

**AN INVESTIGATION INTO RECOGNITION OF PRIOR LEARNING WITHIN
THE NATIONAL CERTIFICATE: EMERGENCY CARE PROGRAMME IN THE
WESTERN CAPE.**

A dissertation submitted in fulfilment of the requirements for the Degree of
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Sciences at the Durban University of Technology

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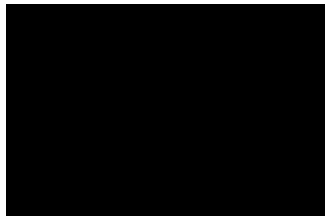
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Declaration of originality

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

Signed _



Date _

21 March 2016_

Dedication

I dedicate this thesis to my mother, Jirina, and my father, Radomir, for their undying support, encouragement, and love.

Abstract

Purpose

Emergency care education and training in South Africa is experiencing an important transformation period, involving migration from short course based training to a newly proposed, formalised, three-tier qualification system, aligned with the Higher Education Sub-framework. Many existing and experienced holders of short course emergency care certificates face the challenge of gaining access to formal emergency care programmes without meeting the minimum entry requirements. Recognition of Prior Learning (RPL) will therefore become one of the key strategies for planned migration of short course graduates into professional learning programmes. However, the research reports on RPL practice in the field of emergency care are scarce. Hence, valuable lessons about RPL in emergency care programmes are missed. The purpose of this study is to explore the efficacy of RPL practice within the National Certificate: Emergency Care (NCEC) Programme in the Western Cape, through the experience of ambulance emergency assistants, who applied for RPL on the Programme and the paramedic educators involved in the facilitation and RPL assessment on the NCEC Programme.

Methodology

The design of this descriptive exploratory study was qualitative, and was set in the interpretative paradigm using a case study mode of inquiry. The qualitative data was collected through semi-structured focus groups, individual interviews, and document analysis. The participants were from Cape Peninsula University of Technology (CPUT), Department of Emergency Medical Sciences, and the Western Cape Government College of Emergency Care (WCCEC). Collected data was interpreted by means of thematic analysis, set against the context of the study objectives and the theoretical framework.

Findings

The study revealed three main themes related to RPL efficacy in the NCEC Programme. These included the need for RPL training for educators involved in RPL, lack of support and guidance for RPL assessors and participants, and the need for careful selection of RPL assessment methods. The document analysis highlighted the gap between a comprehensive and sound RPL policy document and the practical implementation of these policies.

Conclusion and recommendations

The emergency care field requires greater awareness and information on RPL processes, principles, assessments, and requirements. The higher education institutions, as the sole providers of the newly proposed formal emergency care programmes need to consider building capacity for RPL by means of training and dedicating academic staff to RPL, and developing comprehensive RPL policies, in collaboration with relevant stakeholders in the field. RPL assessment methods need to be more diverse and tailored to the individual RPL claimants. Further research on RPL will ensure a fair, social inclusive and redressing process during the planned migration of emergency care education and training.

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Table of contents

CHAPTER 1	1
1.1 Introduction	1
1.2 Background	1
1.3 Historical origins of emergency medical service (EMS) systems	4
1.4 EMS models	5
1.4.1 American EMS model	5
1.4.2 European EMS model	6
1.4.3 South African EMS	7
1.5 Historical development of emergency care education and training in South Africa	9
1.6 Current pre-hospital emergency care education and training	11
1.6.1 BAA (BLS) Course	12
1.6.2 AEA (ILS) Course	12
1.6.3 CCA Course	12
1.6.4 NQF Emergency Care Qualifications	13
1.6.4.1 National Certificate in Emergency Care (NCEC)	14
1.6.4.2 Bachelor Degree Emergency Medical Care (BEMC)	14
1.6.4.3 Future pre-hospital emergency care education and training	14
1.6.5 Providers of emergency care education and training in the Western Cape	17
1.6.5.1 Cape Peninsula University of Technology (CPUT)	17
1.6.5.2 Western Cape Government College of Emergency Care (WCGCEC)	18
1.7 Health Professions Council of South Africa (HPCSA)	18
1.8 The researcher	19
1.9 Research aim	20
1.10 Research objectives	20
1.11 The conceptual framework of the study	21
1.11.1 National RPL policy and guidelines for effective RPL implementation	21
1.11.1.1 Enabling environment	22
1.11.1.2 Learner support and guidance	22
1.11.1.3 Training of RPL assessors	23
1.11.1.4 Assessment process and methods	23
1.11.1.5 Moderation	24
1.11.1.6 Fees	24
1.11.1.7 RPL and curriculum development	24

1.11.2 The RPL approach models.....	25
1.11.2.1 The credit exchange model.....	25
1.11.2.2 The developmental model.....	25
1.12 Dissertation Structure.....	26
CHAPTER 2.....	28
2 LITERATURE REVIEW	28
2.1 Introduction.....	28
2.2 Literature search.....	28
2.3 Paramedic skills and experience.....	29
2.4 Academic success in vocational health care programmes	31
2.5 RPL for Emergency Care Technicians.....	33
2.6 RPL learning theories	35
2.6.1 Gibbson's knowledge production.....	35
2.6.2 Experiential learning theory	36
2.6.3 Bourdieu's social theory.....	36
2.6.4 Basic theories of learning.....	37
2.6.4.1 Behaviourism.....	37
2.6.4.2 Cognitivism	38
2.6.4.3 Constructivism	38
2.7 RPL theoretical frameworks	38
2.7.1 Technical framework.....	39
2.7.2 Liberal humanist framework	40
2.7.3 Radical framework	41
2.7.4 'Trojan horse' model and disciplinary specific approach.....	41
2.8 RPL practice at the level of implementation	43
2.8.1 Resource planning	44
2.8.2 RPL environment.....	45
2.8.3 Selection of approach to RPL	46
2.8.4 Stages of the RPL process.....	46
2.8.5 Quality Assurance	48
2.8.6 RPL marketing.....	49
2.8.7 Effective RPL practice at the level of assessment	49
2.8.8 Assessment instruments and methods.....	49
2.8.9 RPL challenges and benefits.....	53
2.8.9.1 RPL challenges	54

2.8.9.2	RPL benefits.....	55
2.9	Conclusion.....	56
CHAPTER 3.....		58
3	RESEARCH METHODOLOGY.....	58
3.1	Introduction.....	58
3.2	Research design	58
3.2.1	Case study type and units of analysis	59
3.2.2	Study setting	60
3.2.3	Data collection	61
3.2.3.1	Sampling	61
3.2.3.1.1	Sample A	62
3.2.3.1.2	Sample B	63
3.2.3.1.3	Focus group: sample B.....	64
3.2.3.1.4	Personal interviews: sample B.....	64
3.2.3.2	Data collection tools	65
3.2.3.2.1	Sample A and B: Focus Groups	65
3.2.3.2.2	Sample B: Individual semi-structured interviews	66
3.2.3.2.3	Document review	67
3.2.4	Data analysis	67
3.2.5	Trustworthiness of the study	69
3.2.5.1	Credibility.....	69
3.2.5.2	Applicability	70
3.2.5.3	Consistency (dependability)	70
3.2.5.4	Neutrality (confirmability).....	72
3.2.5.5	Ethical considerations	72
3.3	Conclusion	73
CHAPTER 4.....		74
4	ANALYSIS AND DISCUSSION OF FINDINGS	74
4.1.	Introduction.....	74
4.2	Discussion of findings	76
4.2.1	Theme 1: Awareness and knowledge about RPL	77
4.2.1.1	Sub-theme 1.1: Purpose of RPL	77
4.2.1.2	Sub-theme 1.2: Value of RPL	82
4.2.1.3	Sub-theme 1.3: Expectations	86
4.2.1.4	Sub-theme 1.4: Lack of prior knowledge on RPL	89

4.2.2	Theme 2: Application of RPL assessment.....	91
4.2.2.1	Sub-theme 2.1: Assessment tools	91
4.2.2.2	Sub-theme 2.2: Validation of RPL claim	98
4.2.2.3	Sub-theme 2.3: Academic performance	103
4.2.3	Theme 3: Institutional capacity for RPL.....	107
4.2.3.1	Sub-theme 3.1. Support and guidance	107
4.2.3.2	Sub-theme 3.2: Lack of time	113
4.2.3.3	Sub-theme 3.3: Employer support	115
4.2.4	Document analysis.....	117
4.2.4.1	Data collection	118
4.2.4.2	Data presentation CPUT RPL policy.....	118
4.2.4.3	Data analysis: CPUT RPL policy.....	123
4.2.4.4	Data presentation: WCEC RPL policy.....	124
4.2.4.5	Data analysis: WCCEC RPL policy.....	128
4.3.	Conclusion	129
CHAPTER 5.....	130
5	CONCLUSION AND RECOMMENDATIONS	130
5.1	Introduction.....	130
5.2	Summary of findings	130
5.3	Conclusions	134
5.4	Recommendations.....	136
5.4.1	Marketing of RPL.....	136
5.4.2	Professional Board of Emergency Care (PBEC)	136
5.4.3	The employers	136
5.4.4	Departments of Emergency Medical Care	137
5.4.5	RPL training, support and guidance.....	137
5.4.5.1	Public Sector Colleges	137
5.4.5.2	Departments of Emergency Medical Care	138
5.4.5.3	The employers.....	138
5.4.6	RPL assessment	138
5.5	Study limitations.....	139
5.6	Areas of future research	140
5.7	Closing statement.....	141
Bibliography:	142

List of Tables

Table 1 Overview of South African Universities offering emergency medical care qualifications.....	13
Table 2 Emerging themes and sub-themes.....	76

List of Figures

Figure 1 new emergency care qualifications aligned to the revised HEQSF (adapted from CHE 2013: 6)	16
Figure 2 Key criteria for effective and sustainable RPL practice.....	22
Figure 3 Academic pathways for in-service EMC providers into BEMC Degree.....	34
Figure 4 Overview of main RPL models, associated learning theories and assessment methods.....	42
Figure 5 Case selection and units of analysis	60
Figure 6 Sampling and data collection.....	62
Figure 7. Case study design and methodological process	71
Figure 8. Key areas of deficiency that emerged in the study findings	135

List of Annexures

Annexure B Focus group protocol – GROUP A.....	153
Annexure C Focus group protocol – GROUP B.....	155
Annexure D Background information: Sample A	157
Annexure E Background information: Sample B	158
Annexure F Semi-structured Interview Schedule for RPL participants ..	159
Annexure G Document review rubric	161
Annexure H Research information letter with consent form	163

Definition of key terms

- **Recognition of Prior Learning** is the process of comparison of the previous learning and experience of a learner, howsoever obtained against the learning outcomes required for a specified qualification, and the acceptance for purpose of qualification of that which meets the requirements (SAQA 2004: 10).
- **Emergency Care** is the rescue, evaluation; treatment and care of an ill or injured person in an emergency care situation and the continuation of treatment during transportation of such person to or between health establishments (RSA 2008: 1).
- **Emergency Medical Services (EMS)** is an organised system designed to transport the sick and injured to the hospital (Pozner et al. 2004).
- **Emergency care providers** are persons registered as emergency care practitioners, paramedics, ambulance emergency assistants, basic ambulance assistants, operational emergency care orderlies, emergency care assistants and/or persons who hold a valid first aid certificate (RSA 2008: 1).
- **Higher Education** means all learning programmes leading to a qualification that meets the requirements of the Higher Education Qualification Framework (RSA 1997).
- **Higher Education Institution** means any institution that provides higher education on a full-time, part-time or distance basis (RSA 1997).
- **Public sector College of Emergency Care** is a training institution under the Department of Health, established for provision of emergency care training for in-service EMS personnel.
- **RPL assessor** is anyone who assesses for the purposes of making a judgement about an achievement that will result in credits towards unit standards or qualifications.

- **RPL participant** is anyone who is assessed for the purpose of gaining access into a qualification or gaining credits towards a qualification through the RPL process.
- **Short course** is a type of short learning programme in the field of emergency medical care for which no credits are awarded in relation to unit standards or (part) qualifications depending on the purpose and/or assessment of the programme (RSA 1997).
- **Learning programme** means the sequential learning activities, associated with curriculum implementation, leading to the achievement of a particular qualification or part qualification (RSA 1997).

CHAPTER 1

1.1 Introduction

“RPL in South Africa has, unlike similar initiatives in other countries, a very specific agenda. RPL is meant to support transformation of the education and training system in the country” (SAQA 2002: 11).

This chapter provides an introduction to the background of the study and provides a context for the researcher’s interest in the study. This chapter further elucidates the aim and objectives of the study and describes the conceptual framework that underpins it. It also maps out the structure of the dissertation in its entirety, together with a brief content overview of the chapters that follow.

1.2 Background

Pre-hospital emergency care is an emergent, but rapidly evolving field. According to South African legislation, emergency care involves the identification, and evaluation of emergency care needs of a person in an emergency care situation and the provision of emergency care or rescue to such a person. The care further includes prevention of further injury and possible complications of an illness or injury. After rendering emergency care or rescue to a person, there is also the safe transportation of an injured or seriously ill person to, at or between health establishments by an approved ambulance service (HPCSA 2006).

For nearly three decades, the provision of pre-hospital emergency care in South Africa has relied on emergency care providers, trained mainly through the short course-training model. Such models allowed relatively brief turnover of staff away from operational duties and provided skills-oriented, practically based, in-service training through provincial training colleges as well as numerous private training providers. This training model was sufficient during the early stages of the shaping of emergency medical services (EMS) in South Africa. However, with the continued research advancements in medicine, coupled with the developments in the South African health care and higher education systems, these short

course-based training structures have been deemed unsustainable and inadequate.

Following the first democratic elections in 1994 and the subsequent implementation of the National Qualifications Framework (NQF) in 2008, the need for NQF alignment of emergency care training and education became increasingly more urgent. The recently revised Higher Education Qualifications Sub-framework (HEQSF) has provided the impetus to transform the field of pre-hospital emergency care and education from short courses into a formalised, NQF aligned qualifications structure. The new structure aims to provide improved access to education, better articulation and clear learning pathways, which would improve mobility, academic progression and career advancement (CHE 2013). Deeper and broader knowledge construction, embedded in the higher education learning outcomes of the formalised, NQF qualifications would better equip emergency care graduates for the challenges of present South African health care demands. Furthermore, the revised NQF qualifications would produce emergency care providers with advanced life support skills. Ultimately, the educational transformation aims to result in provision of better quality of care to the communities of South Africa.

The historical proliferation of short course training, however, has resulted in a vast pool of emergency care personnel, whose short course based qualifications, are not recognised by the NQF. A majority of these graduates do not meet criteria for entry into higher education emergency care programmes and thus have remained in the EMS organizations for many years, without any further formalised career advancement opportunities. According to the Health Professions Council of South Africa (HPCSA) 2011 statistics, the number of registered basic and intermediate life support (ILS) providers, trained through non NQF aligned short courses, totalled 57 728, compared to the 433 advanced life support (ALS) providers, who graduated from NQF aligned, University based, learning programmes (RSA NDoH 2013: 3). This disparity highlighted the pressing need for further up-skilling and education of the current EMS staff complement, which

comprises mostly of basic and intermediate life support (ILS) providers. The latter are in possession primarily of short course certificates that are not recognised by the formal higher education system. However, it is these providers who attend to a majority of the prehospital emergency calls in the country. The problem is further compounded by the high attrition of ALS providers, due to the lucrative international job markets (Govender et al. 2013).

The migration of pre-hospital emergency care education and training will thus require a strategic partnership between public sector colleges of emergency care with the institutions of higher education, for the purpose of accreditation of higher education qualifications, which the public sector colleges seek to offer. Although the HPCSA grants accreditation of short courses training and monitors its quality, presently the public sector colleges fall under the Department of Health (DoH) structure and therefore are not legally considered as institutions of higher education. The formation of strategic partnership with universities will thus require revision of current training policies and practices, including recognition of prior learning (RPL), towards higher education standards, principles and criteria.

In South Africa, the concept of RPL is understood as the recognition of prior formal, non-formal, and informal learning regardless of where or how it was obtained (SAQA 2004). Pre-hospital emergency care short course training, based on the SAQA (2004) RPL definition, can therefore be considered as non-formal or informal learning outside of mainstream higher education. Consequently, RPL will become the only means of access into higher education qualifications for many short course-trained emergency care providers. It will also provide opportunity for recognition of prior workplace learning experience, within university emergency care learning programmes.

Although a majority of universities and public sector emergency care colleges, offering NQF-aligned, emergency care qualifications have already formulated and implemented RPL policies, the effectiveness and impact of such implementations remains unreported within the South African emergency care research literature.

The existing emergency care learning programmes therefore lack context specific, evidence informed, RPL practices. Despite the slowly growing body of research in the field of pre-hospital emergency care education, such research is focused mainly in the quantitative realm. This study provides a qualitative exploration of the RPL phenomena within the field of pre-hospital emergency care education and training, an area, which has not received empirical attention in the past. The process of the literature search that revealed lack of similar investigation in EMS field in South Africa is described in Chapter 2 under section 2.2.

1.3 Historical origins of emergency medical service (EMS) systems

Historically, present EMS systems evolved from war conflicts to deal with combat casualties. The literature often quotes the Napoleon wars as a more recent precursor of organized EMS systems, with the implementation of a “flying ambulance” by the French military surgeon Dominique Jeane Larrey in 1790. This system focused on removing casualties by horse drawn carts from the battlefield to medical field posts, located behind the frontlines (Van Stralen 2008: 12).

The development of the system continued in World War I (WWI) through the deployment of non-physicians in the battlefield trenches, together with aid stations and battalion aid post, close to the enemy lines. During the WWI, the treatment in the battlefield was limited to a few lifesaving interventions, such as the control of bleeding. World War II (WWII) saw the introduction of combat medics in the frontlines, with additional treatment options such as the initiation of antibiotics. In 1942, the first air transport was established (Van Stralen 2008: 12).

During the Vietnam and Korean Wars, the US military devised a trauma system based on rapid evacuation of injured soldiers from the battlefield, situated in difficult terrain, by helicopters, to mobile army surgical hospitals, known as Mobile Army Surgical Hospital (M.A.S.H.) units. Together with new clinical procedures in the battlefield, such as chest decompression and fluid therapy, this new patient

transport system reduced the time from the initial trauma to surgical intervention under an hour, thus greatly reducing mortality of combat casualties (Van Stralen 2008: 12). The benefits of timeous delivery of trauma patients to definitive care, experienced during these conflicts, led to the establishment of The Golden Hour principle in the civilian EMS. According to this principle, a paramedic should aim to minimize on-scene time for trauma patients, to ensure definitive treatment of these patients within an hour (Sanders 2007: 502).

1.4 EMS models

The findings and experience from combat medicine laid the foundations for civilian EMS systems, which evolved along two mainstream models, influenced by local developments in America and Europe, today known as the Anglo-American model and Franco-German model (Christensen, Deakin and Lippert 2007: 43).

1.4.1 American EMS model

In the USA, modern EMS system began to take shape in the 1950s with the introduction of first-aid training programmes for the Chicago Fire Department, which become a foundation for the later established basic EMT training programme for ambulance personnel in the US (Pozner et al 2004: 240). An important milestone for the present US EMS systems become the published report titled: “Accidental death and disability: the neglected disease of modern society, “by the National Academy of Sciences (NAS) in 1966, which pointed out the shortfalls of prehospital and emergency departments care and provided 24 recommendations for improvement (Pozner et al 2004: 240). As a result, the US government established the US Department of Transportation (DOT), which was responsible for improvement of EMS and developed first emergency medical technician (EMT) curriculum. The Wedworth Townsed Act of 1970, allowed paramedics to practice advance life support care without the immediate presence of a physician or a nurse. However, an off-site physician still provided medical direction.

The EMS Act of 1973 identified 15 essential elements for an effective EMS system with the aim of developing a national, standardized, and structured EMS system in the USA. In reality, however, this vision did not materialise and instead the EMS system and funding became fragmented, which has resulted in present day heterogeneous EMS systems across the US (Pozner et al 2004: 240). The heavy reliance on paramedics, as physicians' substitutes, to provide prehospital emergency care and transport of sick and injured, is characteristic of the Anglo-American EMS model, also known as the "scoop and run" approach.

In this model, first responders, who are part of a local police or fire department, typically render the initial basic life support emergency care and to rescue a patient from hazardous situation if necessary. Time spent on the scene is minimal, focusing on rapid transport to the nearest emergency department. Depending on the geopolitical location of the service, the first responders are sometimes dispatched together with an ambulance, with basic or advanced life support crew.

1.4.2 European EMS model

In Europe, the reliance is predominantly on physicians based emergency care. Physicians will be typically placed on ambulances or response vehicles, with the ability to provide high level of emergency care on scene, triage and transport of the patient directly to a specialised unit (Fleishmann and Fulde 2007: 301). This approach to prehospital emergency care is known as the "stay and play" approach. Germany, together with France are often highlighted in literature as being representative of a highly sophisticated EMS model, where an emergency care physician is available at every trauma, level I hospital, together with helicopter air transport capability (Fleishmann and Fulde 2007: 301). The model is therefore called "Franco-German." England is the exception of this model in Europe, because the EMS system is based more on paramedics, similar to the South African EMS (Christensen et al 2007: 45).

1.4.3 South African EMS

Similar to the Anglo-American model, South African EMS system relies on paramedic-based care in the pre-hospital environment. The level of care that can be rendered ranges from basic to advanced life support. Advanced life support (ALS) skills scope is extensive and includes invasive procedures such as endotracheal intubation and cardiac electro-cardioversion. In addition, South African ALS paramedics are permitted to administer a wide range of pharmacological agents. Although paramedic practice is considered as independent, each level of care is guided by designated protocols. The paramedic profession is regulated and governed by the Professional Board of Emergency Care (PBEC), which is a sub-division of the Health Professions Council of South Africa (HCPSA).

Each EMS provider, whether private or public, has at its disposal a fleet of ambulances and response vehicles. Helicopter and fixed wing services are provided by the non-profit organization Air Mercy Services (AMS) of the Red Cross, which operates its bases in all major cities of South Africa (MacFarlane, Van Loggerenberg and Kloeck 2005). Basic and intermediate life support responders are usually dispatched first to scenes, with the option of an upgrade by the ALS paramedic. For more severe cases, an ALS response vehicle or an ALS ambulance is dispatched as a primary response, followed by intermediate or basic life support for patient transport to hospital facility.

Although South African EMS is a sophisticated and internationally renowned system, it faces many unique challenges, which are rooted in the legacy of apartheid. Prior to 1994, provision of pre-hospital care was fragmented and concentrated in urban areas, serving mainly the affluent white minority population. The level of care was mainly at a basic level and dependent on physician control and guidance. Post 1994, the EMS system began to develop rapidly, however, the geographical and socio-economic challenges remained. Stark dichotomy in access to emergency care still exists between urban and rural

areas. Where in urban setting several emergency services, private and public, with ALS paramedics, will commonly arrive at an emergency scene, in an urban area often only one ambulance with basic life support crew is available. Response time also varies to a great extent. In urban settings, the target response time is under 15 minutes, compared to 40 minutes in rural areas, where vast distances, poor road accessibility and inadequate ambulance resources, confound achievement of this target time (MacFarlane et al. 2005: 147). The distribution of resources in terms of available emergency personnel, particularly ALS paramedics, and EMS vehicles is disproportionate to the sizes of populations between provinces (MacFarlane et al. 2005: 146). In addition, EMS is experiencing a continuous attrition of experienced and highly qualified ALS paramedics to international job markets, mainly due to lucrative financial remunerations, unrivalled in the South African EMS sector (Hackland and Stein 2011, Govender et al. 2013).

South African EMS operates in an environment, characterised by a wide socio-economic gap, where 80% of the population relies on government healthcare and only 20% can afford privately funded pre-hospital and hospital care (Goosen et al. 2003: 704). The health care system is burdened by chronic and degenerative diseases, diseases related to malnutrition and childbirth, high HIV/AIDS prevalence and trauma related mortality and morbidity. As a result of burgeoning urbanization, following the first free democratic elections in South Africa in 1994, disease profile related to poverty, overcrowding, poor sanitation, alcohol, and substance abuse began to emerge. EMS personnel work in an environment riddled by violent crime and interpersonal violence, in addition to high rate of motor vehicle accidents and pedestrian deaths (Goosen et al. 2003: 704-705).

1.5 Historical development of emergency care education and training in South Africa

In South Africa, emergency care education and training evolved from short course training. The first formal training was implemented in the 1970s in the form of a one-week Basic Ambulance Course and a Rescue Medic Course. These courses were designed for the EMS personnel and laid foundations for further short course developments. At the time, individuals from outside of EMS could apply for a similar course called Emergency Medical Assistant Course (RSA NDoH 2013).

