTITUTION.**

Dear Prof D. Hay

I am in the process of writing a mini dissertation to obtain the Magister in Health Professions Education in the Faculty of Health Sciences at the University of the Free State (Student number 2013174343). The title of my research is The Incorporation of the Free State College of Emergency Care under a Higher Education Institution.

My study leader are:

Dr Mpho Jama  
Division Health Science Education  
Faculty of Health Sciences, UFS  
Bloemfontein, SOUTH AFRICA.

The **problem** that has to be addressed is the effect of the incorporation of the Free State College of Emergency Care under a Higher Education Institution. To achieve this goal, the following objective will be pursued:

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The **aim** of the study is to investigate the effect of the incorporation of the FSCOEC under a Higher Education Institution, to determine the effect on lecturing staff, the graduates and current students.

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Yours faithfully

Eduard Nico Nell

Principal Researcher

Tel: (Office) 051 405 2770 / (Cell) 0725908890

Email address: [nellen@fshealth.gov.za](mailto:nellen@fshealth.gov.za) / [niekienell5@gmail.com](mailto:niekienell5@gmail.com)

Head of the Department of Health Sciences  
Central University of Technology  
Bloemfontein

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH ON THE EFFECT OF THE INCORPORATION OF THE FREE STATE COLLEGE OF EMERGENCY CARE UNDER A HIGHER EDUCATION INSTITUTION.**

Dear Prof Friedrich-Nel

I am in the process of writing a mini dissertation to obtain the Magister in Health Professions Education in the Faculty of Health Sciences at the University of the Free State (Student number 2013174343). The title of my research is The Incorporation of the Free State College of Emergency Care under a Higher Education Institution.

My study leaders are:

Dr Mpho Jama  
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Faculty of Health Sciences, UFS  
Bloemfontein, SOUTH AFRICA.

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Yours faithfully

Eduard Nico Nell

Principal Researcher

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Email address: [nellen@fshealth.gov.za](mailto:nellen@fshealth.gov.za) / [niekienell5@gmail.com](mailto:niekienell5@gmail.com)