In 1985, these courses developed into a three tier-training model, based on the three scope of practice levels, which were classified into basic life support (BLS), intermediate life support (ILS) and advanced life support (ALS). The three introduced courses comprised of BLS, 3 weeks, Basic Ambulance Assistant (BAA) Course; ILS, 12 weeks, Ambulance Emergency Assistant (AEA) Course and ALS, 9 months long, Critical Care Assistant (CCA) Course. The prerequisite for advancement through the courses, as determined by the HPCSA, was the completion of a minimum clinical practice before entry into the next level course. This structure of training has remained virtually the same until the present. In order to offer a more comprehensive training, parallel to short courses, with broader learning outcomes and more aligned to other higher education qualifications, the three-year National Diploma in Ambulance and Emergency Technology was introduced in 1986. From 2003, the Diploma graduates could then apply for the Bachelor of Technology Degree in Emergency Medical Care, which was a two-year part time study (Lambert 2011).

Based on the need of the EMS sector and the National Department of Health (NDoH) to supplement AEA and the CCA course with a formal NQF qualification, the HPCSA, as the Standard Generating Body, conducted a revision of existing short course curricula, which has led to the design of a formal, Emergency Medical Care Technician (ECT) Qualification (Lambert 2011).

This was regarded as a “mid-level worker” qualification, designed to address the ever-growing shortage and high attrition of ALS emergency care providers, given the growing demands of communities for access to a more comprehensive care. Holders of this qualification began to register under the title of Emergency Care Technician (ECT) with the HPCSA in 2007. This qualification was registered as the National Certificate: Emergency Care (NCEC), a two year, NQF 5, 240-credit qualification within NQF. The National Diploma in Emergency Medical Care (NDip EMC) and Bachelor Technology Degree in Emergency Medical Care (BTech EMC) were revised and eventually replaced by the four-year Bachelor Degree in Emergency Care (Lambert 2011).

Due to the small numbers of exiting graduates from the formal higher education programmes offered by the Universities, the short courses continued running at the public sector emergency care colleges, providing opportunity for up-skilling of in-service staff.

Parallel to the public sector training colleges, the private training sector saw a market gap in short course training, focusing mainly on the one-week BAA course, which provided quick profit opportunity with minimal capital and human resource investment. The short duration of the course guaranteed multiple intakes of students in large numbers throughout the year and therefore numerous private training institutions began to proliferate across the country, although with a questionable quality of training. It became extremely difficult for the HPCSA, as the regulatory and quality assurance body to maintain control over all such private ventures. Inadvertently, this resulted in the accumulation of a vast pool of BAA practitioners with very little employment, higher education access opportunities, and poor training (Lambert 2011).

1.6 Current pre-hospital emergency care education and training

Currently the provision of short courses continues alongside formal NQF qualifications. The type of short courses offered in each province depends on available funding and compliance with HPCSA accreditation criteria, to offer a specific short course. The criteria for accreditation are stringent and the extent is similar to the accreditation of higher education programmes. Therefore, a disparity exists across the country in terms of the level and the number of courses offered annually. The content of the short courses has remained virtually unchanged since the last short course curricula revision in 1999. The emergency care short courses are structured at three levels, which are determined by the three-tier scope of capabilities classified as basic life support (BLS), intermediate life support (ILS) and advanced life support (ALS). In order to be able to practice in South Africa, each short course graduate is legally bound to register with the HCPSA in a specific register band. The registers are named and linked according to the specific level of capabilities as follows:

- Short courses
 - Basic Ambulance Assistant (BAA) – BLS band
 - Ambulance Emergency Assistant (AEA) – ILS band
 - Critical Care Assistant (CCA)/Paramedic – ALS band
- Higher education qualifications
 - Emergency Care Technician (ECT) – ALS band
 - Emergency Care Practitioner (ECP) – ALS band

Each level of short course is named correspondingly as BAA, AEA and CCA course. Each of the three courses vary in length, the depth of curricula and the scope of practice and the progression is vertical from BAA to AEA and finally to the CCA Course. A short course candidate is required to complete a minimum period of 1000 experiential hours before applying for the next level of short course as predetermined by the HPCSA.

1.6.1 BAA (BLS) Course

The BAA is a three weeks long course. This course equips candidates with basic knowledge of anatomy and physiology and basic management of common pre-hospital medical and trauma emergencies. It also covers basic principles of ethics and professionalism. BAA scope is principally non-invasive in terms of procedures and allows non-invasive administration of drugs such as oxygen, oral glucose, or Entonox (HPCSA 1999). Annexure A summarizes the BAA scope of practice as determined by the HCPSA.

1.6.2 AEA (ILS) Course

Entry into the AEA course is conditioned by completion of the BAA Course and the predetermined 1000 hours of minimum clinical experience. This course comprises of 210 hours of theory and 240 practical hours. Each AEA student completes his or her practical hours on frontline vehicles, in the pre-hospital environment as well various hospital units such as trauma or primary health care clinic (HPCSA 1999). In addition to BAA capabilities, an AEA may perform certain emergency invasive procedures such as manual defibrillation, intravenous access, needle thoracentesis or needle cricothyrotomy. The HPCSA AEA scope of practice is indicated in Annexure A.

1.6.3 CCA Course

Application for entry into the CCA Course requires completion of the AEA Course together with the proven completion of a minimum 1000 clinical hours in the pre-hospital emergency care environment. The CCA Course is the highest level of training achievable through short courses and is considered as advanced life support (ALS) in terms of scope of practice, which is the same as the qualification achieved through the National Diploma in Emergency Care. The CCA curriculum consists of 570 hours of theoretical block and 610 hours of clinical practice. The clinical hours, in addition to AEA Course, include shifts at intensive care units,

neonatology units, and theatres (HPCSA 1999). The CCA scope of practice is indicated in Annexure A.

1.6.4 NQF Emergency Care Qualifications

The second stream of education and training in the field of pre-hospital emergency care is obtainable through higher education programmes offered by six Universities in South Africa, as specified in Table 1.1. These Universities have currently undergone transformation of qualifications in line with the revised HEQSF. The NDip EMC and B. Tech EMC are in a phase out process and have been replaced by the four-year professional Bachelor Degree in Emergency Medical Care (BEMC) and two-year National Certificate in Emergency Care (NCEC).

Table 1 Overview of South African Universities offering emergency medical care qualifications

Province	University
Free State	Central University of Technology (CUT)
Gauteng	University of Johannesburg
KwaZulu-Natal	Durban University of Technology
Eastern Cape	Nelson Mandela Metropolitan University (NMMU)
Western Cape	Cape Peninsula University of Technology (CPUT)

1.6.4.1 National Certificate in Emergency Care (NCEC)

This programme is considered as a mid-level qualification. Completion of this 2-year full time, 240 credit, NQF level 5 programme qualifies the graduate for professional registration with the HCPSA as an Emergency Care Technician (ECT) with ALS scope of practice. The curriculum offers broader and deeper foundational and emergency care knowledge over short courses and offers Medical Rescue, Specialised Transport of Patients, and Communication Centre elective modules (SAQA 2012a).

1.6.4.2 Bachelor Degree Emergency Medical Care (BEMC)

The Bachelor's Degree in Emergency Care programme is a four-year, 480 credit, NQF level 8, professional degree, which provides students with broader cognitive, technological and scientific enquiry capabilities. In addition, it promotes research and management skills in the context of emergency medical care and rescue systems. The qualification therefore enables graduates to pursue a career in various aspects of emergency medical care field such as management or education and training (SAQA 2012a).

1.6.4.3 Future pre-hospital emergency care education and training

The CHE (2013) initiated a review of the Higher Education Qualifications Sub-framework (HEQSF) in October 2010, based on previously identified gaps and inconsistencies in the existing framework. Specifically, their concerns included the following:

- “Lack of a degree variant unique to Universities of Technology;
- Lack of 240 credit diplomas;
- Lack of articulation pathways between undergraduate diploma and postgraduate programmes;

- International comparability and appropriateness of a number of postgraduate qualifications;
- The extent to which the range of qualifications available, in particular, at levels 5 and 6 are appropriate to support the goal of expanded access.” (CHE 2013: 9)

By conducting this review, the CHE did not seek to entirely reconstruct the NQF, but only to introduce new qualifications types to develop greater flexibility and responsiveness of qualifications to the market skills and knowledge needs (CHE 2013). As a result, the Universities and the Public Sector Colleges would have to replace current qualifications with new NQF qualifications, which will be aligned to the revised HEQSF. A majority of the Universities, offering emergency care programmes, have already completed this process, or are in the process of replacing the Bachelor of Technology (B. Tech) Degrees with the NQF level 8, Bachelor’s Degree in Emergency Medical Care. The latter is recognised by the revised HEQSF as represented in Figure 1. The NCEC qualification is due to be phased out and a new 240 credit, NQF 6, Diploma in Emergency Medical Care qualification and an entry level, 120 credit, NQF 5, Higher Certificate in Emergency Care qualification will be introduced. The Higher Certificate in Emergency Care will allow for progression into Advanced Certificate Emergency Care qualification as indicated in Figure 1.1. The BEMC qualification will directly articulate into the NQF level 9, Master’s Degree, followed by the NQF level 10, Doctoral Degree in Emergency Medical Care (Figure 1). The revised HEQSF therefore provides clear horizontal and vertical articulation and greater flexibility in terms of entry and exit into the emergency care qualifications.

NATIONAL QUALIFICATIONS FRAMEWORK			
LEVEL	SUB-FRAMEWORK AND QUALIFICATION TYPES		
10	DOCTORAL DEGREE DOCTORAL DEGREE (PROFESSIONAL)	*	Doctoral Degree Emergency Medical Care
9	MASTER'S DEGREE MASTER'S DEGREE (PROFESSIONAL)	*	Master's Degree Emergency Medical Care
8	BACHELOR HONOURS DEGREE POSTGRADUATE DIPLOMA BACHELOR'S DEGREE	*	Bachelor Degree Emergency Medical Care
7	BACHELOR'S DEGREE ADVANCED DIPLOMA	*	
6	DIPLOMA ADVANCED CERTIFICATE	Advanced Certificate Emergency Medical Care	Diploma Emergency Medical Care
5	HIGHER CERTIFICATE	Higher Certificate Emergency Medical Care	
4	NATIONAL CERTIFICATE	OCCUPATIONAL CERTIFICATE (LEVEL 4)	
3	INTERMEDIATE CERTIFICATE	OCCUPATIONAL CERTIFICATE (LEVEL 3)	
2	ELEMENTARY CERTIFICATE	OCCUPATIONAL CERTIFICATE (LEVEL 2)	
1	GENERAL CERTIFICATE	OCCUPATIONAL CERTIFICATE (LEVEL 1)	

**Figure 1 new emergency care qualifications aligned to the revised HEQSF
(adapted from CHE 2013: 6)**

1.6.5 Providers of emergency care education and training in the Western Cape

In the Western Cape Province, the public sector providers of pre-hospital emergency care education and training are the Cape Peninsula University of Technology (CPUT) and the Western Cape Government College of Emergency Care (WCEC). While CPUT offers emergency care qualifications ranging from NQF level 5, NCEC to NQF level 9, Master's Degree Emergency Care, the WCEC runs the ECT Programme as the only SAQA recognized qualification until its teach out phase in 2015. The rest of their training activities involve short course training.

1.6.5.1 Cape Peninsula University of Technology (CPUT)

CPUT was established in 2002 through a merger between the Peninsula Technikon and the Cape Technikon as part of the nationwide transformation of Higher Education in South Africa (Jansen 2003). There are more than 30 000 students at the institution, with several campuses that offer mainly vocationally based learning programmes. The Department of Emergency Medical Sciences (DEMS) began to offer the ECT Programme in 2007. Currently the DEMC offers the National Certificate Emergency Care (ECT Programme), Bachelor Degree Emergency Care and the Master's Degree Emergency Care qualifications. At the same time, the Department is in the phase out process, of the previous National Diploma in Emergency Care, which is no longer offered (CPUT n.d.). The National Certificate Emergency Care qualifications will soon follow.

1.6.5.2 Western Cape Government College of Emergency Care (WCGCEC)

The WCGCEC serves as an in-service training provider for Western Cape Provincial EMS employees since the 1980's. As part of the Human Resource Department of the Department of Health, the institution's training portfolio has evolved over the three decades from a one-week BAA and Rescue Medic Courses to present offering of the AEA and CCA short courses, together with the National Certificate Emergency Care, known as the ECT Programme, which was introduced in 2007. The WCEC trains around 200 students on an annual basis (HPCSA 2009). Besides mainstream training, the College also ensures continuous professional development (CPD) of EMS staff through clinical update courses and continuous medical education (CME) activities across the Western Cape. Furthermore, it provides relevant training for non-clinical components of EMS such as management and administration.

1.7 Health Professions Council of South Africa (HPCSA)

HPCSA is a statutory body established in terms of Act 56 of 1974 which replaced Act 13 of 1928, under which the South African Medical and Dental Council (SAMDC) was originally formed to amalgamate the functions of the four former provincial councils (HPCSA n.d.). The HPCSA regulates the medical and allied health field professions by setting healthcare standards for training and professional discipline, by ensuring continuous professional competence and fostering compliance with established standards. The Health Professions Act 56 of 1974 guides the activities of the HPCSA. This Act mandates, inter alia, registration of all health care practitioners with HPCSA, including emergency care providers. The HPCSA carries out its mandate through 12 Professional Boards, which includes the Professional Board for Emergency Care (PBEC) (RSA 2008).

The PBEC was constituted in 1992 in terms of Government Notice R1254 of 28 November 2008, under the Health Professions Act 56 of 1974. The PBEC ensures quality of emergency care education and training through accreditation and moderation of emergency care programmes and short courses. It promotes

continuous professional development (CPD) through enforcement of CPD audits, maintains and monitors a register of pre-hospital emergency care providers in South Africa, develops professional guidelines and protocols and determines scope of practice for different levels of emergency care providers. The Board also protects the public by conducting preliminary and professional enquiries (RSA 2008).

1.8 The researcher

The researcher is a registered Emergency Care Practitioner with the HPCSA and currently coordinates the Critical Care Assistant (CCA) Paramedic course at the Western Cape Government College of Emergency Care (WCEC). The researcher is also involved in projects and policy implementations at the WCEC, mandated by the National Department of Health (NDoH) and the HCPSA. The researcher was also involved in the formulation of the RPL policy for the Draft National Emergency Care Education and Training (NECET) Migration Plan, designed by the NDoH, and its subsequent implementation at WCEC for the ECT Programme.

Through the RPL implementation process and the difficulties faced, the researcher noted the lack of information and guidance on effective implementation of RPL within the emergency care programmes and empirical literature. This was in stark contrast to the existing wealth of theoretical literature on RPL outside of pre-hospital emergency care field and the strong advocacy of the most important RPL principles of access and redress by the National Department of Higher Education through its Ministerial Task Team. The concept of RPL is seen as a powerful tool for redress of the past inequalities in access to education and as an important drive for national economic growth through social empowerment and education of South African working population (SAQA 2002).

This prompted the researcher to explore the effectiveness of current practices of RPL and its impact within the field of paramedic education and training through a qualitative inquiry to gain better insight on the issue, which may be used for current or future RPL policy implementation as part of the NECET Migration Plan.

1.9 Research aim

The aim of this study was to explore the efficacy of the RPL process in National Certificate Emergency Care (NCEC) Programme in the Western Cape.

1.10 Research objectives

The aim was achieved through the following objectives for the study:

1. To investigate how the current RPL process is conducted within the NCEC Programme in the Western Cape.
2. To explore how RPL assessors view the current RPL process in the NCEC Programme.
3. To explore how RPL participants experience the RPL process in the NCEC Programme.
4. To analyse RPL documents related to the RPL process in respect of the NCEC Programme.
5. To make recommendations to improve the efficacy of current RPL processes and policies with regards to the NCEC Programme in the Western Cape.

1.11 The conceptual framework of the study

The theoretical framework, which guided further analysis, was determined by two key documents compiled by SAQA namely: “The Recognition of Prior Learning in the context of the South African National Qualifications Framework” policy and the “Criteria and Guidelines for the Implementation of the Recognition of Prior Learning” (SAQA 2002; 2004). The researcher further demarcated the study analysis by the theoretical models of approach to RPL as describe by Butterworth (1992). These two models include the developmental and the credit-exchange models.

1.11.1 National RPL policy and guidelines for effective RPL implementation

The policy document determines the criteria and principles for effective, credible, and sustainable RPL practice and as part of the enabling criteria, the policy offers practical assessment templates to determine the level of compliance with these criteria by an institution. Figure 2 provides a schematic overview of the seven key criteria. The RPL Criteria and Guidelines document provides specific advice and direction for RPL implementation in the following key areas:

- Audit of current practice
- Development of sector/context-specific plans
- The capacity building of staff and resources
- Design and moderation of assessment
- Quality management processes

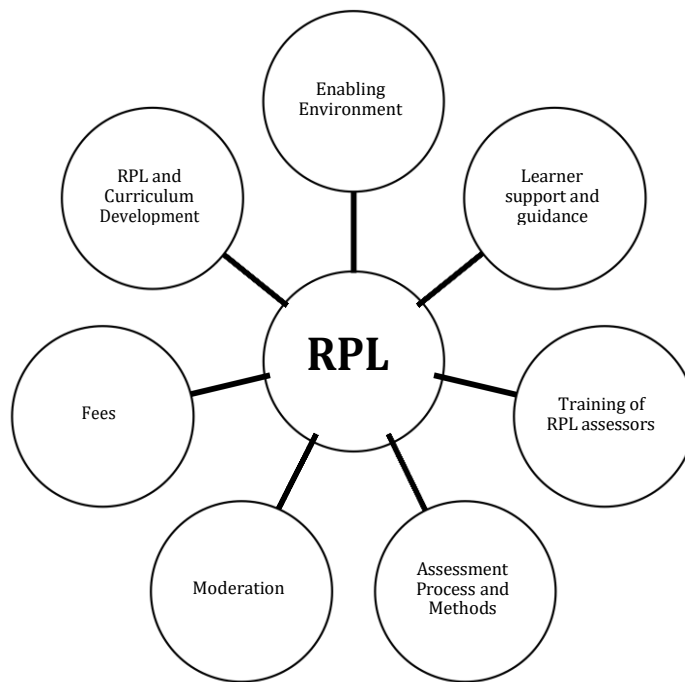


Figure 2 Key criteria for effective and sustainable RPL practice

1.11.1.1 Enabling environment

Without institutional and stakeholder commitment to RPL, the RPL practice may become unsustainable. This includes commitment of resources and funding together with the design of properly structured policies.

1.11.1.2 Learner support and guidance

RPL participants should be guided through advice and counselling during the pre-assessment stage as well as post assessment phase. To avoid misperceptions about the credibility of the credits awarded through RPL and the view that RPL is just an easy route to obtain credits, RPL should not be formalized as separate infrastructure or department. The policy stresses the fact that the nature of support and counselling is different from the one offered to full-time adult learners due to the “levels of disempowerment” of the RPL candidates, caused by past inequalities and discrimination in the education system. Personnel involved with RPL should therefore be continuously cognisant of the “invisible barriers to successful assessment” (SAQA 2002: 20).

1.11.1.3 Training of RPL assessors

Training of RPL assessors and key personnel involved with RPL is crucial for successful and efficient RPL practice. The two key unit standards recommended by this policy are:

- Unit standard number 12544: Facilitate the preparation and presentation of assessment evidence by candidates
- Unit standard number ASSMT 01: Plan and conduct assessment of learning

RPL training should not only provide understanding of common RPL terms, means of assessment and moderation principles and processes, but also sensitize trainees to the issues specific to South African context such as language, past discrimination in education and the unfamiliarity of RPL candidates within the academic realm. Moreover, RPL training should evoke a paradigm shift in the way formal curricula and Higher Education institutions view and recognise informal and non-formal knowledge (SAQA 2002: 22).

1.11.1.4 Assessment process and methods

Assessments applied in RPL should contain principles of good assessment as contained in the Criteria and Guidelines for Assessment of NQF Registered Unit standards and Qualifications (SAQA 2002: 24). The assessment evidence in RPL should adhere to the following values of:

- Reliability
- Validity
- Authenticity
- Sufficiency
- Currency

The minimum pass criteria in an RPL assessment should be the same as for mainstream, full-time assessments. The RPL assessment process should involve careful planning, to design an assessment that is fit for purpose, to determine the extent of the learning outcomes to be assessed and choosing the appropriate forms of assessment. The RPL assessment process must also include feedback to the RPL candidate, which includes advice on for further action (SAQA 2002: 24).

1.11.1.5 Moderation

RPL moderation should be a part of a broader institutional quality assurance system. Relevant assessment policies should be in place to provide standards and means of monitoring of the process in terms of implementation, moderation and review of assessments (SAQA 2002: 26).

1.11.1.6 Fees

Fees for RPL services should not be too high as to not become a barrier to RPL. The cost should not be more than assessment fees for full-time module or learning programme (SAQA 2002: 28).

1.11.1.7 RPL and curriculum development

RPL and formal academic curricula continue to remain the centre of debate in South Africa. With further development of the education system and greater research evidence supporting RPL, the problematic process of exact matching of invisible knowledge against specific formalised outcomes may become more flexible and holistic. One of the appropriate methods of such assessment may be a holistic RPL portfolio of evidence (SAQA 2002: 29). Such method may provide a more holistic picture of RPL candidates' background and the achieved life-long learning.

1.11.2 The RPL approach models

Butterworth (1992) described the two approaches to RPL as traditional models, which differ in terms of the experience for the RPL participant, the opportunity for genuine RPL claim and in the elements of assessment involved in the RPL process. The researcher intended to compare these traditional models when discussing the study findings.

1.11.2.1 The credit exchange model

The credit exchange model bases RPL practice on the notion of performance-based competence. The RPL applicant compiles a portfolio, which contains track record of applicant's work performance, against which the RPL applicant seeks to exchange an appropriate amount of credit within a learning programme. Competence is therefore assessed by evidence of performance. According to Butterworth (1992), this model limits the discovery of the individual's true knowledge potential gained in workplace, because it does not explore the complexity of decision-making and problem solving in the specific contexts of workplace experience. Furthermore, the RPL process in this model does not lead to a new learning experience.

1.11.2.2 The developmental model

In the developmental model, the RPL applicant also submits a portfolio of past achievements, however, as an additional element, the portfolio will include a personal reflective account, which seeks to identify learning events within work experience that are relevant to the respective curriculum outcomes. Hence, the model does not value experience itself but significant learning that took place in that experience. The process of discovery of past learning is one of mutual, supportive relationship between the RPL application and the facilitator or tutor, who guides the candidate through his or her reflective journey. It is therefore a time-consuming and intellectually demanding process for the applicant as well as the academics involved in this process. The developmental model argues that

through personal reflection, the candidate gains new expertise, learning, and understanding of contextual position of the profession, by discovering valuable elements of his or her professional experience (Butterworth 1992).

1.12 Dissertation Structure

The following section provides a brief overview of the dissertation structure and the content of each of the chapters.

Chapter 1 introduces the study and provided a contextual background for the study. The chapter further described the historical, current and future overview of emergency care education and training in South Africa and explained the position of the researcher within the context of this study. The aim and objectives of the study are also delineated, followed by the conceptual framework used to guide the study's findings and interpretations.

Chapter 2 draws together relevant literature from the existing body of knowledge on RPL and pre-hospital emergency care. The chapter is structured thematically, focusing on the nature of emergency care and its systems, and is followed by the history, theories underpinning RPL, RPL assessment and emergency care studies indirectly related to RPL

Chapter 3 discusses the study's research design and methodology.

Chapter 4 presents the process and findings of thematic analysis of data collected through the method of triangulation. This is followed by a discussion of emergent themes in respect of the study's first two objectives and the theoretical framework established in Chapter 1.

Chapter 5 presents the conclusions and recommendations drawn from the data analysis of the study.

CHAPTER 2

2 LITERATURE REVIEW

2.1 Introduction

In this chapter, the researcher provides a synopsis of existing literature related to emergency medical care and the RPL phenomenon. The chapter begins with a contextual synopsis of emergency care systems and history from an international and South African perspective. This is followed by assimilation of the main theoretical underpinnings of RPL. The review then draws on the main academic discourse of effective RPL practice in South Africa and its multidimensional facets, followed by reports on RPL assessment practices, and the challenges and benefits of RPL. A summary of studies related to the challenges and benefits of RPL implementation is then presented. Finally, the researcher places RPL in the context of the main body of literature within the field of emergency care and nursing.

2.2 Literature search

The empirical and scholarly literature was accessed via the DUT library online database search engines. The initial search strategy focused on medical and allied health fields through Medline and CINAHL searches using the terms “RPL”, “recognition of prior learning”, “RPL assessment”, “paramedic”, “paramedic education”, and “RPL practice.” This search, however, did not yield sufficient results. Therefore, the selection of search sources was expanded to include databases containing educational journals through Taylor and Francis Online, ProQuest, Sabinet and SA Thesis electronic databases. In the later stages of the literature search additional sources, particularly reference lists of specific RPL literature (Harris and Wihak 2011), Google Scholar, Human Sciences Research Council website (HSRC) and the Prior Learning International Research Centre (PLIRC) online database, became invaluable in narrowing the search focus and obtaining relevant literature. The PLIRC database is in fact dedicated specifically to international RPL research, including research output from South Africa.

The search findings reflected that the research pertaining to RPL was located mainly in the field of higher education. This was not surprising, given the educational context of RPL, by its very definition. The literature is relatively abundant with reports on practice from major South African Universities and writers and researchers associated with those Higher Education Institutions. The literature emanating from other health related fields is, on the other hand, scarce. Garrison et al (2007) pointed out that there is a strong need to fill the void in areas of EMS research which focuses primarily on clinical studies. Hou, Rego and Service (2013) for instance advocated research on paramedic learning programmes and the teaching methods applied. Except for a single PhD thesis, no other literature specific to RPL and its implementation in paramedic education and training in South Africa emerged from the search. The researcher therefore had to draw mainly on reports and recommendations from the field of higher education, nursing, and indirectly RPL related literature from the paramedic field. The researcher thus attempted to build propositions for further data interpretations of this study and to provide an overview of the major scholarly discussions surrounding RPL practice.

2.3 Paramedic skills and experience

In theory, RPL provides the opportunity for formal recognition of skills and knowledge gained through work experience and prior formal, informal, or non-formal training (Moore and Rooyen 2002: 293). However, prior learning or knowledge does not equate to years of experience, which is a common misconception in PRL practice (Nieman 2001: 149). A RPL applicant needs to provide evidence of actual learning against specific outcomes of a formal learning programme. Maintenance of emergency care knowledge and clinical competence outside of a university are therefore necessary for any valid RPL claim. Although one could easily assume a correlation between years of emergency care provider's operational experience and clinical knowledge, several studies suggest the contrary (Curran et al. 2010; David & Brachet 2009; Latman and Wooley

1980; Zautcke et al. 1987). Zautcke et al. (1987) showed that paramedic skills can deteriorate in as early as over two years. Their study found that psychomotor related skills deteriorated most rapidly. In a similar investigation conducted in Texas, USA, Latman and Wooley (1980) found that emergency care attendants (ECAs) had lost approximately 55% of basic skills proficiency, emergency medical technicians (EMT-As) 50% and paramedics (EMT-Ps) 61%, although the didactic knowledge did not deteriorate more than 10%. Emergency care providers who participated in continuous education programme were found to have an 11% better retention average, than the emergency care providers who did not participate in any programmes (Zautcke et al. 1987). The study drew a clear link between frequency of skill use and retention of knowledge. David and Brachet (2009) also found a correlation between emergency care providers' exposure to the volume of calls and learning, although this study was again based in the United States and was limited specifically to the exposure to trauma related calls.

In South Africa, continuous professional development (CPD) programmes serve as means of retaining emergency care knowledge and skills. The profession regulatory body, HPCSA, ensures compliance with personal development through CPD by randomized audits of CPD points, which are obtained upon completion of each CPD activity (HPCSA 2009). However, the effectiveness of CPD and the retention of knowledge are often questioned and have become an interest of research in the emergency care field. Pillay (2011), as part of his Master's study, explored the frequency of exposure to ALS skills; the type of CPD activities attended by emergency care providers and needs for specific CPD activities in South Africa. His data revealed a correlation between skills competence and frequency of skills. The data also showed poor diversity of CPD activities as a reason for poor participation. Pillay (2011) concluded that in addition to diverse CPD activity programmes a regular skill audit, by a regulatory body, is necessary (Pillay 2011). Findings made from this study have indirect implications for RPL practice in emergency care education, as the confidence of RPL evaluators in RPL emergency care candidates' knowledge retention and

skills competence is poor, because of poor CPD compliance system in South Africa.

2.4 Academic success in vocational health care programmes

A study by Scott (2007) conducted in the United Kingdom, investigated the perception of nursing students regarding their learning in foundational subjects at a first year University learning programme. Scott (2007) quantitatively compared nursing students with prior clinical experience to those with no prior clinical experience. The author concluded that prior clinical experience played no significant role in perceived learning that took place in the foundational first year of study. He further argued against recognition of prior experience, even certified, because these RPL students might miss a significant portion of learning (Scott 2007: 355). At the same time, the author alluded to the fact that the study's limitation was that perceived learning might not equate to actual learning.

Similarly, Whyte et al (2011) argued that clinical experience acquired before theoretical learning seems to hinder the latter. Whyte et al (2011) searched for a causal link between success in bioscience subject and further academic success in the clinical subjects of nursing and paramedic students at a University programme. Their study confirmed findings of previous literature that the performance of students in first year bioscience subjects such as anatomy and physiology is a good predictor of further academic success of students in health sciences programmes. Interestingly, the authors also found a statistical link between mature entry and academic success. In this study, the authors defined mature entry, as students who did not enrol in the degree programme immediately after completing high school. The authors proposed intrinsic factors as reasons for the relationship between mature entry and academic success, although they did not seek to investigate such factors specifically (Whyte et al. 2011). Findings of this study have implications with regard to selection criteria for paramedic students into university emergency care programmes, in that the criteria should

focus on success in biology subjects and mature entry, as a strong predictor of success of such candidates.

In contrast, Madigan's (2001) findings identified previous health-related experience together with male gender and University Admission Index as significant predictors of paramedic students' success, but devalued post-secondary educational qualifications. Although Madigan (2001) proposed an entry selection tool for emergency care educational and training programmes, the author admits that the criteria might be too stringent and exclusory to many potential students. The author therefore suggested a form of bridging course, for weaker students as an alternative entry into formal emergency care programmes (Madigan 2001: 86).

Madigan's (2001) concerns about inappropriately high standard of entry criteria into formal emergency care programmes relate to the similar reasons of South African emergency care providers leaving employment for overseas opportunities, despite the availability of job placements and study bursaries (Govender et al 2013: 62). However, Margolis et al (2009) supported the need for high-level entry requirements and prerequisites for emergency care programmes. Some scepticism emerged in this study regarding the value of basic emergency care provider knowledge and experience in entry requirements. In addition, the study by Govender et al. (2013: 62) revealed the perception of the emergency care respondents, that RPL is meant for older candidates, who are already settled in their jobs. However, the full time nature of the paramedic programme discourages these candidates from applying for RPL.

2.5 RPL for Emergency Care Technicians

Literature related directly to RPL in the prehospital emergency care context in South Africa was sparse. The researcher was able to find only single PhD study which sought to propose an articulation framework for emergency care technicians (ECTs), who wished to progress into the emergency care Bachelor Degree Programme (Lambert 2011). The proposed model suggested that an ECT graduate would complete two years of clinical work, post ECT qualification. During the second year of clinical work, the ECT candidate would apply for a bridging programme. The bridging programme consists of foundational modules, namely: Basic Sciences, Physiology, Diagnostics, Pathology, and Clinical Learning Portfolio. These areas of the Degree curriculum were identified in the study as being those that require deeper knowledge and understanding within the Degree Programme as compared to the ECT Programme. Following the completion of the proposed bridging programme, the candidate may then apply for RPL for advanced standing for first year and second year subjects, provided that the credit limit of 50% was not exceeded, thereby articulating effectively into the third year of the four-year Degree Programme. Figure 3 schematically illustrates this process.

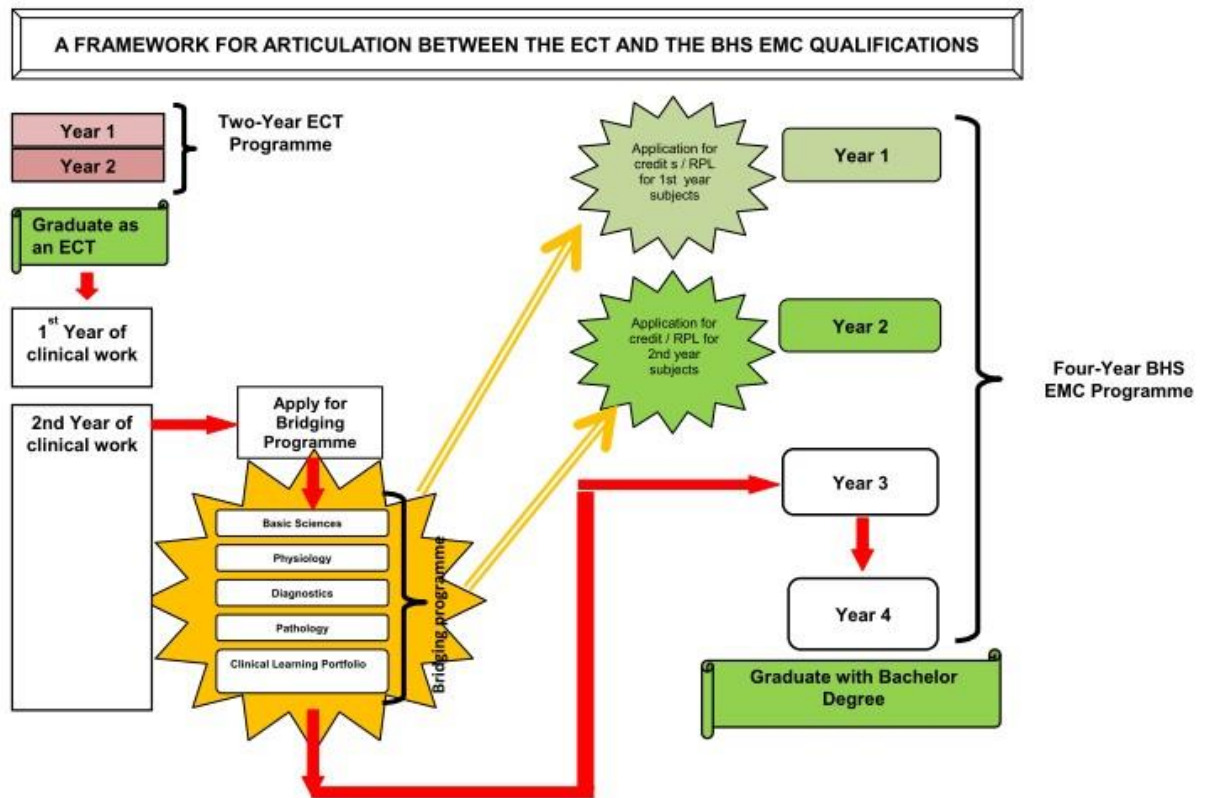


Figure 3 Academic pathways for in-service EMC providers into BEMC Degree (Lambert 2011)

The proposed articulation process (Figure 3) was based on results of the study through focus groups and Delphi technique methodology. The results showed that the National Department of Health advocated for ECT graduates to spend some time working operationally, before embarking on further studies. The data also expressed the need to minimize the impact of time away for further studies on operational demands. Furthermore, the study also highlighted the difference in teaching methodologies between public sector emergency care colleges and universities.

Despite the significance of such research evidence for RPL processes and articulation within emergency care education and training, the need for ECT supportive workplace environment, standardized curricula and availability of funding limit its practical implementation. To date, no research reports on pilot

implementations of such models exist within the prehospital emergency care field in South Africa.

Lambert (2011) concluded that the mid-level worker qualification is a firmly established qualification, within the South African emergency care education and training, and will likely expand with additional accredited training providers. Dovlo (2004) pointed out the advantages of mid-level health workers in an African setting. Amongst the most prominent advantages were cost effectiveness and retention of health workers in rural communities.

2.6 RPL learning theories

A comprehensive understanding of the RPL concept requires an understanding of its theoretical origins, which have developed into contemporary theoretical models. Harris (2000) highlighted the importance of understanding the theoretical underpinnings of RPL and its contextual position within current educational curricula. In explaining the need for understanding of the RPL context, Harris (2000) referred to the knowledge production model as described by Gibbons *et al* (1994 in Harris 2000: 17-19). This model is explained below.

2.6.1 Gibbons's knowledge production

According to Gibbons *et al*. (1994 in Harris 2000: 17-19) model, knowledge is produced in two modes, termed Mode 1 and Mode 2 knowledge. Mode 1 knowledge is strictly disciplinary, specialised and separated from the outside world of knowledge production. Traditional universities, which claim monopoly over knowledge production, represent such a mode of knowledge.

Mode 2 knowledge, which Gibbons *et al* (1994 in Harris 2000: 17-19) described as “social distributive knowledge”, challenges such a notion. According to Gibbons (1994 in Harris 2000: 17-19), Mode 2 knowledge is produced by merging of disciplines and the real-world environment. Problem solving, application, and reflection therefore lead to learning, in this mode of knowledge. It is not

institutionally confounded, but is partnership-based and trans-disciplinary. The globalization of international markets, information technology advancements and growing international competition have forced the higher education shift of focus from Mode 1 to Mode 2 knowledge (Jansen 2002). This notion, in the view of Harris (2000), opened up opportunities for RPL, but a potential policy implementer must carefully consider the type of knowledge contained in a specific curriculum and its context because some curricula might be more suitable for RPL than others. Mode 2 knowledge is therefore acquired mainly through experience.

2.6.2 Experiential learning theory

As explained, Mode 2 knowledge relates to work experience. It is in this context of experience, that Kolb's experiential learning theory becomes relevant. Kolb's theory proposed that knowledge is gained through experience and reflection (Harris 2000). Knowledge construction according to this theory follows a cycle of four phases, which are namely the following:

- Concrete experience
- Reflective observation
- Abstract conceptualisation
- Active experimentation

Therefore, only after completing the learning cycle, can learning and understanding take place (Moore et al 2002: 295). Much of the RPL debate centres on the issue of determining the extent to which experiential learning constitutes knowledge and how it should be measured (Frick et al. 2007; Harris 2000).

2.6.3 Bourdieu's social theory

Harris (2000) made a further link between Bourdieu's social theory and RPL. According to Bourdieu's theory, society comprises of social fields, where the successful progression of individuals within a social hierarchy is determined by the capital held by the individuals or groups in that field. The capital can be

economic, cultural or social (Siisiäinen 2000). Cultural capital is determined by habitus, which is the early predisposition and exposure to a valued capital within a specific social field. Cultural “capital” includes, for instance, exposure to English language since birth; “habitus” is the attitude or orientation to using English language and “field” is the academic field. This implies that individuals with large cultural capital (number of qualifications) are more likely to do well in the educational or academic field (Makoe 2006: 364). Harris (2000) suggested the applicability of Bourdieu’s theory in that higher education and further education colleges may be seen as the social fields and RPL as a sub-field within those fields. In the context of this theory, RPL plays crucial role in providing access to “capital” in the form of qualifications.

2.6.4 Basic theories of learning

Existing literature finds origins of contemporary RPL models in basic learning theories. These theories include behaviourism, constructivism, and cognitivism.

2.6.4.1 Behaviourism

Behaviourism promotes learning by observable behaviour that is separate from internalised thought processes. Carlile and Jordan (2005:15) stated that:

Behaviourism builds on aspects of practice that you know are effective. These include the importance of repetition in learning, of presenting strong and varied stimuli (avoid boring the group), of careful planning and the sequencing of learning events, and of specifying achievable and verifiable learning objectives in the form of learning outcomes (Carlile and Jordan 2005: 15).

In emergency care curricula, aspects of behaviourism appear in the teaching and assessment of skills competencies and paramedic resuscitation protocols.

2.6.4.2 Cognitivism

In contrast to the behaviourist paradigm, cognitivism is concerned with internal mental and memory processing. Models based on this theory describe the process of memorization by a student, from the initial input of information until long-term memory. This premise is based on the organization of information into format, which is naturally easier for the human brain to memorize. Learning tools such as mind mapping, introduced by Tony Buzan and concept mapping, based on the work of Professor Novak (2008), made use of this theory in enhancing memory and learning.

2.6.4.3 Constructivism

Constructivism views learning as an individual, personal experience, one that a teacher does not dictate. During the experiences a learner or student builds or 'constructs' his or her own meaning of such experiences and reflects against existing knowledge. It is therefore strongly student-centred and a teacher takes on the role of a facilitator, guiding a learner through the experience of learning. Teaching or facilitation strategies based on this theory then strongly consider and attempt to accommodate the various learning styles of students, in a classroom (Carlie and Jordan 2005)

2.7 RPL theoretical frameworks

From the formal mainstream educational theories, RPL developed into four main theoretical frameworks described as the technical or market framework, liberal humanist framework and critical or radical framework (Deller 2007). Under each of these frameworks, established RPL theorists developed several models of approach to RPL.

2.7.1 Technical framework

Human capital theory provided a basis for a technical or technological RPL perspective (Breier 2005). This approach emphasized the formal education of individuals as the most important form of “capital” to achieve economic productivity and profit. According to the theory, the development of a society therefore depends on investment in education of its members at macro and micro levels (Olaniyani and Okemakinde 2008: 481). Under this tradition, education is viewed as a form of investment, with expected measurable returns. The investment consideration is therefore very pragmatic and calculated. Breier (2005) stated that this framework promotes a modularized and credited educational structure and is mostly associated with technical and professional training. In terms of RPL, this approach recognized experiential learning, provided that it could be matched against formal learning outcomes. The technical framework is therefore characteristic to the South African educational system, which is based on learning outcomes (Breier 2005: 55). The traditional forms of assessment under this premise are challenge tests, examinations, demonstrations, and portfolios of evidence (Breier 2005: 55). This form of RPL assessment is known as the credit exchange model (Osman and Castle, 2001) or as the ‘Procrustean’ model (Volbrecht 2009: 17).

The credit exchange model only recognises prior learning, which an educational institution can assess and match to specific learning outcomes of formal curriculum. The RPL process is regarded as instrumental and behaviourism fits into this framework. This framework, however, contradicts the RPL principles of redress and equity, because it does not consider the nature of knowledge and what constitutes knowledge, such as invisible knowledge gained in workplace. Breier (2005) criticized this model saying that:

This is despite the rhetoric of the policy, which promotes RPL as a major vehicle of redress for those educationally disadvantaged by apartheid, rather than one of many features of an adult-friendly, student-centred learning environment, as in other countries.

Volbrecht (2009: 17) further pointed out this criticism in his analysis of the 'credit exchange model', where he emphasized that the context of RPL in South Africa is different from original RPL concepts outside of South Africa. Volbrecht (2009:17) suggested that the principle of access and redress are pertinent objectives in his investigation of RPL in the National Professional Diploma in Education Programme.

2.7.2 Liberal humanist framework

The liberal humanist framework holds the premise that prior knowledge needs to be extracted and shaped from experience by reflection into a format suitable for recognition by formal education. Experience is therefore valued as a legitimate source of learning. Kolb's experiential learning theory, described earlier in the chapter, therefore fits well with this framework (Breier 2005: 58). Deller (2007) also made a connection between the liberal framework and theory of situated learning, which states that learning is contextual to situations or cultures. Because the discovery of knowledge from experience is a subjective, personal process, constructivism also holds relevance in terms of this tradition (Deller et al. 2007; Khanyile 2005).

Based on the liberal humanist framework, the RPL assessment approach known as the development model emerged. This approach advocated personal guidance and support during the journey of identifying and constructing valued knowledge from experience. This process culminates in a submission of a reflective RPL portfolio, which then becomes the tool for RPL assessment. Therefore, the protagonists of this approach place emphasis on learner support and advising, as foundations of the RPL policy. However, Trowler (1996: 20) argued that the developmental model is not separate from the credit exchange model, but rather the two models represent two ends of the same process. The RPL facilitator guides and assists a candidate in developing a reflective portfolio from his or her experience in the context of developmental model and this portfolio is then submitted for RPL summative assessment as in the credit-exchange

model. The extent of this assistance and guidance then determines if the RPL practice is more in line with the developmental or the credit-exchange model.

2.7.3 Radical framework

Contrary to the above traditions, the radical framework, as the name suggests, questions mainstream approaches to RPL. It challenges formal educational curricula and institutions for the benefit of marginalized social minorities. Furthermore, it views RPL as means of redress and access to education for marginalised groups of society (Harris 2000; Breier 2001).

2.7.4 'Trojan horse' model and disciplinary specific approach

The Trojan horse model seeks to find a balance between both ends of the spectrum in its approach to RPL, therefore providing an RPL approach that is integrated in mainstream curricula, is sufficiently flexible to recognize the uniqueness of situational learning in its social context, and discourages attempts of trying to equate prior knowledge to specific outcomes of formal qualifications. According to Harris (2000: 101), the implementation of this approach should be realised through 'spine modules', which runs concurrently within the formal curricula and allows flexible exit and entry points. The characteristics of the Trojan horse model should also include aspects of the radical model and allows for open-mindedness in what constitutes formal understanding of knowledge (Harris 2000: 101).

Breier (2005) coined the term "disciplinary approach" to RPL, which offers an alternative to previously discussed RPL perspectives. The approach falls under the broad definition of the 'Trojan horse' model, in that it regards the specific construction of knowledge, the link between formal curriculum knowledge and informal discipline specific knowledge. This perspective therefore seeks to declare logical composition of the curricula in relation to the nature of a specific discipline (Breier 2005: 62).

Figure 4 provides a schematic summary of the main RPL theoretical models, the associated learning theories and the common assessment methods conducted within those RPL models and learning theories. Credit exchange model is associated with behaviourism and cognitivism. RPL assessment in this realm usually consists of challenge tests based on traditional learning taxonomies. Developmental model is based on constructivist theory with RPL reflective portfolio as the main assessment tool. Situated experiential learning theory is representative of the Trojan horse model, which recognises experiential learning for itself as the main evidence for RPL. Lastly, Radical model represents an uncommon RPL model, encompassing critical pedagogy theory, which recognises political and social construction of knowledge outside of higher education field (Figure 4).

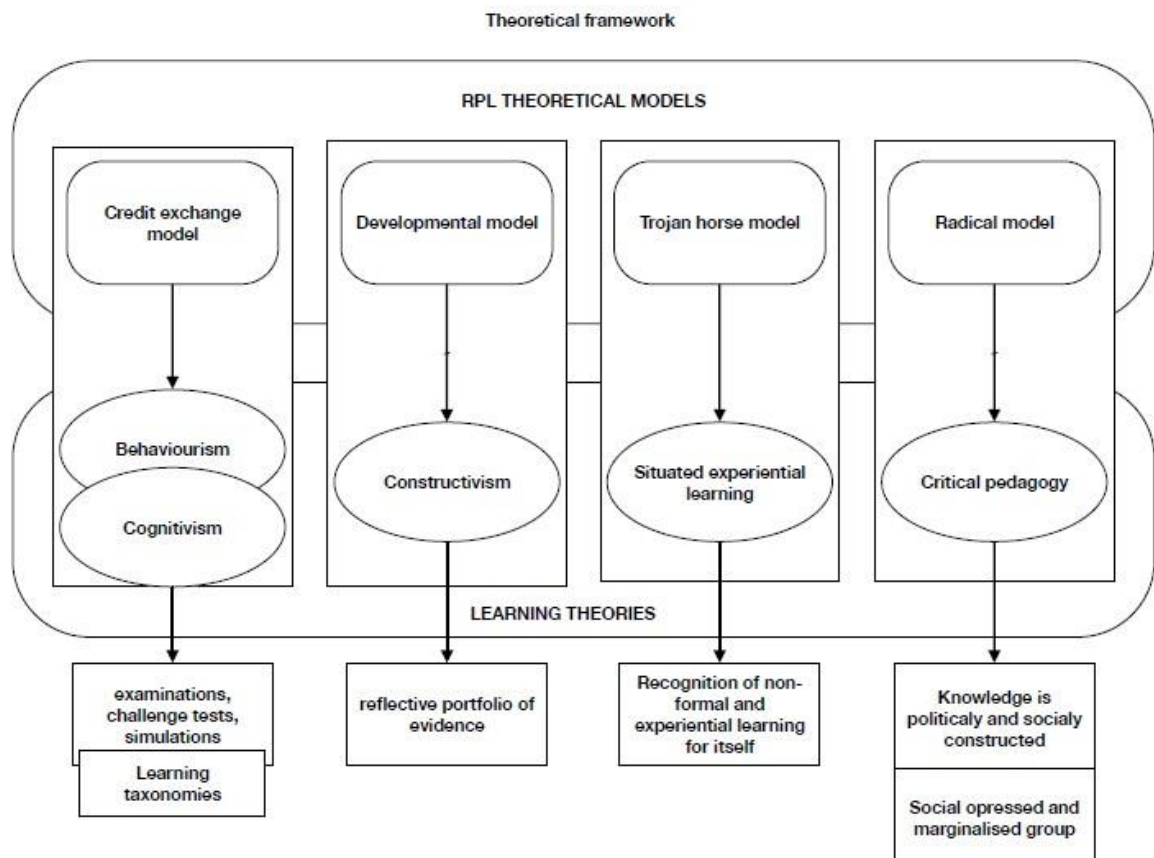


Figure 4 Overview of main RPL models, associated learning theories and assessment methods

2.8 RPL practice at the level of implementation

Outside of these theoretical discussions, several authors have provided recommendations for effective RPL practice in South Africa, based on their investigations and findings. However, a majority of these findings are case based studies from higher education institutions, and are primarily concerned with pedagogical programmes or faculties. Despite an exhaustive literature search reports on RPL, experiences from paramedic learning programmes did not surface. Osman (2004: 50) pointed out that the RPL practice field is new in South Africa and therefore concluded that, ‘...lessons about implementation have to be learned from experience...’

Osman (2004) arrived at this conclusion through a qualitative investigation of RPL projects at four major South African Institutions of Higher Education, involving RPL participants, as well as RPL implementers and their perceptions of redress and equity through RPL. These projects focused on the admission of undergraduate and postgraduate students from the fields of Education, Nursing, Law, Arts, and Business Management. Moutang (2009) also conducted a qualitative inquiry into RPL, but aimed to determine whether RPL had achieved the principle of justice at a Faculty of Education at the University of Pretoria. Although Frick et al (2007) explored the RPL practice at Stellenbosh University; their RPL study was aimed at a postgraduate level. A case study of RPL in Labour Law Course at a South African University further sought to explore the ways in which RPL participants and assessors recognise prior formal knowledge (Breier 2001).

Although few studies from other fields such as nursing, labour law or the insurance sector appear in the literature, none is directly applicable to the paramedic discipline. In this section, the researcher reviews the reported lessons and recommendations from the existing literature on RPL practice and implementation using several broad themes.

2.8.1 Resource planning

A prominent theme within the existing RPL literature findings is the need for careful planning and consideration of resources before implementation. Frick et al (2007) stated “the effective implementation of ARPL in higher education institutions demands clarity in terms of available resources and their application”. Frick et al (2007) further warned that without considerable investment into RPL and a concentrated focus on policy development, RPL would remain as a peripheral activity. The literature has provided several recommendations with regards to these resources. According to Fick et al (2007), resources should include administrative support, human resources, training and infrastructure, specifically access to computers for staff and a web based RPL information system.

A number of studies supported and recommend planning for RPL training, specifically for academic staff involved directly with RPL (Brinke et al 2009; Osman 2004; Nieman 2001; Van Rooy 2002). The need for RPL training arose from the challenges encountered by academics during the RPL process, which Osman (2004: 56) has described as being “formidable”. One of the prominent challenges reported from South African case studies is the extra workload placed on academics involved in RPL. Academics are often asked to conduct RPL assessments, in addition to their normal academic responsibilities such as teaching of mainstream students, research, and professional development. Some case studies have shown, that if additional workloads do not carry financial remuneration, then academics can become dissatisfied and demotivated to conduct RPL activities (Motaung 2009).

The ensuing conflict between established educational assessment practices and the process of recognising often intangible experiential knowledge can lead to confusion or uncertainty in academics conducting such assessments. Osman (2001) reported challenges of “self-doubt about pedagogy and epistemology” in the RPL assessment. Therefore, the underlying recommendation from the literature is that institutional teaching and human resources plans incorporate

RPL activities in terms of remuneration and promotion schemes (Osman and Castle 2001). Furthermore, RPL institutional policies should regard RPL as a specialised role and not as a part of mainstream academic responsibilities. This could result in a reduced workload for RPL assessors to allow commitment to RPL (Van Rooy 2002: 80). Van Rooy (2002: 80) further reasoned that RPL assessment is labour intense and requires a disproportionate number of evaluators for single RPL student compared to regular assessment. Brinke et al (2009) added that training might improve validity and reliability of RPL decision-making. Although strong advocacy for staff members training is evident within the reviewed literature, the reports do not indicate what type of RPL training should be conducted and do not provide more specific recommendations in term of length of training, nature of training and appropriate outcomes.

2.8.2 RPL environment

Without an enabling environment, conducive to RPL, implementation will lose its momentum and will not be sustainable (Heyns 2004; Osman 2004; Deller 2007). Motaung (2009) and Osman (2004) explained that for this to occur, RPL must reverberate through the overall strategy of an institution and reflect in its mission and vision.

Equally, the RPL participants and policy designers must also understand the context of the institution, which is entrenched in institutional strategic vision as well as the existing structures and policies necessary for RPL (Motaung 2009: 79). Cretchley and Castle (2001) supported the need for an enabling environment in the institutional culture, in which the institution is open to ideas and admission processes that do not conform to traditional educational practices. Deller (2007: under heading Recommendation for RPL implementers) reported similar findings by concluding, “it is important to understand the environment and the prevailing learning culture. Companies should undergo a learning culture profile to assess their readiness to be able to support RPL candidates through to success”. Moreover, Deller (2007) assigned success for RPL to gaining buy-in from all

relevant stakeholders such as senior managers and relevant regulatory and employee representative bodies.

Despite clear calls for an RPL enabling environment, scholars have acknowledged that such environments in South Africa are far from ideal (Cretchley and Castle 2001: 499). In fact, Deller (2007) argued that some environments are not conducive for RPL implementation at all.

2.8.3 Selection of approach to RPL

The results of two studies have shown that a lack of a specific approach to RPL, which an institution consciously chooses, could lead to difficulties and tensions during the RPL assessment (Osman 2004b; Frick et al. 2007). Osman (2004: 54) cautioned that the lack of a clear purpose might obscure the principles of equity and redress, which is the strongest argument for RPL in South Africa. Osman (2004: 54) further advocated the dissemination of discussions around RPL aims, throughout institutions or departments for wide involvement of academics. Osman (2004: 54) concurred that the aims of RPL must be in line with the overall strategic goals of an organization or institution, as other studies have stated before (Motaung 2009: 79). Deller (2007: under heading Conclusions) suggested designing of a “RPL logic model” rather than a general strategy, to ensure that the RPL implementers consider the relevant resources and contextual situation and therefore “maximise the value of each RPL implementation” (Deller 2007: under heading Conclusions).

2.8.4 Stages of the RPL process

Although the framework for the RPL process is detailed in Chapter 1, Brinke et al (2009) and Nieman (2001: 148) noted that the RPL process consists of seven stages, namely:

- Data gathering

- Application
- Gathering and the presentation of proof
- Assessment
- Post-assessment support
- Recording
- Appeal

On the other hand, Brinke et al (2009: 62) summarized the RPL process into four stages as follows:

- Learner profiling
- Gathering and presentation of evidence
- Assessment
- Recognition phase

Despite the partial discrepancy in the number and naming of stages, the RPL process can be logically divided into groups of related activities. In the initial stage, a potential RPL candidate needs to make a decision about the application for RPL; gather necessary evidence to support the application, usually through the development of a RPL portfolio and the institution determines the viability of the application. Next, the evidence is gathered and organized and then presented for assessment. Subsequently, decisions about suitable format and instruments for assessment are made. Following this stage, the assessment is conducted and decisions are made regarding the awarding of credits or access. Lastly, RPL candidates may follow an appeal process, and RPL assessments and decisions are archived (Nieman 2001: 148; Brinke et al 2009: 62).

2.8.5 Quality Assurance

(Heyns 2004: 241) asserted that:

A valid, practical and effective RPL system seems to require, first and foremost, a quality assurance framework which supports an enabling environment within which the development work needed to establish such a system, can take place...

This statement has been corroborated in several studies (Geyser 2001; Nieman 2001; Van Rooy 2002; Khanyile 2005; Motaung et al 2008;). Since RPL is considered “non-traditional” educational practice, the lack of a coherent quality assurance framework may undermine the credibility, validity, and reliability of an RPL project or practice. Quality assurance also supports an enabling environment (Heyns 2004: 240). Khanyile (2005: 55) offered practical guidelines to address the issues of credibility, validity, and reliability.

According to the proposed guidelines, sound quality control policy frameworks must ensure that assessments are conducted by more than one assessor using a variety of assessment methods against specific learning outcomes with specific, measurable performance criteria. Furthermore, an assessor must receive appropriate training, which focuses on quality, rather than on assessing for quantity. The assessment must also be accompanied by comprehensive documentation to prevent duplication of awarding credits. Lastly, the RPL assessment policies together with appeal policies must be transparent and regularly evaluated, monitored and revised (Khanyile 2005: 55). An underlying indication of a valid quality assurance in RPL is the setting of standards for various components of the RPL process, which literature differentiates into academic standards and administrative standards. Academic standards set parameters for the quality recognition of learning. Administrative standards, in contrast, provide measures for policy implementation, monitoring and a comprehensive audit trail of the PRL processes and activities (Geyser 2001:32; Khanyile 2005: 55).

2.8.6 RPL marketing

The previous recommendations for selecting a specific RPL approach and purpose is closely linked with communicating the selected approach, not only to the wider community of academics, where the RPL project takes place, but also, perhaps more importantly, to the potential receivers of RPL. Potential applicants often have misconceptions about the purpose of RPL, the processes involved, evidence required for RPL portfolio and the amount of credits that can be obtained through RPL (Van Rooy 2002: 79). Motaung et al. (2008) insisted that a handbook is necessary for the dissemination of RPL related information. This handbook should contain sufficient detail for a potential applicant to be able to make his or her own decision about applying for RPL assessment.

2.8.7 Effective RPL practice at the level of assessment

The RPL assessment is the core activity of the entire RPL process and the subject of interest for a number of mainly case-based RPL research. RPL assessment is conducted to identify relevant prior knowledge and compile evidence of this knowledge, which, according to Nieman (2001: 151), should be measurable against the outcomes of formal curriculum. Although in some cases, the RPL assessment system is integral to the formal method of assessment, it largely remains outside of the framework of regular, formal assessments (Moore and Van Rooyen: 2002). The recommendations emanating from such cases reflect the context of the specific theoretical model chosen in the particular case setting. Baloyi's (2014) study recommends choosing the right RPL assessment methods thoughtfully.

2.8.8 Assessment instruments and methods

The literature alludes to a number of tools that RPL assessors can use. These range from more formalised and mainstream assessment tools such as challenge tests, demonstrations, standardized tests or programme/course evaluations to more individualised assessment tools such as interviews and reflective portfolios

(Van Rooy 2002). Although there have been some studies on the benefits and disadvantages of tests and interviews, the majority of the reviewed RPL assessment studies focus on issues regarding RPL portfolios, which seems to be the main method of assessing prior learning (Osman 2004; Motaung et al. 2008; Brinke et al. 2009; Jooste and Jasper 2010; Pokorny 2013).

Van Rooy (2002: 135) stated that challenge examinations are useful in cases where the candidate cannot provide sufficient indirect evidence of prior learning. However, the marking methods of such tests might be inconsistent between institutions. In contrast, standardised testing may be transferable between institutions, provided the curriculum is uniform, but this form of assessment limits the testing of behavioural aspects and critical cross filed outcome of a curriculum (Van Rooy 2002). The main advantage of an interview as an assessment method is that it does not require writing skills and might be less intimidating for RPL candidates, but are usually reported to be too time consuming, labour intensive and costly (Frick et al. 2007: 135). Despite the advantages and disadvantages, an underlying general criticism of RPL assessment methods is that these are too labour intensive, time consuming and costly. This criticism pertains specifically to RPL portfolios (Cretchley and Castle 2001).

The evidence suggests that with extensive, one-on-one support guidance, students are able to compile reflective portfolios to such a standard that their identified learning can be matched against learning outcomes of a qualifications such as in case of Motaung's (2008) research. The process of portfolios building also seems to have perceived benefits for the students. Some reports indicate that portfolio building helped the RPL candidates in developing academic writing and reading skills. Furthermore, it seemed to increase their sense of confidence for future higher education studies. On the other hand, RPL assessors seem to see positive value in reflective portfolios, in terms of the opportunity for assessing knowledge in non-traditional way. Portfolios, however, are seen as being very time consuming and labour intensive, which, without appropriate support of RPL

assessors and facilitators, may create frustrations and tensions (Cretchley and Castle 2001: 489).

The Faculty of Education at the University of Pretoria, for instance, used the portfolio assessment and an interview to determine if a candidate meets entry requirements of the Programme with involvement of an external expert in the assessments (Motaung et al. 2008: 1252). Although, Motaung et al (2008) offered an example of the actual RPL process, the example from practice is for RPL for access into the Master of Education Programme.

Nevertheless, the research undertaken by Motaung et al. (2008) showed positive findings in respect of the RPL assessment process, indicating that candidates were able to match their prior learning against formal learning outcomes of the Programme. They, however, recommend that the reflections need to be more engaging, instead of just matching prior knowledge against learning outcomes. Further recommendations called for the assessment to be a supportive and guided process. In this particular research report, the candidate was guided on a regular basis through one-on-one sessions, until the date of assessment. However, in this case the Faculty used an assessor, competent enough to guide the candidate in the development of such portfolio. The researchers also found that the assessments carried out at that Faculty reflected all the recommended principles and values of an effective and credible RPL practice (Motaung et al. 2008: 1258). All the study participants were successful in their RPL for access applications and therefore were able to gain entry into a learning programme, which was higher than the one they already had achieved. Thus Motaung (2008: 1258) postulates that if RPL candidates are given enough time, through personalised coaching, they can make sense of their prior learning experience.

Based on the results of their study Motaung et al. (2008) made a strong recommendation for learner guidance and support, which is necessary before assessment and during assessment to achieve accurate reflection. Without clear information about the contents and purpose of the RPL process, candidates may

have misconceptions about the kind of credits that they will be awarded, about what is higher education learning and may have negative perceptions about the RPL process (Van Rooy 2002). Proper guidance will also ensure alignment between the candidates' reasons for application and the curriculum type in the application process. The initial information and guidance can be supplemented in the form of an information handbook (Motaung 2008). Deller (2007) argued that academic profiling and workplace support assessment would result in better results of RPL assessment and more satisfied participants.

Furthermore, Motaung et al (2008) stated that it should be up to the candidate to decide for RPL assessment, which must be transparent, in order to provide fair opportunities. Van Rooy (2002) suggested that a provision in terms of number of seats for RPL students in a learning programme must be included in a RPL policy, to motivate potential candidates to undergo the RPL route. He added that equating prior learning to formal outcomes is difficult, because institutions often seek direct evidence of that learning. Breier (2001) also reported positive findings of investigation of knowledge identification, which she attributed to previous dispositions to “habitus”, which was explained under RPL theory in this chapter.

Certain authors allude to the significance of mutual communication and understanding between assessors and students prior to RPL assessment (Khanyile 2005; Motaung et al. 2008; Sandberg 2012). This communication should involve agreement on what type of assessment will be used and what the competency criteria of such an assessment should be. Khanyile (2005) is more specific about what such an agreement should entail. According to Khanyile (2005: 55) the agreement should contain the following:

- “The provider should have the following available for the candidates: examples of portfolios, evaluation methods to be used and the stipulated assessment fee amount to be paid by the candidate.

- Assessment methods chosen should depend on the learning outcomes to be assessed.
- The assessor should decide on the appropriate level of structure of the chosen assessment method. For example, a high structure will entail an oral examination and a low structure will entail a loosely structured interview.
- There should be clear identification of evidence required.
- Assessment is to be done by experts in the particular field of study.”

Sanberg (2012: 367) concluded that students find difficulty in reflecting on their own personal experience, in terms of what was expected due to a lack of clear communication with regards to the assessment criteria. Sandberg (2012: 366) further asserted that a more “communication action-oriented” process can go a long way for better understanding of the expectations on the side of the students, which can serve as a foundation for further learning. The case study highlighted by Brinke et al (2009) showed that without adequate mutual communication and cooperation, RPL participants might perceive the process as unfair. A further consequence may be that RPL candidates may feel unprepared and may be less accepting of the assessment criteria. Interestingly, the participants in this study favoured a pedagogical approach with the setting of deadlines. This supports the need for a more guided and structured approach to RPL.

2.8.9 RPL challenges and benefits

Existing scholarly literature on RPL practices in South Africa reflects clearly that the concepts of RPL have not been easily implemented due to a number of challenges facing RPL, at various educational institutions. Certain benefits have however also been noted.

2.8.9.1 RPL challenges

The promise of social justice, redress of past inequalities and access to higher education is not always fulfilled as in cases of RPL implementation (Motaung 2008). Cretchley and Castle (2001:499), however, believed that the cause of the problem lies in the nature of the outcome-based education system in South Africa and not in RPL itself. Some scholars have asserted that the South African educational environment is not yet conducive to RPL principles and purpose. Lack of support of RPL academics in terms of training, remuneration and sidelining of RPL activities outside of mainstream curricula is counterproductive in developing an enabling environment for RPL. Given the cultural background and history of South Africa, the dominant challenge of students choosing to enter the RPL process is constructing evidence of their prior workplace learning in an academically suited language and format, such as for example assignments. This can become discouraging for potential RPL candidates and in fact, according to Cretchley and Castle (2001), promotes discrimination and social exclusion.

However, with extensive and focused support and guidance from an RPL facilitator, it seems that RPL participants are able to overcome this challenge. Unfortunately, that means an increased workload for academics who without adequate support, can quickly become frustrated and demotivated in their commitment to RPL. Without clear, institution specific aims and a purpose of RPL, academics might develop negative views of RPL such that RPL is just an easy way into a qualification, without meeting the necessary entrance criteria.

A further challenge for South African educational environment has been the valuing of prior knowledge and the will to accept RPL as part of formal educational practices (Cretchely and Castle 2001: 489). Criticisms around the issues of credibility of RPL assessment methods have been raised previously. Nieman (2001:152) cautioned against the risk that the RPL assessment process might underestimate the importance of a module or a subject within a curriculum, thus losing the opportunity for adequate re-evaluation of core and highly complex components of a curriculum.

Several studies reflect that a lack of communication and academic writing skills seems to be the main barrier for successful access to RPL (Cooper 2001; Smith and Clayton 2009). The Developmental model of RPL requires personal support and guidance of tutors, which is a very labour and time intensive process (Osman and Castle 2001). RPL policy implementation requires capacity building, which involves training of RPL assessor and facilitators with financial implications (SAQA 2004).

Based on her study, Cooper (2001) suggested that lecturers welcome RPL students because they enrich a programme through their experience. However, according to Smith and Clayton (2009) RPL participants view the evidence required for RPL as excessive and too complicated, which discourages potential candidates from seeking the RPL route.

2.8.9.2 RPL benefits

During the earlier stages of its introduction into the South African educational system, RPL was seen as a means of redressing the historical injustices of exclusionary apartheid educational policies. The unionists viewed RPL as a tool for socio-economic upliftment of the skilled and semi-skilled labour force through the awarding of formal certificates for past experience. However, this optimism soon encountered the challenges of practical implications, as described earlier. The extent of achieving redress has remained questionable. Despite these practical issues, RPL remains a vital means of access to formal learning programmes for individuals, who do not meet the minimum entry criteria. It therefore remains a powerful tool for potential social and economic development in South Africa (Moore and Rooyen 2002: 293). Some authors report a successful outcome of RPL for access.

RPL for advanced standing prevents unnecessary repetition of learning that individuals might already have through workplace experience. This has positive costing implications for both the RPL participants and the institution of learning.

The fact that a successful RPL candidate spends less time in a programme, allows for greater intake of new students, thus widening access (Nieman 2001: 145). Furthermore, successful RPL candidates might be inclined to return to the same institution for further studies, where they have gained access or credit through RPL (Nieman 2001: 145).

Past studies have shown that RPL can build a candidate's confidence through the process of self-reflection on past learning from experience, thus making them less anxious about future studies in a higher education environment (Osman 2004: 311). RPL portfolio composition can also provide opportunity for development of writing and reading ability (Osman 2004: 309). RPL candidates with relevant and current workplace experience can provide valuable input into development and updating of higher education curricula.

2.9 Conclusion

Based on the literature reviewed, it has become clear that the impetus for RPL academic discussions is the fact that RPL originates in formal educational theories of learning, knowledge production, and assessment, which is in conflict with informal learning obtained outside of formal academic structures. Given the educational nature of the RPL phenomenon, scholarly debates around RPL reside in the field of higher education, which has focused mainly on pedagogical learning programmes.

The current RPL research underpins the difficulty in implementing widely theorised RPL models within specific workplace sectors and contexts in South Africa. RPL researchers seek to find solutions to the problem of matching invisible workplace knowledge with highly formalised, visible, and regulated knowledge represented by universities.

A further difficulty in RPL research stems from the unique nature of the South African educational environment, characterised by poor basic literacy, due to historical discrimination and social injustice. International models of RPL are

based on the presumptions of sound academic and language literacy foundations, which are not realistic in the South African context. The success of applying RPL principles of social justice and redress in South African higher education institutions remains questionable.

Moreover, the search for RPL related literature within emergency care education and training in South Africa emphasized the paucity of evidence in this field of inquiry. Despite the research gap, few studies have emanated from emergency care scholarly circles in an attempt to fill this gap. Although one study addressed the problem of recognition of prior learning for the ECT graduates, it did not provide findings of its practical implementation.

CHAPTER 3

3 RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design for this study, the mode of inquiry chosen and its rationale together with description of the particular data collection tools, sampling strategy, analysis and research rigour. To strengthen reliability, contextualization of the research design and the process of the study, the researcher uses schematic representation model as proposed by Rosenberg and Yates (2007) throughout this chapter.

3.2 Research design

In selecting the appropriate research design for this study, the researcher was guided by the works of Creswell (2009) and Yin (2009). The research design chosen for this study was qualitative, as it helped the researcher gain a better understanding of the intrinsic complexities of the RPL process and its impact on individuals involved, within the National Certificate Emergency Care (NCEC) qualification, offered by the training providers in the Western Cape. The philosophical assumption of the proposed study was the constructivist paradigm, as it was based on the presumption that the study participants construct their own meanings and experiences during the RPL process. This strategy calls for more open-ended questioning and analysis of the complexity of interactions and views. The researcher therefore mainly relied on participants' experiences of the RPL process.

The design of the study was guided mainly by Yin's (2009) case study design. Case study research involves conducting an empirical investigation of a contemporary phenomenon, within its natural context using multiple sources of evidence (Yin 2009: 626). According to Yin (2009), the case study approach seeks to understand a particular phenomenon within its specific contextual complexities. The strength of a case study approach lies in a deep analysis or

exploration of a case where clear distinction between the phenomenon and the context is uncertain (Baxter and Jack 2008; Yin 2009). A case study may imply a broad generalization. The phenomenon of a case study may have many forms, such as for example individuals, an event, programmes, projects, group behaviour, or processes; however, the object of a case should not be abstract such as a topic or an argument. The characteristic feature of a case study is that it has a defined boundary (Yin 2009).

3.2.1 Case study type and units of analysis

For this study, the researcher sought to follow an exploratory approach with descriptive components. The approach of the inquiry was a single case study design with embedded subunits of analysis (Yin 2009: Kindle location 1166). The units of analysis were the two educational institutions, namely the Cape Peninsula University of Technology (CPUT), Department of Emergency Care and the Western Cape Government College of Emergency Care (WCCEC), schematically illustrated in Figure 5. Data from each unit of analysis was drawn from relevant RPL documentation, PRL participants, and RPL assessors, which were linked to the study objectives.

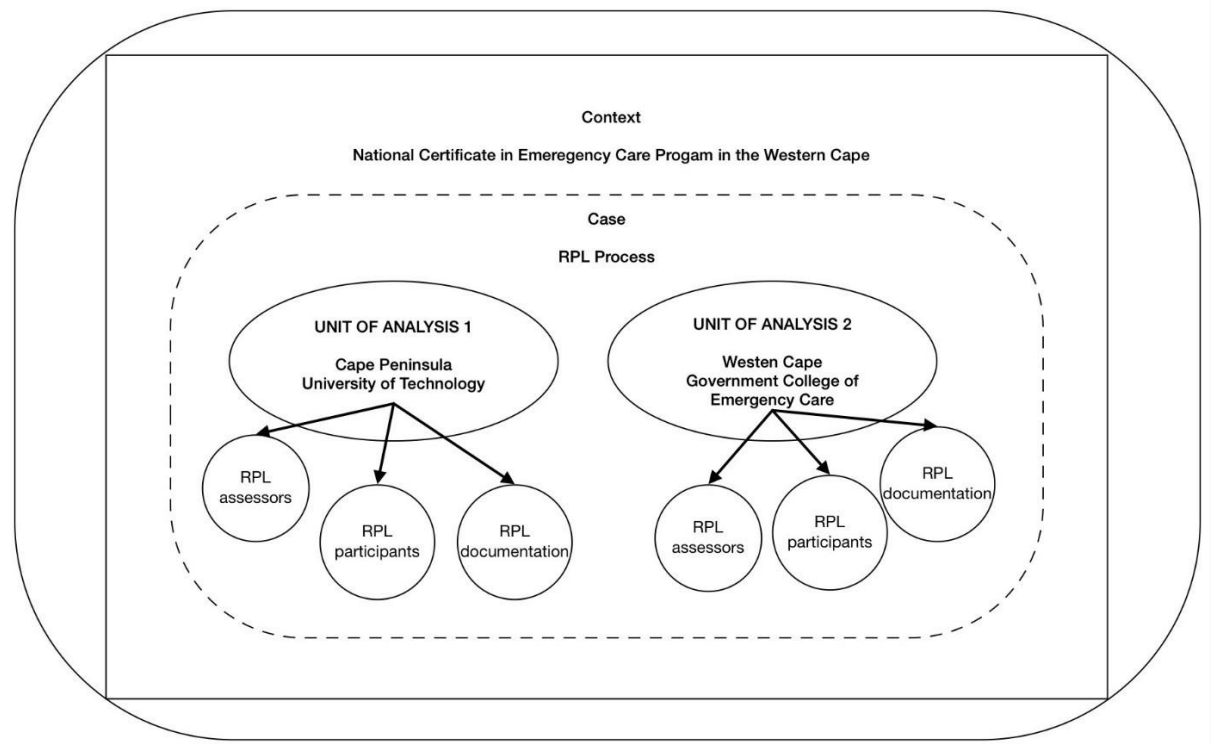


Figure 5 Case selection and units of analysis

3.2.2 Study setting

Given the case study context of the NCEC Programme within the Western Cape, the data was collected primarily from the two Emergency Care Education and Training institutions, offering this qualification, namely CPUT and WCCEC. The two institutions are the only providers of this qualification in the Western Cape, thus giving the case study a significant representative relevance and external validity. The inter-institutional relationship, educational characteristics, and contextual history of these units of analysis were detailed in Chapter 1.

Documentary evidence was analysed on site at the two institutions after obtaining permission to conduct research from the relevant gatekeepers. Focus groups were conducted at the WCCEC premises for the convenience of organizing a suitable venue for the interviews by the researcher and ease of access for the focus group participants.

Semi-structured interviews were conducted either at the WCEC premises or a location suitable for the interview participants to mitigate any significant inconvenience to the study participants.

3.2.3 Data collection

3.2.3.1 Sampling

Purposive sampling was used for this study. Purposive sampling is characterised by specific selection criteria and was used in this case to select a representative sample based on participants' involvement and experience in RPL (De Vos *et al.* 2011). Two purposive samples were obtained, and are referred to, for the purpose of this study, as Sample A, and Sample B. The sampling and data collection are schematically described in Figure 6. The first focus group was held with Sample A, consisting of the RPL assessors, followed by the second focus group with Sample B, which comprised of College students. Former University students from Sample B participated in semi-structured individual interviews, which followed the two focus groups.

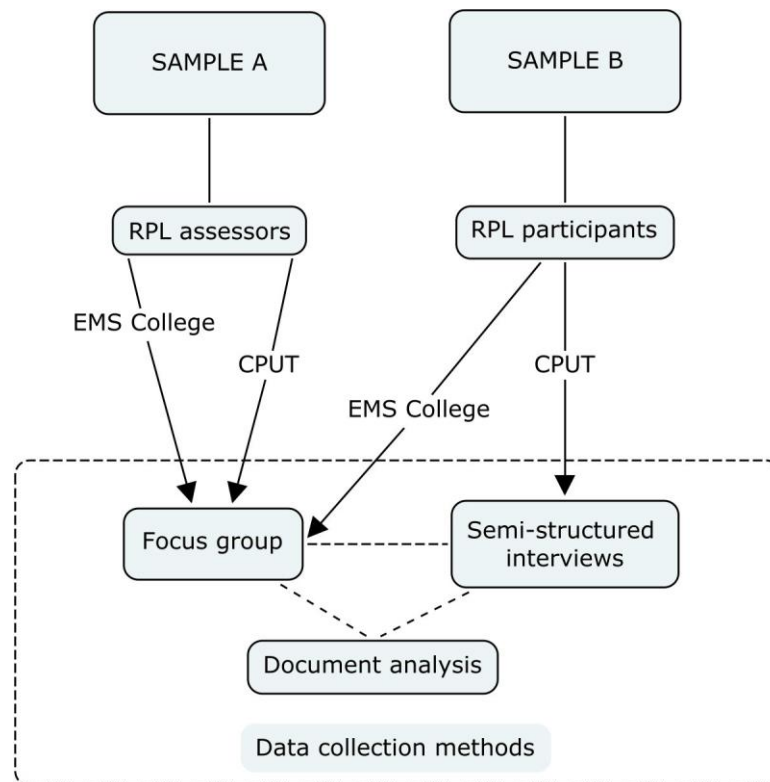


Figure 6 Sampling and data collection

3.2.3.1.1 Sample A

Sample A consisted of RPL assessors. The sample selection was based on the following criteria:

- Having a minimum of one-year experience with the RPL assessment process within emergency care education and training.
- Actively teaching in a paramedic short course or university programme on a permanent basis.
- Being a permanent staff member at either CPUT or WCCEC.

Due to the limited sample population, each potential participant was contacted telephonically or in person. Once preliminary willingness to participate was obtained, a letter of information (Annexure H) was emailed to respective individuals. The final sample consisted of a total of six participants, who agreed to take part in the focus group discussion. Two participants were lecturers from

the CPUT Department of Emergency Care. The remaining three participants were lecturers from the NCEC Programme at the College. One participant was the coordinator of the NCEC Programme at the College. All participants have been involved with RPL for more than a year. Only one participant received informal training on RPL in the form of workshops and also performed the role of curriculum officer at CPUT. Three of the participants indicated their involvement with RPL as “often” and the other three as “sometimes.” Three of the participants in the group had an additional Higher Diploma in Higher Education and Training qualification at the time of the focus group interview.

3.2.3.1.2 Sample B

Sample B consisted of RPL participants. RPL participants were defined as students who had applied for and had undertaken the RPL process either for the purpose of gaining access into the NCEC Programme or for advanced standing within the Programme. The criteria for the selection of sample B was as follows:

- Had applied for RPL for access or for advanced standing in the NCEC Programme.
- Registration as Ambulance Emergency Assistant (AEA) practitioner with the Health Professions Council of South Africa (HPCSA) at the time of the RPL application.

For the purpose of greater data saturation and diversity of views, the selection strategy did not differentiate between candidates who were successful in the RPL process and those who were unsuccessful in their application. The final sample, however, consisted of RPL participants who were all successful in their RPL application, except for four of the University RPL participants, who were unsuccessful in their RPL claim for credit in first year Physics and Chemistry. Sample B consisted of RPL participants from the WCEC and from CPUT. Data from WCCEC RPL participants was collected by means of focus group. Data from CPUT RPL participants was obtained through individual interviews, as it was not convenient for all the potential study participants to meet at one specific time.

3.2.3.1.3 Focus group: sample B

A total of twenty-two participants accepted the invitation to participate in the second focus group. All participants were at the time second year students in the NCEC Programme at the Provincial College of Emergency Care, who had achieved advanced standing within the qualification through RPL, for the foundational module of the NCEC curriculum and have met the criteria for inclusion in the sample. Although the initial goal of the focus group was to achieve representation from both units of analysis (CPUT and WCEC), the representative candidates failed to attend the focus group on the predetermined date. This representation was then subsequently achieved through separate semi-structured interviews.

The average number of years of practicing as an AEA practitioner prior to RPL application was 5.3 years, excluding data from three participants, who declined to provide basic background data prior to beginning of the focus group.

3.2.3.1.4 Personal interviews: sample B

Contact numbers for potential candidates for one-on-one interviews were obtained from relevant Programme Coordinators. The researcher contacted each potential participant telephonically to arrange the individual interviews at a time and place convenient to the participant. Former ECT students, who moved outside of the Western Cape Province after graduating, were excluded from the study due to logistical reasons. A sample of five participants, who agreed to provide an interview, was obtained. Three of the participants successfully completed the ECT Programme after RPL assessment. Two participants delayed completion of ECT, but planned to complete second year of the ECT Programme at the time of the interviews. All of the participants were over 30 years old at the time of PRL application and had an extensive working experience as AEA practitioners. One participant in the sample completed the National Diploma in Emergency Care at CPUT, following completion of the ECT qualification.

3.2.3.2 Data collection tools

Case study, by definition, is an intense inquiry into a particular phenomenon in its specific context and therefore requires rich data collection, to gain as much understanding of the case in all its aspects and contexts. A common strategy to obtain comprehensive data, to strengthen a case study and to develop 'converging lines of inquiry' (Yin 2009: Kindle location 2384) is by means of triangulation, which the researcher has applied in this study. Triangulation is a principle of using at least three different sources of data (Yin 2009: Kindle location 2384).

3.2.3.2.1 Sample A and B: Focus Groups

A focus group is a common and acceptable data collection method in the qualitative research designs. The intent for the use of focus groups in this study was two-fold. Firstly, the method was selected for taking advantage of the dynamics and advantages of focus group discussion format. Secondly, the focus group method was chosen in this study for methodological purposes as well as triangulation of the data to enhance the study's credibility (Yin 2009: Kindle location 2384). According to Then, Rankin and Ali (2014: 16), "focus groups are generally used to gather in depth knowledge about attitudes, perceptions, beliefs and opinions of individuals regarding a specific topic". The advantage of the focus group method lies in creating an anonymous environment where the participants are more compelled to express their views, rather than in a case of individual interviews where the issue of the researcher influence might play a more prominent role (Then et al. 2014). Focus groups allow participants to reflect their own views against the views of others in the group and therefore galvanize deeper extraction of individuals' views and opinions.

The researcher facilitated both focus groups to ensure a stimulus for discussion, given the researcher's contextual understanding of the case in focus. A focus group protocol guided the researcher through the discussions to ensure validity

and relevance of members' responses (Annexure B, C). First focus group with Sample A lasted 60 minutes and was attended by 6 participants. Second focus group with Sample B lasted 80 minutes and was attended by 22 participants. Focus groups were audio recorded and transcribed verbatim for further thematic analysis. General background information was collected prior to the commencement of both focus groups and entered onto an Excel spread sheet for record keeping (Annexure D and E). Each participant signed the consent form (Annexure H).

3.2.3.2.2 Sample B: Individual semi-structured interviews

Individual interviews are an essential method of enquiry in qualitative research. It allows for personal exchange of views, opinions, and experience (Hanson, Balmer and Giardino 2011: 377). In this study the researcher chose this method to apply methodological triangulation to corroborate data from focus groups and documentation (Yin 2009: Kindle location 2365). Individual interviews also provide greater data saturation and necessary depth of analysis for a case study mode of enquiry. Qualitative interviews may have various flexibility of structure. This can range from a very open interview, with very little guidance from the researcher or moderator as to the points of discussion, to a semi-structured interview, guided by an interview protocol (Hanson et al. 2011: 377). In this instance, the researcher used the semi-structured interview format, guided by a set of open-ended questions to ensure exploration of all RPL issues relevant to the study's objectives (Annexure F). The researcher also fulfilled the role of the interviewer due to the contextual background understanding of the case. Each interview was audio recorded and transcribed verbatim for further analysis. Each potential participant was contacted telephonically to set up a venue for the interview at the convenience of the participant and signed consent form prior to the interview.

3.2.3.2.3 Document review

Documentation is an important source of data particularly in a case study (Yin 2009: Kindle location 2096). Documentation can have many forms ranging from policy documents to newspaper articles. The purpose of document review in this study was to triangulate sources of evidence, to provide deeper understanding of the context and to corroborate findings from the focus groups and the personal interviews (Yin 2009: Kindle location 2393). The researcher analysed documentation relevant to the RPL process phenomenon, which consisted of the latest RPL policies at the two institutions (CPUT and WCCEC). The documentation review process was done in the context of the RPL framework, theoretical propositions, and study's objectives.

A document review rubric was used for the evaluation of RPL documentation (Annexure G). Permission for access to the relevant documentation was obtained from the Head of Department of Emergency Medical Sciences at CPUT and College Principal at WCCEC.

3.2.4 Data analysis

According to Creswell (2009), qualitative data analysis is not a once off process but a continuous engagement with incoming data, parallel to other elements of the research process. No specific process exists for qualitative data analysis and therefore it is up to the researcher's ability to formulate and extract general hidden meanings from the specific raw data. Furthermore, De Vos (2011) noted that writing own transcriptions immerses the researcher in the data to generate emerging insight. According to De Vos (2011), frequent analysis of early findings during the research process is crucial. As suggested by de Vos (2011: 408), simultaneous data collection and data analysis is acceptable and characterises the emergent dynamic process of forming themes. In this study, Creswell's (2011: 184-185) approach to data analysis was followed according to the following steps:

- a) Collection and organisation of the raw data. Verbatim transcripts were categorised according to Sample A and B used in the focus groups and individual interviews. Express Scribe software was used to categorise and to transcribe the audio recordings for both samples. Individual transcriptions were organised and categorised using Microsoft OneNote software.
- b) The fact that the transcriptions of the audio recordings were done by the researcher provided the opportunity for early exploration of meanings of the textual data. Any initial ideas or thoughts of the researcher were recorded electronically in the research journal throughout data collection and analysis process.
- c) Coding process followed transcription of raw data. Manual colour coding was used in electronic format. Segments of texts related to emerging categories were cut and pasted in Microsoft OneNote Software for ease of categorization from the emerging information collected from the participants. Constant comparative analysis was applied to develop comprehensive coding scheme.
- d) The coding served as a platform for further description of the categories and themes for analysis.
- e) The descriptions of themes were presented in a form of detailed discussion together with interconnecting themes.
- f) Finally, interpretations were drawn from the coded data. The interpretations included researcher's personal experience and understanding of the paramedic field and the concept of RPL. Interpretations were further derived from contrasting of the data against the RPL theoretical framework, described in Chapter 1.

3.2.5 Trustworthiness of the study

Trustworthiness of this study was addressed by means of Guba's (1981 in McGloin 2008) criteria, which have become a credible means of evaluating trustworthiness of a case study (Guba 1981 in McGloin 2008: 50). These criteria include:

- Credibility
- Applicability
- Consistency
- Neutrality

3.2.5.1 Credibility

The methods chosen for collection of data were semi-structured interviews; semi-structured focus groups and documentation analysis, which are well recognised and established research methods in qualitative research designs (Creswell 2011). The three aforementioned methods of data collection were used for data triangulation as multiple sources of evidence seeking converging lines of inquiry (Yin 2009: 2365).

The researcher utilised a research journal throughout the research process to ensure reflexive analysis, in order to record personal thoughts, feelings, ideas and hypotheses generated by contact with the research participants and by engaging with data transcriptions. This journal also served to record daily schedule and logistics concerning the proposed study. The reflexive analysis allowed the researcher to become aware of personal biases and preconceived assumptions.

During the process of generating codes and themes, peer review and member checking was applied. This involved reviewing of the emerging themes by an academic colleague, who was familiar with the RPL practice. Member checking was done by revealing the draft-coded transcripts of recorded data from the semi-

structured focus groups and interviews to key research participants to ensure accuracy of interpretations.

3.2.5.2 Applicability

According to Guba (Guba 1981 in McGloin 2008: 51), the applicability is addressed by means of transferability of findings. The transferability of the findings from the current study was ensured by detailed description of the participants' background information and the case under analysis. Both cases represent a typical educational institution in paramedic training and education in South Africa, representing both the higher education and provincial college EMS training. Provision of detailed context and case description will allow for judgement on the degree of transferability of the study findings. The literature suggests that case study, by the nature of its design, is inherently difficult to apply outside of the case study settings (McGloin 2008: 51).

3.2.5.3 Consistency (dependability)

All methodological steps were documented in detail to ensure a reliable audit trail. To achieve procedural rigour and clarity of the study design process, the researcher used the schematic representation proposed by Rosenberg and Yates (2007), presented in Figure 7. Figure 7 describes the steps of the study design, starting with the main research question at the top of the diagram. The research question is then schematically linked to the underpinning theoretical framework, described in Chapter 1. Next level of the schematic diagram represents the contextual position of the RPL phenomenon, which is the NCEC Programme offered at CPUT and WCEC, which represent the two units of analysis of this single case design. Following the determination of the case, the diagram identifies the specific case study approach, leading to the representation of the data collection methods used in the study. The next level of the diagram represents the analytic strategies for the specific data collection methods. The second last level of the schematic diagram represents the process of data reduction by means

of thematic grouping and coding. Finally, the last level represents the finalization of themes and sub-themes and case description.

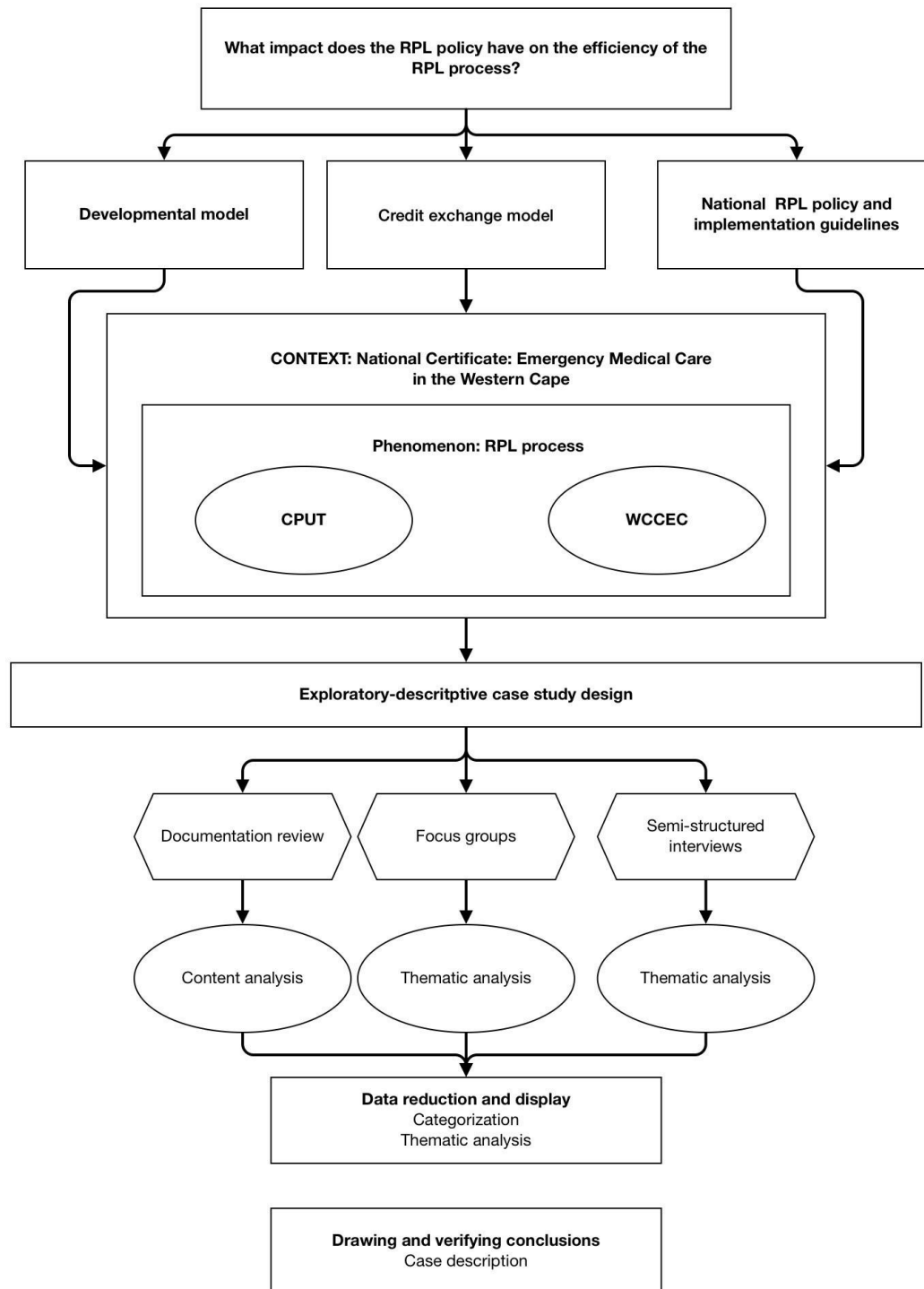


Figure 7. Case study design and methodological process

3.2.5.4 Neutrality (confirmability)

An electronic journal served to document the data collection process and assisted in identifying explainable sources of possible variability. Detailed methodological description allows for scrutiny of the integrity of the result by other researchers. The audit trail will include the following records:

- Study proposal
- Audio recordings
- Thematic analysis records
- Research journal in electronic format
- Data collection instruments
- Data reconstruction and inferences documents

3.2.5.5 Ethical considerations

Since the research involved human participants, the researcher addressed ethical principles of data collection as described by Creswell (2009: Kindle location 2087-2214). Informed consent was sought from all participants. Each participant was informed prior to the commencement of the interviews about the option to withdraw from the study at any time and signed a consent form (Annexure H). To protect participants' identity, the researcher assigned numbers to focus groups participants and subsequently transcribed and analysed the responses under the assigned codes. All information was treated strictly confidential and no other individuals had access to the collected data besides the researcher, who also transcribed the collected data.

3.3 Conclusion

This study followed principles and guidelines of a qualitative research design. The views of Yin (2009), Creswell (2009) and De Vos et al (2011) were instrumental in guiding this approach. The aim of the study was to explore the RPL process as a single case study with two embedded units of analysis of CPUT and WCEC at three levels of analysis in each unit. Due to the exploratory descriptive nature of this case study, methodological and resource triangulation strategy was used by the researcher to ensure adequate depth of inquiry of the RPL case in the NCEC Programme in the Western Cape as well as sufficient understanding of the contextual aspects of this case. Purposive sampling was utilised to ensure strong representation of the experience with RPL process or assessment at the two training institutions. Interpretations of findings evolved through inductive process of data analysis, characterised by continuous revision of ideas, meanings, or themes within the data. Construct validity, internal validity, and reliability were addressed by applying strategies of triangulation, member checking, maintaining of research log, and transparent, and detailed audit trail.

CHAPTER 4

4 ANALYSIS AND DISCUSSION OF FINDINGS

4.1. Introduction

Chapter 3 described the research methodology of this study. In this chapter the researcher presents the findings derived from the thematic data analysis. Discussion of the data from the interviews and focus group discussions together with the document analysis follows the presentation of findings. The discussion is organized around the meaningful sub-themes, which were then grouped into broader themes (De Vos et al. 2011: 428). Although the qualitative data was collected from two different samples (Sample A and B), most of the sub-themes related to both samples and are therefore discussed collectively. Few sub-themes related strictly to sample B (RPL participants) and where they were specific to sample B, the researcher discussed these sub-themes separately. The researcher uses direct quotations to enhance discussion points and to serve as evidence during the discussion of findings (De Vos et al. 2011: 427). Each sub-theme is also integrated with relevant literature, related to the specific sub-theme and theme. The analysis focused on the findings within the context of the research objectives, followed by the underlying meanings and hidden context.

4.2. Presentation of findings

Using Tesch's method of analysis (Creswell 2009: Kindle location 4049), the data revealed three broad themes with relevant sub-themes, which are presented in Table 2. The analysis process, following Tesch's method involved the following steps;

1. The researcher read through all transcripts to get a sense of the whole content of the data. First ideas about the data were noted.

2. The researcher chose one transcript and began to read through it, identifying emerging topics, asking the question 'What is this about?' Emerging topics were jotted down next to the copy of the original transcript, in the margin.
3. When this step was completed for three transcripts, lists of topics for each transcript were assembled in columns next to each other on the same page. This was done electronically in Microsoft OneNote software, which allows for easy categorization and sorting, together with colour highlight. Similar topics were clustered together. The researcher then chose new names for the clusters to better express the substance of the topics. New list, containing two columns of new categories was drawn up.
4. Next, the category lists were applied again to the copy of the transcripts, by creating abbreviation codes to each category together with a specific colour theme. Relevant segments of the text were then coded and highlighted in relation to the specific category. The researcher also began to analyse the new transcriptions of data from ongoing data collection process.
5. The researcher used most descriptive words to categories topics and grouped related topics together.
6. The researcher made a final decision on the abbreviation for each category name and created alphabetical abbreviations. These were then again applied to the entire body of texts.
7. The related segments of data, according to assigned code and colour were group together into separate sections for further detailed data analysis. During this stage, the researcher focused on the actual content of the data. Preliminary notes on the meaning of the data under each theme were jotted down.

8. The emerging themes were completed by verification of an external peer reviewer to reach a consensus. Themes were then re-organized to follow a logical thematic structure of the research report discussion.

Table 2 presents the sub-themes collectively under Sample A and B, which reflects that these such-themes were common to both samples or under Sample B, indicating that some sub-themes emerged solely from sample B. Sample A did not produce any unique sub-themes, which would differ from those under sample B.

Table 2 Emerging themes and sub-themes

THEMES	SUB THEMES	
	SAMPLE A and B	SAMPLE B
Theme 1. Awareness and knowledge about RPL	1.1. Purpose of RPL	1.2. Value of RPL
	1.3. Expectations	1.4. Lack of prior knowledge about RPL
Theme 2. Application of RPL assessment	2.1. Assessment tools	
	2.2. Validation of RPL claim	
	2.3. Academic performance	
Theme 3. Institutional capacity for RPL	3.1. Support and guidance	3.3. Employer support
	3.2. Lack of time	

4.2 Discussion of findings

The discussion of results is undertaken within the context of the conceptual framework described in Chapter 1. Each theme ends with a concluding statement. Furthermore, the discussion focuses solely on RPL for advanced standing since this was the only type of RPL applied to the selected study participants.

4.2.1 Theme 1: Awareness and knowledge about RPL

The concept of RPL in South Africa is relatively new (Frick et al 2007: 134). Although the RPL forms part of contemporary university policies and is explicitly inherent to the formal NQF qualifications, it has been seen as a marginalized activity, which has diverged from the vision of RPL as a tool for social transformation and empowerment of the previously disadvantaged citizens of South Africa, as was heralded in the post 1994 period. Frick *et al* (2007: 134) pointed out that RPL could succeed in South Africa only through adequate support, clarity of purpose and advocacy. National Government, through the National RPL Policy, stressed the importance of key quality assurance criteria as a prerequisite for successful implementation (SAQA 2004). RPL is still often perceived as a radical change in understanding of experiential knowledge against the established disciplinary knowledge structures. The Emergency Care Technician (ECT) Programme, officially registered with SAQA as the National Certificate: Emergency Care (NCEMC), was introduced to the Emergency Care education and training in 2009. In the Western Cape College of Emergency Care, the RPL policy was implemented as late as 2012. The following sub-themes relate to the understanding and view of RPL by the RPL assessors from the ECT Programme and the RPL participants, who applied for RPL on the ECT Programme, based on their experience with the RPL process. A majority of the study assessors (Sample A), indicated that they had no prior training on RPL, except for one assessor from CPUT with prior RPL related training through the function of a Curriculum Officer. The RPL participants in the study (sample B) declared that their first introduction to RPL occurred during the RPL process at either institution.

4.2.1.1 Sub-theme 1.1: Purpose of RPL

The ECT RPL assessors seemed to have an understanding of the RPL purpose which is congruent with common RPL definitions used by the National RPL guidelines (SAQA 2004: 28). These definitions relate to the awarding of credits

towards the ECT qualification, also known as “advanced standing” to achieve appropriate placement in the ECT Programme and “access” to the qualification when a candidate did not meet the minimum entry criteria, as few of the assessor stated:

“...the RPL assessment should really be conducted in such a way that they are granted credits.”

"The purpose of RPL is to allow the student to apply for credits of a subject."

"The other one is for access they don't meet the requirements so they would apply for access via RPL so than that would mean they enter a BEMC or ECT Programme at first year level so those are the two definitions of RPL in CPUT."

The RPL participants had similar views of the RPL purpose. As a result of RPL for credits, the students achieved advanced placement within the ECT qualification at both educational institutions. However, the extent of recognition was different, because CPUT learners had the opportunity for recognition for the entire first year subjects, whereas College students only received recognition for foundational modules. Based on their experience, the students expressed similar understanding of the purpose of RPL to that of the assessors, as some of them commented:

"I thought it unnecessary to repeat a lot of stuff I know so I applied for it and I passed it and I went to 2nd year."

"It was basically the one... because I have an AEA... it was just I basically bypassed the 1st year so I've got credits, so it was for credits."

Although College students received credits only for foundational modules, they still perceived the RPL purpose as acceleration of their progression, within the ECT Programme, as one participant for instance commented:

"I could see that it's actually shortening the period, or the time for actually finishing the course..."

Based on the comments from both sample groups, the understanding of the RPL purpose seemed to steer towards the credit exchange model, which according to Ralphs (2012: 84) is characteristic of RPL for credit. The credit exchange model attempts to match prior learning to specific outcomes of a qualification. In the same vein the author highlighted the importance of a clear distinction between learning and experience (Ralphs 2012: 84). He added, "credit should be awarded for learning only, and not for experience" (Ralphs 2002: 84). Contrary to this understanding, one assessor commented as follows:

"My understanding of RPL is that it's meant to take the experience that you have and then try to bring it... in order to get a qualification at the end of the day."

This comment suggests the common misconception amongst RPL assessors and applicants, that the recognition is based on years of experience, which may lead to inaccurate RPL assessment. The National RPL Guidelines document offers the following technical definition of the term "access," as definition: "to provide ease of entry to appropriate level of education and training for all prospective learners in a manner which facilitates progression" (SAQA 2004: 28). Some RPL scholars understand that "the manner which facilitates progression" as a developmental process, during which RPL participants develop reflective and cognitive abilities, which allow for expression of prior knowledge from experience in such a form, which is acceptable to the traditional academic structure of

knowledge (Ralphs 2012: 86). RPL for access is therefore understood in the sense of the developmental approach to RPL.

Data from both samples suggests, that perceptions towards the purpose of RPL is superficial and stems predominantly from the role that each assessor plays in the RPL process, rather than the actual familiarity with the deeper underlying principles of RPL and its social significance within the emergency care field and in the South African context.

The literature has advocated strongly for the contextualization of the RPL approach of an institution, within the specific professional sector and the type of environment that exists. Following such a contextualization, an institution must choose a particular approach to RPL, entrenched within the specific aims of RPL, which should, however, be aligned with the institutional vision and mission. Osman (2004: 53) warned that without thoughtful establishment of RPL aims and purpose, the RPL process might result in confusion and frustration amongst academics involved and possibly lead to the application of inappropriate assessment tools. This is reflected in one of the participant's comment:

"The problem that I foresee is that when you are adding a lot of things like mentoring or works off six months before the time, then you asked yourself what's the point, because you're not recognizing person's previous experiences. You're teaching them now. Then they might have as well just done the module. So I think there also need to be a bear in mind that the recognition of prior learning is not teaching, because then you might as well have done the module"

Few participants expressed RPL as being an empowering tool for previously disadvantaged members of the society. This was evident for example in the following comment:

“...And I think if my knowledge serves me right it's meant for those people who didn't have a chance to go to school initially, but they were able to go and work but now in order to for them to progress in their work of field they need to get a credited qualification and then they are supposed to use their experience that they have through their years that they have been working and then to put as a process of RPL, because we recognizing. We saying that with the experience that they have we assume that they should have knowledge based on that”

Such views resonate with the national vision of PRL as a means of redress and access (SAQA 2002: 11), which gives the RPL concept its prominent role in South Africa. The principle of redress in South Africa is understood as rectifying past injustices and inequalities in accessing higher education or limiting career progression by previous apartheid regime. The value of RPL should therefore also be seen in its historical context, as a potentially powerful socio-economically transformational tool. The issue of redress also concerns the emergency care field. Legacy of poor access to good quality of primary education, together with racially bias selection of EMS staff for further educational development under apartheid, had left many emergency care personnel with only one option of pursuing further training through short courses. To this day, EMS personnel located in rural areas, continue to face poor access to university paramedic programmes and therefore continue to rely on short courses for further career development. The historical context of the emergency care field must therefore be understood and taken into consideration in the assessment of emergency care RPL portfolios.

The general awareness and deeper understanding of the RPL process amongst academics, directly involved in its application, remains superficial and often leads to confusion, because the concept of RPL extends outside of the formal, familiar academic realm (Butterworth 1992: 41).

4.2.1.2 Sub-theme 1.2: Value of RPL

The perceived value of the RPL process by ECT participants reflects relevant body of RPL literature, which highlights many potential benefits of RPL (Moore and Rooyen 2002; Deller 2007; Scott 2007; Nieman 2011). Perhaps the most prominent value of RPL in South Africa is its potential for social redress (Moore 2002: 293), as it provides the opportunity of access into the previously denied higher education qualifications. Some of the ECT participants value RPL as a valuable opportunity in their career, as attested by the following comments:

"I was feeling happy that I could study again and become ECT and do what I would love to..."

"I am glad for that RPL because it gave me a chance"

"...the RPL system which opened the door for me to... should I be successful upon completing my current study then I will have access to institution of higher learning"

The ECT participants seemed to value RPL as a positive event in their academic progression. They used the words such as "*brilliant*", "*great*", "*motivating*" and "*good thing*" when describing their experience with the RPL process. Despite initial scepticism and difficulties, by going through the RPL process and finally realising their ability to compile RPL evidence in an academic format, they experienced a sense of motivation and self-confidence in their knowledge. Furthermore, as the students spent more time constructing the required information, they adapted to the RPL process. Some ECT participants described these experiences as follows:

"There is a stigma attached to RPL and we ECT 2/2012 were introduced first at the College of Emergency Care to the RPL and it was quite a challenging thing to go through because going through short courses, you always had this like the stigma attached to it."

“I think, it's a stigma associated with RPL form...”

“I was also sceptical about RPL”

“We all learned a lot from RPL and...I think it's a great...”

“I warmed up to the idea and we are setting up...”

Seeing the positive value in RPL could be the starting point towards successful implementation of the Migration Plan, drafted by the National Department of Health, which seeks to transform the EMS workforce into formally trained and qualified professionals (RSA NDoH 2013). Recognising the value of gaining access to the university emergency care programmes through RPL could, to some extent, alleviate the high attrition rate of paramedics from operational services, identified by Govender et al. (2013). Gaining confidence through successful RPL applications could significantly motivate EMS personnel to pursue further higher education qualifications. Deller (2007) arrived at similar findings in his study, where it was found that the RPL candidates had developed a positive attitude towards the RPL process as their ability to master the RPL assessment requirements improved. This led to an improved quality of results with each submission of sections of a portfolio. College ECT students were required to submit a number of consecutive assignments, which correlates with the outcomes of Deller's (2007) findings in terms of the similarity of developmental approach. However, the researcher did not evaluate the quality of the submitted assignments.

On the other hand, Scott (2007) raised an important concern regarding RPL for credit, in that granting part of qualification, such as the foundational modules, may result in a loss of learning opportunities for those students, even if they possess significant prior experience. Statements from some of the ECT participants allude to this issue:

"I wanted to do them so that I could know the ins and outs of the EMS as those modules I think they would have taught me."

"Like the guys that did two-year ECT, without RPL, I think they benefited more on knowing."

These sentiments raise a valid concern. Any paramedic qualification such as the ECT is a vocational based qualification, which leads to highly independent practice. Notwithstanding the fact, that error in judgement and gaps in knowledge or skills may become a matter of life and death in the emergency care setting, paramedic educators in the role of RPL assessors, should be cautious in the awarding of RPL credits for core subjects such as emergency care theory and practice. In such instances, more than one method of assessment should be applied and the relevant university department or college should make a provision for possible reassessment of the RPL candidate, at a later stage of the programme to ensure that no critical gaps in knowledge and skills exist as proposed by Nieman (2001: 140).

Contrary to Scott's (2007: 356) concern, a majority of the ECT participants felt that their knowledge gained through RPL process, had same value as knowledge gained by mainstream ECT students, as some participants stated:

"We are able to compete with the other guys from other higher institutions when it comes to the knowledge that we have obtained through that RPL so they should continue."

"I don't see that people that went through the RPL process know less than the people that did that the whole module."

"I think the knowledge that have gained in the RPL system I value as... It might be equal as to those who didn't do RPL"

It thus appears, that the more time spent on compiling the necessary RPL evidence, the more time students have to adapt to the assessment format and develop positive attitude towards the RPL. It must be noted, that such findings emerged from the ECT students, who had to construct an assignment for the purpose of RPL assessment through a guided process, over a period of three months. Similar sentiments from students undergoing written RPL tests did not surface. The developmental approach, as described by Butterworth (1991: 49), therefore seems to result in a positive experience and adds to professional skills and knowledge. Butterworth (1991: 49) pointed out the importance of identity in association with knowledge, which leads to "significant learning." Although these claims are drawn from RPL portfolio building, which entail reflection of one's professional practice, certain elements of identity in constructing the RPL assignment can be attributed to the positive perceptions of RPL by the participants in this study.

The findings of this study agree with Frick's et al (2007) conclusion, that the RPL process had some transformational impact, but only on the College RPL participants, who completed the longer, assignment based RPL process. This can be seen in the following comments:

"...some of the stuff that I didn't know what I learnt through the RPL and it was good that they recognized that... as well the knowledge I had prior I started the ECT because I was able to reflect and it made me reflect and to see how much less I know and how much I need to learn, because as I'm sitting here I know no more about (incomprehensible) so I must say it was good for me."

"We are able to compete with the other guys from other higher institutions when it comes to the knowledge that we have obtained through that RPL..."

The RPL participants felt empowered through the RPL process, to continue studying at a University towards further NQF qualifications and also to impart information about RPL within their workplace and communities:

“When it comes to this Programme RPL, I have gained a lot of knowledge so as education what I had...this knowledge that I had... I can share with other people.”

“I can educate them also so that they also can gain the necessary knowledge that they must also now.”

“I go back and I know exactly what to do.”

The data from the study indicates that a developmental approach, through the compilation of assignments, had a greater impact on motivation for further studies, self-confidence, and knowledge than a credit-exchange approach through test assessments.

4.2.1.3 Sub-theme 1.3: Expectations

Due to the lack of sufficient experience with successful RPL implementation in vocational education and training in South Africa (Moore and Rooyen 2002: 295), as well as a certain amount of ambiguity surrounding RPL interpretations (Starr-Glass 2002: 295), one might assume dissonance in the expectations with regards to RPL by the ECT assessors and students alike. Indeed, the findings of this study show that either the ECT RPL participants' expectations did not meet the reality of the RPL assessments or they did not know what to expect at all. This was reflected in the ECT students' comments as follows:

“I knew it was going to be on my previous experience, because I had to fill in papers and stuff...what did I do, so I thought this is what it's gonna be ...you know... it's gonna be on my previous experience...whatever I've done they will test me on those little things,

so I went in the with an open mind that... that I'm sure I'm gonna make it, because it's experience but when the paper comes was totally something different."

"I didn't know what to expect and when I got there, I thought this is too heavy for me and it was shocking for me."

Similarly, 65% of the participants in Deller's (2007) study reported that they did not know what was expected of them, until they actually participated in the RPL process. In his review on issues in "establishing parity and equivalence" in RPL, Van Rooy (2002) affirmed that the expectations of students are often unrealistic as to the amount of credit claim through RPL. ECT assessors seemed to confirm this claim, as one assessor proclaimed for example:

"...people that apply to us wanting to get recognition of their prior learning and the experience thinking that they can obtain full credit, or full qualification..."

From the RPL assessors' experience, the RPL candidates have excessive expectations about the results of the RPL process. The assessors felt, that the learners expect to obtain a full qualification with the sense of entitlement for RPL claims and seeing the RPL process as a guarantee of credits.

"You know, after being a paramedic you went through the National Diploma, you saw a light at the end of the tunnel. Others don't see that. The others feel...you know... look the thing is I am already in the system and I need the qualification. I have the job then give me the qualification. That's the kind of people we are sitting with."

RPL assessors' perceptions of excessive and easy claims by the ECT RPL students conform to Van Rooy's (2002: 81) warning about undermining the

credibility of higher education learning by awarding "quick credits". Data obtained from the College assessors suggest that the credibility of the RPL process is further undermined by the fact that College RPL participants lack motivation for RPL, in producing the required evidence for assessment. As a result, a majority of the assessors perceived a lack of commitment from the participants. This is reflected in the following comment:

"I just feel the process of RPL that we have ... it will work much better if people show much more commitment...you know...in the RPL process."

Such sentiments were expressed mainly by the College RPL assessors, because they attributed a lack of commitment by the RPL participants to provide quality RPL evidence to the fact that the RPL participants, from the ranks of Provincial employees, are already employed in the emergency services and are not motivated enough to advance in the ECT Programme through RPL. One participant commented as follows:

"People are not committed because they realize...look I am working, I have been employed to be paid my salary...I'll rather come to the College and I'll be here for ... x amount of time and at the end of the day I am guaranteed to get this RPL."

To avoid undermining of the RPL process, EMS employers must ensure that the EMS organizations establish individual profiles, of each of their employees and develop personal career development plans. These measures will ensure that only the right candidates, who are strongly motivated to succeed and want to study, further, are offered the opportunity to participate in RPL, while receiving remuneration for employment. It is thus vital, that the selection process for RPL at a university or a college is based on mutual communication and consensus

between the training provider and the EMS employer. Without careful thought and mutual considerations during the selection for RPL from the ranks of the employees, RPL could prove to be a costly, time wasting and frustrating exercise, as the findings of this study suggest.

Potential RPL participants must be adequately informed about the type of RPL process they will go through and what expectations the academic department has towards the RPL candidates. Only then can the RPL participants make a well-informed decision when weighing the benefits versus challenges of RPL (Butterworth 1992: 41). The lack of such information might have led to false expectation by the ECT RPL students, resulting in overwhelming challenges, which lead to a lack of commitment to provide required RPL assessment evidence. This, if compounded by a lack of adequate learner support, as suggested by the findings of this study, may lead to a lack of motivation for RPL on the part of the ECT students, as RPL participants.

4.2.1.4 Sub-theme 1.4: Lack of prior knowledge on RPL

Butterworth (1992: 41) admitted that the "the current level of awareness and knowledge about APEL is patchy." Motaung (2009: 1257) further claimed that access to information on RPL outside of a university is very poor. Khanyile (2005) urged the promotion of RPL in the communities to make potential candidates aware of such option. Berwyn and Larry (2009) asserted that such awareness about RPL should start as soon as possible, preferably at a high school level. In the same vein, the ECT RPL participants clearly highlighted the lack of information and awareness about RPL outside of the academic and training institutions in the Western Cape. Their first introduction to RPL for these participants was during the actual RPL process. Some participants indicated prior knowledge, which was obtained, however, more by a chance and word of mouth as opposed to a formal information channel. Interestingly, Berwyn and Larry (2009: 18) claimed that 'word-of-mouth' could be a significant means of RPL

promotion. Some RPL participants described the lack of information on RPL as follows:

"I think the RPL process is a good process but they need to...before introduce the public, because the public is not aware and the people that they were supposed to actually tell them is more the older generation, that is not used to that...you know. "

"There is no information out there to say this is the RPL process, because once you come to the College that's the only time for me that I actually found out about RPL here."

"I think the focus need be on to go out there and to actually inform the public you know. If you want to study, this is the process, this is the steps so that person can actually make up their mind ... Ok, this is something I can challenge, you know."

"...many people out there that don't even know that RPL exists and I was one of them"

"I didn't know what it was all about until I was in the thing"

Such statements are not surprising as no RPL promotion programme specific to the ECT qualification currently exists, at either units of analysis in this case study or from the profession regulatory body. Neither does the AEA short course at the College provide any RPL related awareness from the AEA course lecturers. This could be attributed to the fact that RPL practice might be seen at the College as a minor, non AEA-related activity. Osman (2004: 55) asserted that advocacy of RPL throughout an institution of training is essential; otherwise it will be perceived as a responsibility belonging to certain individuals only. This can result in a lack of motivation for RPL advocacy, with regard to all programmes offered at a department or a learning programme. Subsequently, the institutions offering the RPL on the ECT Programme might miss the opportunity for early RPL awareness

at the AEA level. Outside and within an institution, RPL should be marketed by means of a handbook or a brochure, which should contain all relevant information, pertaining to the RPL timelines, expectations, the RPL process and the form of institutional approach to RPL (Motaung 2008: 1257).

Concluding statement on Theme 1: Awareness and knowledge about RPL

There is a lack of understanding and knowledge amongst the RPL assessors and participants about the principles of RPL within South African historical context and its purpose of social transformation and uplift, but it is valued as an opportunity for further professional development and faster progression through the ECT Programme. There is lack of information about RPL outside of the institutions of learning leading to false expectations by the RPL participants regarding the RPL process and the RPL knowledge claim.

4.2.2 Theme 2: Application of RPL assessment

The discourse around RPL assessment tools and measurement of prior experiential knowledge, against formal disciplinary knowledge has been in the forefront of RPL scholarly debate and a topic of interest of a number of studies (Clarke and Warr 1997; Cretchley and Castle 2001; Starr-Glass 2002; Heyns 2004; Khanyile 2005; Frick 2007; Motaung 2008; Brinke 2009;). This section leads into a discussion of the sub-themes related to RPL assessment, which emerged from the thematic analysis of the data. Again, sub-themes that formed, based on individual samples, are discussed separately. Mutually related sub-themes are discussed collectively.

4.2.2.1 Sub-theme 2.1: Assessment tools

It is a common practice in an RPL assessment that a number of methods are applied to assess prior knowledge (Van Rooy 2002: 78). Assessment methods can, for example, include an interview, challenge tests, standardized test, observations, practical assessment, or essays, amongst others (Van Rooy 2002:

78; SAQA 2004: 57). One of the more favoured assessment methods in the field of RPL is the RPL portfolio, because it allows for a more holistic, reflective process on prior experiential learning and thus is more true to the essence of RPL. In the field of emergency care, a portfolio as a sole assessment method might not be sufficient. Due to the practical nature of the job of a paramedic, where most of practice takes place in a variety of out-hospital settings and situations, providing sufficient evidence of competence through reflective portfolio might prove difficult and will require dedicated guidance and coaching from the RPL advisors. It is likely to carry more weight and become more acceptable in an RPL for access into programmes of emergency care, whereby the opportunity for learning and assessment of the RPL candidate, particularly in the mother subjects, will not be missed. In case of RPL for credit, where core emergency care subjects are involved, the portfolio will have to be supplemented by additional assessments such as patient simulation, objective specific clinical evaluations (OSCEs) or challenge tests. In a young profession, such as the emergency care, paramedic educators have likely not gained enough RPL experience to make judgements on the value of learning based solely on RPL portfolios, against the formal, outcomes based emergency care curricula.

Although a portfolio of evidence as a form of a holistic assessment, would seem appealing, some literature criticizes its demand for staff capacity (Cretchley and Castle 2001: 489). Portfolio assessments are very time consuming and require high level of academic maturity and understanding of the disciplinary knowledge. Given the concerns regarding inadequate time, such a form of assessment might not be suitable for the current staff capacity at both the College and the CPUT EMC Department.

The choice of an assessment strategy is sector-specific and learning programme-specific and requires a careful analysis of relevant curriculum to determine how a particular disciplinary knowledge is structured, who the custodian of that knowledge is and what the forms of delivery of this knowledge are in a learning programme. In the context of Gibson's (1994) theory of knowledge, emergency

care curricula seem to reside more in Mode 2 knowledge. As described in Chapter 2, this knowledge is contextual, gained through workplace application and reflection. It is therefore gained more through experience. Emergency care RPL assessors must, however, take into consideration, that the paramedic curricula are also partially contained in the Mode 1 area of knowledge that is in the purely disciplinary knowledge, such as anatomy and physiology. Without prior deliberation about the type of knowledge gained through a particular qualification, the choice of assessment tool may be inappropriate and misaligned (Harris 2000; 56-57).

Similar indications of a misalignment of current RPL assessment approaches with the ECT Programmes in the Western Cape appeared out of the qualitative data analysis. The ECT RPL assessors felt that the current RPL assessment method is not fit for purpose. This was reflected in the following statements:

"...the assessment tool that we have, it doesn't really assess the competency of the student. The tool... it's not a right tool for that..."

"...you should be asking yourself if the assessment is the correct assessment."

"...so I think there is a mismatch between actually RPLing older students, who have lots more knowledge, but they don't know how to translate it academically and our assessment are based very academically, it's not based practically so in terms of feedback from students as well a lot of the time you set deadlines but they are not programmed in that way because the job is very clinical. They are not administrative so that the RPL assessment is based very administratively, but you are assessing clinical knowledge..."

These responses reflect the issue of poor academic literacy of AEA candidates. The structure and short duration of emergency care short courses do not allow

for development of academic skills, such as information searching, assignment composition, and computer literacy. Short course graduates are practically oriented; the training focuses on clinical theory and practical skills and patient care guided by specific protocols. Similarly, informal workplace training in emergency care field is focused primarily on clinical skills competence and continuous professional development (CPD) compliance. Short course graduate therefore does not have the opportunity of developing these essential skills, contained in the critical cross-field outcomes of formal curricula, during his or her work experience. Assignment, as a form of assessment, which places high literacy demand on a learner was therefore not viewed as appropriate by the assessors. Such a form of assessment will likely require guided approach with enough time allowed for development of the necessary academic skills.

Nieman (2001) supported the need for thorough scrutiny of existing assessment methods. Baloyi (2014: 91) also recommended a careful approach in choosing appropriate RPL assessment methods. The assessors' discontent with current assessment methods seems to relate to the fact that the RPL assessment is not participant-centred or not student specific. In other words, it is not taking into consideration the distinct nature of individual learning experience outside of formal education. Cretchley and Castle (2001: 489) agreed that RPL assessment should be 'tailored' to specific individuals. Some RPL assessors commented as follows:

"RPL assessment needs to be specific to the student, to the client, because you have different cohorts of students."

"AEA qualified in 2011 is different to the AEA that qualified in 2001 so we can't have the same assessment for both of them. They are different cohort of students with different levels of experience and different experiences during life"

"We are not applying the other forms of assessments and like you said, the thing is, number 5 [participant no 5] said we need to explore all the other areas in that different people learn differently and can express themselves differently."

It would be a mistake to assume that the level of prior knowledge of all AEA candidates is the same, based on the same level of short course qualification. Over the past few years, Western Cape College of Emergency Care, has, for instance, become more involved in providing frequent, up to date clinical and non-clinical in-service training. Western Cape EMS personnel today have the opportunity for development in a number of non-clinical training, outsourced to private training providers or conducted by the Provincial Training Institute. The College conducts training needs analysis to identify the type of training needed. Each AEA RPL candidate may possess a different set of prior learning, whether informal or non-formal. Some AEA practitioners have moved to different components of EMS such as management and training, thus having an opportunity for gaining of different contextual knowledge and skills to that of pure emergency care. Cook and Simosko (2014) affirm that employer organizations need to think more about the nature of the individual employees, who will be applying for RPL. Without adequate audit of employee's needs, RPL service cannot be effective (Cook and Simosko 2014: Kindle Locations 2396-2402).

College assessors mainly expressed these views, where an assignment is used as a method of RPL assessment. All assessors agreed that a variety of tools such as an interview, patient simulation, or objective specific clinical evaluation (OSCE) should be used to allow for a more comprehensive assessment of AEA knowledge. Some ECT RPL assessors shared their experience as follows:

"So I think initially we need to find out what we are really assessing and then we can have different tools of assessing different components of what specific really thing that you are really assessing."

"...the interview should uncover that and then dig deeper. So...sometimes an RPL assessment shouldn't just be a one tiered assessment."

The ECT RPL participants had similar experiences to that of the assessors in that the assignment composition, as a form of direct RPL evidence, was not suitable for all student involved and the collective application of the assessment tool, does not always match the individual knowledge and past experience as some participants commented:

"I was laughing at some of the questions because asking me blood flow through the heart like really (laughter) yah because I'm constantly teaching for 5 weeks BAA I literally used BAA a AEA work into the question and that's how I feel I passed."

"I was thinking if they could find another way of assessing your prior experience, because writing an assignment or doing an assessment it's really not working for me."

ECT RPL participants questioned the validity of the assignments as an RPL assessment tool. They expressed preference for other means of an assessment, because they felt that the current assignment form does not test their prior knowledge accurately and therefore is not fit for the purpose of measuring prior learning:

"I also had problem with the assessment criteria because I don't seem to understand how writing assessment would prove your knowledge or what is your understanding. For instance, we are in the system because if you are having assignment, everyone can write an assignment even if you give a child that is in high school...would say...write an assignment about EMS system. That child would go online and get all the information ...so I was thinking if they could find another way of assessing your prior experience into the system so they

could recognize really... do you really need to go through this RPL process because writing an assignment or doing an assessment... it's really not working for me."

"So you are actually not taking my experience tapping into that...you know... and see what I know. You are actually tapping into part of the student with the book or someone else's experience so it's got nothing to do with experience we have. It looks... If you read through their work you immediately see it is Nancy [paramedic textbook], there's all these books and you can see all the references in there."

On the contrary, ECT RPL participants from CPUT felt satisfied with the assessment tool in the form of a written test and a patient simulation:

"I feel test is still appropriate. I think you still need to test me because sometimes when you do oral or other interview thingy I may be a little bit nervous and I may not say what I need to say."

"...test would be fine so I can still think a little bit and give me some time."

"I think it's okay to have the test and the sim [patient simulation]."

The difficulties with the choice of an appropriate RPL assessment methods described in RPL literature also seemed to have surfaced on the ECT Programme in the Western Cape, but not surprisingly, because the choice of an RPL methods is regarded as a complex step in the implementation of RPL process as highlighted by several authors (Cretchley and Castle 2001; Baloyi 2004; Frick 2007). Although a rich variety of assessment tools are available to the educators, not all will be suitable for the type of knowledge being assessed.

The AEA candidates, as RPL participants, did claim to possess a more clinical or practical knowledge, which they could not prove due to the rigidity and

inappropriate assessment method. For example, a practical emergency care competency could be more accurately assessed through a form of a patient simulation or an objective specific clinical evaluation (OSCE) over a written assessment. Butterworth (1992: 43), however, argued that procedural competency is not the same as contextual competency. Contextual competency indicates whether an individual is able to correctly apply principles of a competence in different settings. For instance, is the student able to demonstrate gaining of intravenous access on a fidelity manikin as well as on a real patient that is distressed and uncooperative inside an ambulance?

The data from the RPL participants sample resonates with the assessors' experience, although not entirely. Students' aversion towards the assessment methods through assignment writing was more determined by their lack of academic writing skills, which were required in the validation of their knowledge claim. The issue of struggle in making prior AEA experiential knowledge claim is discussed under a separate sub-theme in this chapter.

4.2.2.2 Sub-theme 2.2: Validation of RPL claim

The difficulty with the validation of the AEA RPL claim is closely linked to the choice and application of specific assessment methods as discussed under previous sub-theme. One of the factors, which contributed to the discontent of ECT RPL participants, was the difficulty of formulating required assignments using an academically acceptable language.

"I mean I did my BAA and I did my AEA here. I was never introduced to writing academically and now you expect me to write this assignment and it must be appealing academically which they never taught me how to. Then this assignment is not appealing... then they will fail you of which we were never taught..."

This statement highlighted the unique problem of language and academic literacy, which is typical of RPL in South Africa. This makes South African RPL

practice unique in the international RPL arena, because past discriminatory apartheid educational policies have marginalized certain race groups, causing many people to be left without sound literacy skills. Although RPL in South Africa was adopted from other countries, such as USA and UK, the RPL candidates in such countries are distinctly different. RPL candidates in first world countries have generally good foundational schooling, good support system, access to resources and high level of academic literacy (Cretchley and Castle 2001: 490; Whyte 2011: 36). This is one of the strongest arguments for a developmental approach to RPL in South Africa. The poor preparedness of RPL candidates from the ranks of the AEA practitioners in the Western Cape is compounded by the lack of informal training in academic skills, such as academic writing, by the employer, which is particularly challenging for older candidates, as indicated by the following comment:

"...it was a learning challenge for me again after long while, not studying... it was a challenge for me again...to bring me up-to-date with the model of teaching. I told you I did my AEA in 1997 which was may be at level 2 or 3 in those days, to study and bring me up to that model teaching and understand."

These types of AEA candidates therefore lack the 'social capital' (Siisiainen 2003) in the form of academic and English literacy, to make a strong claim about their prior AEA knowledge. Hence, the findings indicate that using such forms of assessment, which are academically demanding, might not be appropriate for short course graduates, if the Department or College is unable to provide sufficient guidance for development of writing skills. Paramedic educators conducting RPL assessment should therefore consider other forms of assessment such as interviews. Frick *et al.* (2007: 136) postulated that assessment interviews demand lesser literacy skills and could be less intimidating than written reflections. Such approaches to assessment might be sufficient for RPL for access into emergency care programmes. The nature of the subject against which a RPL candidate makes a claim, could also determine to

what extent the interview will be structured. A highly structured interview can be in the form of VIVA VOCE interview of longer duration. Subjects that are not considered as core, might only require an informal interview (Khanyile 2005: 55)

Van Rooy (2002: 80) argued that English proficiency is one of the biggest barriers for access into higher education through RPL. Cretchley and Castle (2001: 489) added that the essay format of assessment demands a high level of literacy, which may be unsuitable for many adult learners and might, in fact, be discriminatory. Some RPL participants captured this concern as follows:

"...for guys, older guys coming into this and then you sitting in front and what do you write... what do you write?"

"...when you come in you have to write two thousand words ...I mean I can tell you few phrases you know, but that's basically it, so that was the only negative thing for me."

The issue of language proficiency was a concern for one of the assessors, who stated:

"...you must also remember in that with RPL maybe some learners can express themselves better in Afrikaans than English or Xhosa"

In addition to the lack of English literacy, the ECT RPL participants, who had to compile assignments, struggled due to poor computer literacy.

"...this was something that was new. Most of us were not computer literate you know..."

Furthermore, the ECT RPL participants struggled with referencing and obtaining appropriate information resources to complete the assessment task. The students pointed out that prior short course training, did not prepare them

adequately for the challenges of academic literacy that was required by the formal higher education programmes.

"I never did assignments. With the short courses we never did assignments, we never did... so to start off immediately with something like that was a bit challenging and I think that is why it took us so long to actually try to adapt to it."

"...problem that like most of the guys said was our referencing."

"I think it is a lot of stuff I wanted to put in there but I couldn't reference it so most of my assignment was based on books from Europe. Most of my assignments was from there."

The challenges encountered by the ECT RPL participants during the construction of the RPL assignment, resulted in frustration, confusion and scepticism towards the validity and purpose of such form of assessment. Some students felt that these forms of assessment prevented them from better success in the RPL assessment process, because they could not translate their knowledge into structured academic language. In some instances, the students admitted committing to plagiarism as a result of inadequate direction and guidance.

"You get shorter, shorter version of that times to you can copy and paste and ...yeah... a lot of thing because where we are coming from...like for instance in my case I was sitting in front of PC and I've got so many ideas but I didn't know how to put it there."

"...to do those assignments we still ...there is a big gap...we still copy and paste..."

The question of the credibility of the evidence, submitted by the ECT students was strongly raised by the ECT RPL assessors, who attributed the poor quality

of submitted assignments to a lack of accountability by the RPL participants. They also questioned the RPL participants' motivation to apply for RPL credits. The accumulated issues of credibility of the submitted RPL evidence, together with the sense of responsibility for such quality of evidence, seemed to lead to signs of frustration on the part of the ECT RPL assessors. Consequently, these frustrations may lead to tensions between the assessors and the participants.

"Also it's the accountability by the learners themselves in that we found that lot of learners what they do is they copy and paste their assignments and then we bring it to their attention we tell them beforehand you know RPL you don't go and copy somebody else's' assignment."

"...at the end of the day the learner is not showing commitment, he is not 110% here, he is not...you know ...he is not being driven."

"And I fight with them a lot, but unfortunately it's tiring..."

Such statements are indicative of a potential risk of losing motivation for involvement in the RPL activities by the lecturers. However, the roots of the struggle with making valid AEA knowledge claims against the outcome of the ECT Programme are far-reaching and more complex than just lack of English proficiency. RPL participants' claims rely on structured deconstruction of prior experience in order to find aspects of learning relevant to a particular qualification or curriculum. Adult RPL candidates with potentially vast and valid prior learning often cannot consolidate such learning from this experience on their own. Their experience therefore requires a discerning analysis during the PRL process (Breier 2001: 105).

Cretchley and Castle (2001: 489) took cognisance of the problems associated with attempting to establish a link between informal and non-formal forms of learning in the workplace with the hierarchical and strongly theoretical knowledge

of a university curriculum. Based on the study data, the RPL assessors and participants in the ECT Programme have experienced similar challenges.

Although the literature advocates a rigorous RPL assessment, compared to mainstream assessment, the assessment must take into account the different nature of knowledge and skills as compared to a regular student. Making such an individually tailored assessment, however, requires a highly supportive and guiding environment (Geyser 2001: 31). The researcher did not find evidence of such an environment during the data analysis. Smith and Clayton (2009: 20) suggested that prior learning could only materialize through a reflective, guided process, which is very resource intensive. The inherent demand on assessors' academic maturity, experience and energy through a developmental RPL process, might have been a factor for leaning towards the simpler, credit-exchange approach by the CPUT Department. Although a College approach leaned towards a reflective process through assignment form of evidence, it seems to have encountered significant validation challenges with negative impact on the ECT assessors and ECT RPL participants.

4.2.2.3 Sub-theme 2.3: Academic performance

The experience of RPL assessors from the ECT Programmes, with regard to the academic performance of RPL participants revolved around the discussion of three key areas for successful completion of the qualification after RPL. These areas were specifically related to stringent selection, maturity of candidates, and the impact of the success in the RPL assessment on further academic performance. Contrary to Motaung et al (2008: 1258), who disagreed with the idea of selection of "appropriate" RPL candidates, the assessors felt that implementing a more stringent selection process for RPL candidates contributes to the RPL participants' academic success after the RPL process:

"...then you learned some mistakes for that as the learners weren't qualifying. They were struggling; they weren't meeting outcomes for the particular qualification...and although they have been able to do the

RPL process, they weren't successful in the RPL process and that got us rethinking and then I took over the 2011 which changed that and we said ok, only students that meet the minimum requirements so then we started to put in more stricter measures to make sure that we sieve the cohort of applicants to get better RPL candidate that also ensure that we have candidates that RPLed into our Programme that would still be successful in our Programme as well."

"...how many of them are AEAs and how many of them we can invite into our RPL process and we find that out of all the students that have gone through that process they've been successful."

Nursing educators in a study by Baloyi (2014) also expressed the need for a selection process, using an interview, before RPL for access. This would ensure the continuous academic progression of nursing students after entry into the College. However, Motaung et al. (2008: 1258) observed that a selection process for RPL only benefited those who had a previous strong academic background and good academic results. The potential negative implication of a strict selection for RPL is therefore exclusion for some AEA candidates, which is contrary to the principles of redress and widening access through RPL, as promoted by the National RPL policy. The conditions within higher education for a truly inclusive RPL, however, have not yet fully evolved in South Africa (Motaung et al 2008: 1258).

The ECT RPL assessors' experience showed that maturity of RPL participants played a significant role in further academic progression within the ECT Programme. In addition, the background of the RPL participants, related to work experience outside of emergency medical care, was indicative of a better academic performance and dedication towards learning:

"Those are the learners that have generally performed or outperformed even those that are now coming from school. Those have got very

much ambition... that are goal driven...that are very much oriented to how they go about things. Those are then the RPL candidates that excel. I mean...I am thinking of candidates that have their own companies... like one AEA that RPLed had his own company...lifelong learner...and he was...at the end of the day the top student."

"They make a difference... you know...there is a whole different mind shift with those learners then with the much younger learners. The older ones are much more committed."

"The older ones are much more committed"

Whyte et al (2011: 853) alluded to the link between maturity of RPL candidates and academic success, due to a stronger intrinsic motivation as compared to mainstream learners. However, an investigation by Whyte et al. (2011: 853) showed that previous clinical experience of paramedic students before theory can be counterproductive in terms of learning the theoretical components of a university curriculum. Based on their study, Whyte et al. (2011) concluded that paramedic students' performance was linked to mature entry, previous health related experience and having high school biology. Madigan (2006) arrived at the same conclusion, but found that gender seemed to be an additional factor towards students' success in the first year of a university health care programme.

Surprisingly, the ECT RPL assessors felt, that RPL participants, who were unsuccessful in the RPL assessment, seemed to perform better on the ECT Programme and also valued the opportunity to do all the first year subjects as mainstream students, for which they potentially could have received credits.

"...they sort of like in between the two years and we actually find that they actually find value in completing those modules which they have been found to be deficient in, because those are the foundational

modules that would scaffold and build towards their higher end modules like for instance emergency medical care.”

“We have had students where there weren’t successful in RPL and after two years they actually completed that qualification much better than some of those students that have RPLed...”

At both units of analysis, the RPL assessors applied a uniform method of assessment to all RPL candidates, against the principle of individuality of assessment, advocated by RPL principles. Without careful analysis of the viability of the RPL application and the candidate’s profile assessment, the risk of further academic failure, despite successful RPL, could be greater than if the individual completes the entire programme. RPL for credit deserves a more thorough, holistic evaluation of prior learning and more thoughtful consideration of potential success of the candidate in the learning programme, because less time is available for development of academic skills required for further progression. As suggested by Motaung (2008), if the potential RPL candidates have sufficient information before RPL process, they should be able to make the decision not to pursue RPL for credit themselves. Without adequate consultation and advising, the candidates could have unrealistic expectations about the demands of the learning programme after RPL, which can lead to academic struggle in comparison to those who chose not to apply for RPL for credit.

Concluding statement on Theme 2: Application of RPL assessment

The current RPL assessment in the ECT Programme in the Western Cape is too rigid. The current RPL assessment methods are not flexible enough to accommodate the variety types of PRL participants coming to the ECT Programme, making validation of their PRL claim difficult, especially where more mature candidates are concerned. The academic success of RPL participants

relies more on careful selection and profiling of RPL candidates than the outcome of the RPL process itself.

4.2.3 Theme 3: Institutional capacity for RPL

Institutional capacity remains one of the biggest challenges for successful and efficient implementation of RPL against the vision of the National RPL policy makers. In the Western Cape, both the Higher Education Institution and Provincial the College of Emergency Care offers the ECT Programme, however, each institution deals with distinct capacity issues. The National RPL policy advocated an audit of institutional capacity as a starting point of RPL implementation (SAQA 2004). The choice of RPL approach and the extent of RPL services will largely depend on available resources in terms of funding and staff capacity for RPL (SAQA 2014). Depending on the outcome of initial, detailed analysis, institutional environment and capacity might not be conducive to RPL implementation at all. This theme is discussed under the sub-themes of support and guidance, time for RPL and employer support, which emerged as the most prominent topics from the research data through the thematic analysis.

4.2.3.1 Sub-theme 3.1. Support and guidance

The call for support and guidance from the ECT RPL assessors was one of the more incisive sub-themes that surfaced through the data analysis. A majority of the sampled RPL assessors were explicit about the need for RPL-specific training as a type of support needed:

"...we need to get all the assessors that are doing RPL to actually have a workshop on the RPL plus workshop on mentoring and coaching."

"You need a lot of interpersonal skills, because it takes a mature assessor to do an RPL and you need to have that knowledge on

actually how to RPL and if that's missing you'll encounter a lot of problems."

"I do propose that training goes with it. Fair enough if you covered education or if you have some baseline of education, some of the concepts emerge much easier but if you look at it rigidly and you go and look for answer everywhere else you going to find the wrong answers and then you blame the system instead of blaming yourself for the knowledge you don't have."

"I just feel that there needs to be some sort of...you know...RPL workshop..."

An analysis of the statements appears to suggest that, through their experience, the ECT RPL assessors realised the distinct nature of the educational skills, expertise, and experience needed for student-centred guidance in preparation for RPL assessment. Frick et al (2007: 136) pointed out, that RPL is "inherently learner-centred" and therefore requires special expertise such as maturity, coaching and mentoring skills and effective communication skills. Prior RPL related training did seem to ease the challenges associated with the RPL assessment as one RPL assessor commented:

"Also what made it easier for...I suppose... for the delegation to me was the fact that I attend the curriculum officer forum meetings as well with workshops and they provide background and skill and tools to use as well."

Several authors advocated the need for capacity development through training of staff involved in RPL (Van Rooy 2002; Osman 2004; Motaung 2008; Brinke 2009; Nieman 2011; Baloyi 2014). On-going training of RPL assessors, according to Nieman (2001: 140), is essential for quality RPL practices and should form part of the academic standards and criteria. Staff training and support is also part of

the National quality assurance criteria for RPL (SAQA 2004: 37). Due to the unique nature of RPL assessments, the assessors allocated to conduct such assessments often experience uncertainty and lack of direction in assessing knowledge, which does not always neatly match the traditional disciplinary curricula (Osman 2004: 56). Comments such as the following reveal assessors' perception of being at the forefront of uncharted territory, as represented by the RPL phenomenon:

"I think as RPL assessors...we are I suppose pioneers, because we put those assessments together..."

Strong support and guidance is therefore essential and it can have a positive impact on the assessors' acceptance and attitude towards RPL practice (Osman 2009: 56). RPL training can also improve reliability of RPL assessment decisions (Brinke 2009: 74). Van Rooy (2002: 6) warned against the assumption that the RPL assessors have the ability to conduct RPL assessment and have the necessary skills for personalized guidance of RPL participants. Besides training, the support of appointed RPL assessors can be in the form of decreased workload, through relieving them from obligations towards the mainstream learning programmes (Van Rooy 2002: 80). Support can also be in the form of additional staff allocated to RPL with specifically assigned roles in the RPL process. Two distinct roles are that of an advisor and an assessor. The ECT RPL assessors did not seem to be clear about their roles in the RPL process and, in addition, felt that the number of staff dedicated to RPL was insufficient as one participant commented.

"The reason why it's not flexible enough... maybe it wasn't said earlier on in that because of the number of staff. It's very short staffed. It's a process you need to go through. It's not a quick fix."

Inadequate allocation of resources in terms of academic staff has previously shown to lead to dissatisfaction with PRL and feelings of excessive workload

(Motaung 2008: 82). Osman (2009: 54) claimed that the support should come from senior management, because such support can also greatly promote RPL within the institution and achieve allocation of more resources.

The ECT RPL assessors equally acknowledged the need for RPL participant-centred support and guidance.

"...to give them a proper training board and have a coaching, mentoring programme running with it to give those people that have those previous disadvantages...doesn't have the skills and communication and technology programmes and knowledge how to do this and the support of getting equal playing ground."

"...we don't have a proper support and coaching and mentoring system in that to actually guide them."

"...provide support structures for those students because some of them will not be able to send an email or type an assignment or reference work..."

These comments suggest a more developmental guidance of the RPL participants, in line with the developmental approach model (Butterworth 1992). RPL participants need guidance to make sense of their life learning and to be able to compile the necessary evidence in a structured manner, as required by the institution. Adult learners entering the higher education arena for the first time find it especially challenging to adjust to the academic knowledge environment and language. Because learners applying for RPL are usually more mature and older, the adult-learning approach is especially critical for a successful RPL process. Assessor guidance and support therefore goes hand in hand with the quality of guidance and support of the RPL participants. The RPL participants on the ECT Programme confirmed that lack of clear guidance and support was one of the most significant challenges:

"I think most of the people weren't introduced into how to go about the RPL how to start it..."

"There wasn't that support to say look here this is how we go about...you know..."

"RPL is good and the problem is that there must be guidance and if you do that something that must be somebody who's gonna guide them."

"Induction, they must have induction system in place just for RPL."

"...they threw me into this exam not taking notice of where I was where I come from or where I am at that level ..."

Lack of guidance in terms of expectations prior to the RPL assessment created unnecessary confusion and stress for the participants:

"There was so much confusion, people were stressed...they didn't know what was going on..."

...there was nothing that prepared me mentally for the whole thing."

The RPL participants attributed their success in their RPL assessment to their ability to find external assistance, outside of the ECT Programme academic staff, which was either in the form of mainstream students on the ECT Programme or work colleagues, who already completed the ECT Qualification:

"I literally went to colleagues of mine and ask them for help and also listen..."

“...I had contact with full-time students who gave me everything...”

“...if you don't have someone then you going to struggle.”

Deller (2007) made similar findings as the RPL participants in his study reported that they relied on workplace colleagues for guidance and support during the RPL process. Even those that worked alone had at least one person, who encouraged or motivated them to continue with the RPL process. Smith and Clayton (2009: 20) also concluded that help from peers appeared to be a significant factor in successful RPL process. The key activities that are inherent to effective guidance and support during the RPL process comprise of effective communication, advising and mentoring. Due to the intensive nature of the RPL guidance and support, an institution should strive towards separating the roles of an RPL advisor and RPL assessor whenever possible. An RPL advisor guides the RPL participant throughout the RPL process, beginning with profiling stage and ending with a post-assessment stage (Cook and Simosko 1996). Frick et al (2007:136) view the role of the RPL advisor as "a guiding participant", which captures the essence of the idea of a guided RPL process towards successful RPL claim.

During the various stages of the RPL process the advisor helps the RPL participant to identify what he or she knows against the outcomes and assessment criteria of a qualification and also assists the participant to set realistic expectations in terms of the number of credits claimed.

The key element in the RPL advisor's role is to assist the RPL candidate in gathering the necessary evidence for assessment, usually in the form of a reflective portfolio of evidence. During this process the candidate formulates his or her claim of prior knowledge by means of direct evidence, such as course certificates, together with indirect evidence in the form of reflection on prior learning in the workplace and prepares for assessment.

Sanberg (2011) stressed the importance of mutual understanding between the learner and RPL assessor during the pre-assessment and assessment stage.

The learner and assessor must mutually agree on the assessment criteria and methods of assessment before the actual assessment takes place. The lack of personalised guidance during the RPL process led to poor preparation for the RPL assessment in this study, as indicated by some of the ECT RPL participants:

“We didn’t prepare. No preparation. They just told us we must come on that day and that day...”

“They don’t really prepare students for RPL. “

“...we didn’t get hundred percent because we never had guidance to help us, so if there is guidance I think it’s good...”

The support and guidance are critical. Lot of time and effort is expended to process RPL application and it is in the best interest of the institution for the RPL claimant to succeed. Equally, it is in the EMS employer’s interest that the employee is successful in RPL, to minimize the impact on service delivery due to staff training.

4.2.3.2 Sub-theme 3.2: Lack of time

Both samples of the ECT RPL assessors and participants stated that time was an issue during the RPL process. Some assessors indicated that more time is needed in order to build solid foundational skills of potential RPL participants on the ECT Programme in order to deal with the challenges of academic knowledge construction, required by the RPL assessment. A majority of the assessors also noted the time intensive nature of the RPL process and therefore felt that the gathering of evidence stage, should take place over the period of twelve months. The assessors made the following comments related to the issue of time:

"The time period for RPL is too short in that if you apply for RPL this year, you start in January it should be an entire year so that you get your access into the Programme and after getting access into the

Programme than you have time for this foundation stuff...you know...making you computer literate...you know...ensuring that you will be able to properly knowing when your email has been sent and all those kind of things and thereafter you get access into the Programme once you have met those outcomes."

"Just my experience also is that it's very time consuming..."

"It's very time consuming. It's strenuous, because you are marking this... you are marking 30, 40 papers of the same thing. Later when you start getting with...(incomprehensible)...it's the same thing over and over..."

"The application process the year before we start screening students for RPL assessment and the RPL actually starts in January for the actual year..."

The RPL participants had similar sentiments, saying that from both units of analysis they needed more preparation time for the RPL assessment. The following comments were made by some of the participants:

"I would say the RPL process must stay but the only thing that the College can think about is the management of time around this RPL."

"...lack of time in advance information..."

"I would have liked a little bit longer notice..."

"...maybe give you a week to prepare myself on... and the guys that's been AEAs for little season... I am sure to them it wasn't so bad."

"The preparation for the ECT class is for them to have more days available before the starting of that class. You see that it will be necessary if they... like you say these two ways... okay guys we are

giving you RPL...you start January but they want you to write the exam so you need more time to prepare yourself."

"The challenges, basically, would have been like only knowing three days before the time or a week before the time but literally only having 3 days to study. That was one of the challenges."

Breier (2001) also found that the RPL assessors and advisors felt that they spend an inordinate amount of time on RPL. The time and resources necessary to maintain a sustainable and effective RPL process have been one of the prominent challenges of RPL. Particularly, the RPL portfolio as a method of assessment has been previously shown to be very time consuming for both assessors and RPL participants (Cretchley and Castle 2001: 489). The difficulty lies mainly with constructing events of learning from participants' work experience through reflection, thus making prior learning "visible" to a RPL assessor. Although the RPL portfolios in both units of analysis did not require extensive and detailed reflection on prior learning, the formulation of assignments and studying towards the RPL challenge test required a significant amount of time due to the extensive time period away from formal learning prior to undergoing the RPL assessment. More time spent on RPL processes, however, can have negative implications for EMS employers, as it will mean more time away from operational duties and thus the benefit of shortened time due to RPL for credit will be lost. Furthermore, to allow more time for preparation, the RPL process will have to begin well in advance, to allow for deadlines set by university RPL departments.

4.2.3.3 Sub-theme 3.3: Employer support

Some of the RPL participants experienced a lack of support from their employer, by not getting time off from work, as their main challenge towards succeeding in the RPL process:

"The biggest challenge was getting time off work. I had huge problems."

"I failed and then I repeated but it was very difficult for me... I was in a management position."

"Because of that you can't just stay away. You can't plan (incomprehensible)"

"...time from work and I can only go there when I am off or take off...take leave... take my leave and manage it into those special days when I need it the most."

"I say an AEA of 1985 and an AEA of 2005, there is a huge gap and a lot of things have changed .10 years ago and 10 years later he is a big difference. And I didn't to be honest here I didn't keep track with... because I was working you know"

Deller (2007) pointed out that one of the main objections to widespread RPL is that the current RPL models are not suitable for an adult learner in a working environment and the lessons on RPL implementation are learned predominantly from the experience of higher education institutions. Yet RPL, in principle, focuses on promotion and acknowledgement of work based learning, which is contextual and thus strongly bound to a specific work environment.

Smith and Clayton (2009: 20) supported the need for active support of the RPL candidate by his or her employer. However, the public EMS organization as an employer is constitutionally constrained to provide equal access to emergency care to all communities of Western Cape and therefore releasing its operational staff for long periods of time is extremely challenging in terms of ensuring service delivery. Furthermore, the public EMS service grapples with high attrition of ALS Paramedics and budgetary constraints (Govender et al. 2013). The short course training of EMS staff provided by provincial emergency training colleges provided a favourable model, from the employer's perspective, by ensuring staff

professional development with minimal impact on service delivery, but such model compromises training standards and opposes development of the paramedic profession.

Lambert (2011) highlighted the lack of employer support within the emergency care field in South Africa and proposed a framework, whereby an employer makes provision for training of staff by allocating certain amount of training spots on every shift together with funding allocation. Gawe (in van Rooy 2002: 79) stated, "unless academics and employers work together and agree on the assessment criteria to be used to judge competence and the routes by which these competencies have been achieved, RPL may create more frustrations than solutions."

Concluding statement on Theme 3: Institutional capacity for RPL

The current RPL process on the ECT Programme in the Western Cape lacks capacity for sufficient and effective guidance and support for a truly development RPL approach. More training is needed to empower RPL assessors for the challenges associated with the uniqueness of RPL assessment. More time dedicated to preparation for RPL assessment and employer support will greatly contribute to better RPL participants' preparedness for the assessment, realistic expectations, and positive experience with the RPL process.

4.2.4 Document analysis

Content analysis was used to analyse the collected data in a descriptive format from the following documents:

- CPUT RPL policy
- Western Cape Government College of Emergency Care RPL policy

The documents were analysed to obtain contextual understanding of the RPL process at each unit of analysis to answer the research objectives of the study.

Furthermore, the documents served as part of data collection triangulation to increase the validity of this study (Yin 2009). The following section reflects an analysis of the data.

4.2.4.1 Data collection

The analysis of the CPUT and WCCEC policy was done to gain better understanding of the RPL process and to allow the researcher to reflect against the theoretical framework of this study. The data is analysed under the following sub-themes

- RPL purpose and scope
- RPL principles
- RPL process
- Assessment methods

4.2.4.2 Data presentation CPUT RPL policy

The CPUT RPL policy aims to fulfil the national RPL vision of redress and access to Higher Education by aligning to the strategic goals of the National Qualifications Framework (NQF). The policy makes specific reference to the following objectives:

- a. "broadening the social base of higher education
- b. ...increasing access to higher education...
- c. ...increasing mobility of students across higher education institutions...
- d. ...and other learning contexts...
- e. ...accelerating progress through learning programmes...
- f. ...increasing the number of graduates...
- g. ...developing staff"(CPUT RPL policy, 2013:2).

The policy document makes a distinction between HR related RPL functions and RPL activities strictly related to the learning programmes. Under definition of the policy scope it is stated that:

"The scope of this policy is limited to RPL in the context of academic programmes at CPUT. It does not refer to RPL used in the context of job promotion, job upgrading, employment equity planning or succession planning, which this policy views as falling under the policies related to Human Resource Management (HRM) at CPUT."

In the CPUT RPL policy the following definition of RPL is applied:

"Recognition of Prior Learning is an epistemological process that includes development, teaching, mentoring, assessing and, where appropriate, accrediting the acquired knowledge, competences and capabilities of a person, gained in formal, informal or non-formal learning. RPL is conducted with reference to outcomes in a formal qualification and/or levels on the NQF and, where relevant, particular workplace and social competences" (CPUT RPL policy, 2013:3).

According to the policy document, the University provides access to the University by granting RPL for access for those not meeting minimum entry criteria, as well as progression within learning programmes through RPL for Advanced Standing. Under the definition of RPL for access of the policy document it is stated that RPL for access entails an assessment of:

"...workplace based learning and knowledge to evaluate for equivalence to the entry requirements of the programme."

The policy definition of RPL for advanced standing does not include credit transfer. Credit transfer means application for recognition of credits obtained from another institution. In addition, under RPL for advanced standing, a candidate may not obtain a total number of more than 50% of total credits of a qualification. The document makes reference to residency clause in terms of the 50% credits limitation.

"RPL applicants who have sufficient and relevant work experience can apply for RPL against Work Integrated Learning (WIL) (Co-op, in-service learning) one year before they register for the subject."

CPUT principles of RPL: In the section 5.1. and 5.2, the CPUT RPL policy (2013:5) outlines general and specific principles on which RPL is implemented in the institution:

The general principles contain the following values:

- a. "...promotion of lifelong learning"
- b. ...holistic approach to learning...
- c. ...acknowledgment of the value of past learning and experience...
- d. ...redressing past inequities...
- e. ...broadening access...
- f. ...national needs regarding skills development
- g. ...creating learning pathways...
- h. ...increasing mobility of learners...
- i. ...sound assessment practices.
- j. ...free of any discriminatory practices"(CPUT RPL policy, 2013:5)

Specific roles in RPL: The CPUT RPL policy (2013:7) distinguishes specific roles of personnel involved in the RPL process. The document specifies the following roles:

- "Designated members of staff who will provide information to applicants...
- Trained advisors to guide applicant/s through the RPL process
- Trained assessors.
- Arrangements for moderation..."(CPUT RPL policy, 2013:6).

Each of the members of academic staff with designated functions, have thus a specific role in the RPL process, which the policy documents describes as follows:

The CPUT RPL policy (2013:6) describes the following RPL process:

1. RPL Application

Applicant initially meets with a designated academic staff member of a department to discuss the RPL process, fees and time frames. An RPL

Office serves as an advisory body in cases of uncertainty regarding the candidate's application.

2. Departmental meeting

Applicant meets with designated departmental representatives to provide information regarding the learning programme, explain the purpose of the RPL, and investigate candidate's understanding of the target field and potential evidence for RPL.

3. Screening of RPL Applicants

The RPL candidate completes relevant screening questionnaire.

4. Departmental/Faculty Committee

The committee consists of HOD, subject experts, advisors and RPL specialists. The Committee advises regarding further assessment plan for the RPL candidate.

5. RPL Assessment Plan and collection of evidence

- a. RPL advisor together with the applicant establish an RPL assessment plan.
- b. RPL advisor submits the assessment plan to departmental/programme body for approval.
- c. The assessment plan is implemented.

6. Assessment and moderation

The RPL assessor evaluates the presented evidence, which in case of the ECT Programme entails personal portfolio. This portfolio contains applicant's background information, certificates of prior formal or informal

learning, and the results of written challenge tests and patient simulations, including the answer scripts with question papers. Post-assessment, the assessor compiles faculty assessment report and submits for moderation. The level of moderation corresponds to the type of RPL. Moderation ends with submission of moderation report together with assessment report and RPL evidence to the faculty executive committee or faculty RPL committee for approval. The faculty committee seeks approval from the RPL office.

7. Appeals

The RPL policy provides the opportunity for appeal against the components of the RPL process and other aspects of the process such as discriminatory treatment.

8. Institutional approval

The Senate Executive Committee makes a decision with regards to approval of the RPL claim or refers back to Faculty for reconsideration or resubmission.

9. Notification of RPL results

The RPL candidate is notified about the results of the RPL process. In case of unsuccessful results, the Faculty Officer refers the candidate for further guidance and advice.

10. Registration

The candidate registers for the approved learning programme.

Assessment methods: The CPUT RPL policy suggests a variety of assessment methods for the purpose of RPL. Annexure B of the policy states the following regarding possible assessment methods:

"The most commonly used assessment method in RPL is the portfolio of evidence, which is usually a compendium of different kinds of evidence..."

"Another frequently used assessment method in RPL is the *challenge test*. This is appropriate when the focus is on foundational/theoretical competence or discipline/subject knowledge"

4.2.4.3 Data analysis: CPUT RPL policy

The CPUT RPL policy document seems to provide a basis for a comprehensive RPL process, based on sound RPL principles and quality assurance, in line with the National RPL Policy and guidelines (SAQA 2004). The policy RPL definitions are reflective of a strongly developmental approach to RPL. The RPL process is comprehensive and structured, as recommended by Brinke (2009: 62), which ensures overall credibility of the process and internal verification. However such a process might require more time. Furthermore, the RPL policy makes provision for strong guidance and support of RPL candidates and assessors by specifying RPL roles of academics involved in the RPL process and providing advice through a dedicated RPL unit. The RPL roles, according to the policy document, must be accompanied by adequate RPL training. The assessment offers a choice of a variety of assessment tools of which a portfolio of evidence and challenge test seem to be most common at the institution.

4.2.4.4 Data presentation: WCEC RPL policy

The purpose of the RPL policy document is specifically aimed at achieving a reliable implementation of RPL in Colleges of Emergency Care through quality assurance principles. The policy only addresses RPL for advanced standing. Under the sub-heading purpose, the College RPL policy states the following:

“The purpose of the PGWC CEC policy is to establish a valid, reliable and sustainable framework for successful implementation of Recognition of Prior Learning Process within the context of Provincial EMS Training Colleges. The policy, in its generic form, should be implementable in other Provincial EMS Training Providers to enhance credibility of the RPL process” (WCEC RPL policy 2012: 6).

This PGWC CEC RPL policy is specifically designed towards awarding credits towards a qualification for which a candidate has registered” (WCEC RPL policy 2012: 6).

In terms of scope, the policy is aimed specifically at full time employees of the Western Cape EMS for the purpose of RPL for credit in the ECT qualification. In section 4, the document defines the scope as follows:

“In light of the RPL principles, access to credit RPL within the ECT qualification is granted to all full time employees of PGWC EMS, accepted into the ECT programme, with relevant, sufficient and current knowledge and/or skills aligned with relevant ECT module outcomes, regardless of where and how the learning was obtained. Eligibility for RPL assessment does not guarantee awarding of credits” (WCEC RPL policy 2012: 8).

The principles of RPL are not specifically listed in the policy, but the document makes a reference to principles of enabling environment, entrenched in related College policies. The document stated:

- “The assessment policy expresses an explicit commitment to the principles of equity, redress and inclusion
- The assessment policy reflects planning and management in accordance with relevant legislation and policy
- Information about assessment opportunities and services is widely available and actively promoted
- Admission procedures and systems are accessible and inclusive of learners with diverse needs and backgrounds” (WCEC RPL policy 2012: 9).

The RPL process at the College is described in section 7.1. of the policy document and describes the following steps of RPL process (WCEC RPL policy 2012: 11).

1. The candidate applies for RPL by submitting an RPL application form, which forms part of the College admission policy. The application must be accompanied by the following additional documents:
 - RPL candidate self-assessment form
 - HPCSA registration
 - Prove of acceptance for the NCEC Programme at WCCEC
 - Results of entrance assessment
 - Certified Copy of ID
 - Certified Copy of PDP
2. RPL facilitator evaluates the viability of the application. The document includes specific criteria to determine viability of the application.
3. The RPL facilitator assists and guides the RPL application to gather necessary evidence for the RPL assessment. Once necessary evidence is gathered the RPL facilitator informs the RPL assessor, who then proposes an assessment plan and informs the candidate about the plan. Specifically, the policy (WCCEC RPL policy 2012: 12) states that the assessment plan must include the following:

- Review of relevant specific outcomes module requirements (What is to be assessed?)
 - Type and sources of evidence to be evaluated (Matching of evidence with outcomes)
 - Assessment tools to be used in the assessment (How is it to be assessed?)
 - Dates and times of assessment (When is it to be assessed)
4. RPL assessment takes place. This assessment is measured against the minimum requirements of competence for the regular ECT Programme (WCCEC RPL Policy 2012: 12).
 5. The results of the assessment are compiled into an assessor report and submitted to the College principal for moderation (WCCEC RPL Policy 2012: 12).
 6. Moderation takes place, guided by the College Moderation Policy.
 7. The RPL assessor informs the candidate about the outcomes of the assessment and moderation in the form of a feedback meeting. The RPL assessor must inform the candidate about the option of appeal in case of unfavourable outcome (WCCEC RPL Policy 2012: 12). According to section 7.9 of the document, the candidate may appeal against the following criteria:
 - Unfair assessment
 - Invalid assessment
 - Unreliable assessment
 - The assessors' judgment, if considered biased
 - Inadequate expertise and experience of the assessor if it influenced the assessment
 - Unethical practices

8. RPL Credit is either awarded or not awarded

Concerning the assessment tools, The College RPL Policy refers to a portfolio of indirect evidence as a primary assessment tool. Additional assessments, considered as direct evidence may be considered according to the Document, utilizing a number of possible assessment tools as follows:

“The need for additional RPL assessments, besides portfolio of indirect evidence will be determined by the specific outcomes and assessment criteria of individual module the candidate is applying for.

The extent of evidence will also be determined by the type of applied competence to be judged.

Applied competence consists of:

- Foundational competence
- Practical competence
- Reflective competence

Indirect evidence for RPL at PGWC CEC may consist of:

- Current HPCSA practitioner card
- HPCSA registration certificate
- Examples of previous academic work
- Short course certificate
- Qualifications
- Curriculum Vitae
- Performance appraisals
- Job description

The extent of the documentation portfolio is determined by specific module outcomes for RPL a candidate is applying for.

Instruments for direct RPL evidence may comprise of:

- Assignments
- Case studies
- Examinations/tests
- Written reflections
- Log books

- VIVA VOCE
- OSCE's
- Simulations
- Portfolios
- Projects
- Interviews (structured/unstructured)

The indirect evidence portfolio will be judged mainly in terms of authenticity, sufficiency, and currency. In terms of currency, any documents older than six years will be regarded as not current" (WCCEC RPL Policy 2012: 16).

In Annexure I. of the Policy document, titled "Equivalence of learning measurement – possible assessment instruments", the document offers a detailed breakdown of the NCEC specific learning outcomes, associated assessment criteria, and possible means of assessment of the specific outcomes (WCCEC RPL Policy 2012: 34-107).

4.2.4.5 Data analysis: WCCEC RPL policy

Contrary to the more generic format of CPUT RPL policy, the College policy is tailored to the specific context of the College and the Provincial EMS as the employer, and specifically to the ECT Programme, as the only NQF qualification offered at the College. It does not, however, address RPL for access, which poses a threat of exclusion for potential AEA and BAA practitioners, who might be viable for application in future. This limitation contradicts the principle of access, specifically referred to in the National RPL policy (SAQA 2002). The policy document, however, promotes a personal and guided process in line with developmental approach principles (Butterworth 1992). Although the policy advocates RPL reflective portfolio as the main method of assessment, the policy also makes provision for the use of additional assessment tools for each of the assessment criteria and learning outcomes of the ECT curriculum, in line with National RPL guidelines (SAQA 2004). The policy therefore aims to match the type of competency contained in specific learning outcomes with appropriate assessment method. Moreover, the policy makes a provision for separating the roles of an RPL facilitator and RPL assessor.

4.3. Conclusion

This chapter presented findings of the study in the form of main themes and sub-themes, which emerged through Tech's systematic analysis. These findings were then discussed around identified themes and sub-themes within the theoretical framework of RPL approach, principles of effective RPL implementation and the researcher's contextual reflection on the findings against the emergency medical field. Chapter 5 will provide a summary of conclusions and provide recommendations for emergency education and training.

CHAPTER 5

5 CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to explore the efficacy of the RPL process within the National Certificate: Emergency Care in the Western Cape, also known as the Emergency Care Technician (ECT) Programme. Efficacy in the context of the study was defined in terms of the National RPL policy quality criteria, against the two theoretical models, known in the literature as the “credit-exchange” and “developmental” models. The study focused on exploring the efficacy of the RPL process as experienced by the paramedic educators involved with the process, as well as the AEA practitioners, who participated in the RPL process in the ECT Programme in the Western Cape. The aim of the study was achieved through a qualitative, case-based inquiry described in Chapter 3, which analysed the RPL process of the two main providers of the ECT Programme in the Western Cape. This Chapter provides the summary of the findings from the focus group interviews, individual interviews and document analysis against the supporting literature and the theoretical framework laid out in Chapter 1. A detailed discussion of the study findings forms the main body of Chapter 4, which led to the main conclusions, as will be discussed in this Chapter. Furthermore, the researcher aims to provide recommendations for the providers of the ECT qualifications, the academics and policy implementers, to strengthen the current RPL policy application, in line with the study objectives. Lastly, this Chapter suggests recommendations for future research, reiterates the important limitations of this study, and ends with a final concluding statement.

5.2 Summary of findings

The findings indicated that although the study participants had a general understanding of RPL as granting access to a formal qualification and as granting credits towards a qualification, they were not clear about the purpose of RPL within the broader national educational context, in terms of its transformational

role. At both institutions, the AEA qualified students were assessed for the purpose of advancement within the ECT.

The programme and therefore the process involved only RPL for credit. AEA RPL candidates at both educational institutions still had to meet the minimum requirements for the NQF 5, ECT qualification. The paramedic lecturers viewed the purpose of the RPL process as a provision of direct evidence of prior knowledge through challenge tests and assignments, thus moving away from the reflective approach through guidance described by the developmental RPL model, and leaning towards the credit-exchange model. Some lecturers did not see the purpose of their role in the RPL assessment.

The RPL assessment conducted through assignment writing, which required some form of guidance from the ECT lecturers, had a transformational value for the AEA RPL participants, because it empowered them to face further challenges of higher education academic requirements. The students felt that they have gained a new academic writing skill through the RPL assessment, and thus gained more confidence. The fact that they were eventually successful in their RPL claim, motivated them to pursue further emergency care qualifications in the future. Furthermore, they valued the knowledge gained through the RPL assessment as being the same as that of the mainstream ECT students.

Prior to entering the RPL process, the AEA candidates were neither aware of what to expect or had false prior expectations about the RPL process at both institutions. This led to scepticism and stress before the RPL assessment. The paramedic lecturers involved with the RPL assessment on the ECT Programme felt that the AEA candidates falsely expected to receive unrealistic amount of RPL credits. They also felt that the RPL process does not motivate the students to submit good quality evidence in the form of assignments, because the College RPL participants were already employed while studying and therefore were oblivious to the outcomes of the RPL assessments.

The false expectations were partially the result of poor awareness and knowledge about RPL within the EMS community and workplace. None of the RPL participants had any valuable prior knowledge, about what is RPL or what the RPL process entails at either of the two ECT Programme providers.

The methods used during the RPL assessment on the ECT Programme were challenge tests, interviews and a patient simulation assessment at the University Department. The College conducted RPL assessment through assignments. Challenge tests were regarded as a common assessment method by the University RPL policy, but both policy documents provided for a variety of possible assessment tools. The assessment tools were applied uniformly to all RPL participants. The Programme lecturers regarded the existing assessment methods as inappropriate, because they did not account for the individual background, maturity, and experience of the RPL participants. Although the RPL participants agreed with challenge tests as an RPL assessment tool for the ECT Programme, they did not view assignments and an interview as an appropriate measure of their prior knowledge. The interview format was deemed to be too intimidating to the candidates, whereas the assignment required a high level of English and computer literacy, for which the AEA RPL participants were not adequately prepared through their prior short course training. The assignment format thus did not provide opportunity to the RPL participants to make a strong RPL claim.

The further academic success of the AEA students on the ECT Programme, who were successful or partially successful in their RPL claim, depended on the level of maturity and work experience outside of the EMS field, particularly in the commercial sector. However, the unsuccessful RPL applicants also achieved a good academic track record, particularly on the University ECT Programme, and often outperformed students who obtained credits through the RPL process.

Many of the challenges faced by both the paramedic educators and AEA RPL participants during the RPL process were attributed to a lack of RPL training,

support and guidance. The paramedic educators, particularly at the College ECT Programme, lacked RPL training and therefore felt unsupported and frustrated in their RPL roles. On the other hand, the RPL participants lacked sufficient guidance from the Programme educators in preparation for the RPL assessment and therefore sought assistance amongst their peers or work colleagues in preparation for the assessment and during the compilation of evidence through assignment writing. The RPL process lacked efficacy mainly due to poor communication between the assessors and participants. The feedback stage of the process was highlighted as being most inefficient.

In the view of the paramedic educators, the RPL process did not allow sufficient time for effective guidance and support of the RPL students and sufficient time for assessment of the submitted assignments. The RPL assessments were perceived as an extra burden to their daily academic duties, leading to negative attitudes towards the RPL activities within the institution. Both cohorts of RPL participants indicated that they needed more time for adequate preparation of the RPL assessment. Longer time was needed for the reflective assignment writing assessment format, preferably over a period of six to twelve months. Preparation for the challenge tests required at least a period of one week, in the view of the AEA participants.

Time was also an obstacle for greater effectiveness of the RPL process in terms of employer support. Majority of the RPL participants were employed either with the public or private EMS, as full time operational AEA practitioners at the time of RPL application. The employer, however, did not provide adequate time off for preparation for the RPL assessments.

RPL practice at both institutions was supported by comprehensive policy documents. The University policy document, although sound and inclusive of the RPL principles, advocated by the national strategic educational policy, lacked a more specific guidance at the academic department level. The document, however, provided a credible framework for development of procedures or

guidelines at academic department level. The College policy document reflected a more specific, purposive approach, tailored to the ECT Programme specifically. The policy document projected a more individually focused, developmental approach with a range of possible RPL assessment tools specific to the ECT curriculum outcomes and assessment criteria.

5.3 Conclusions

The RPL process in the Western Cape lacked stronger advocacy and general awareness amongst AEA practitioners about the purpose, expectations and the process of RPL in the ECT Programme. The broader national RPL principles, although included in RPL policies, did not filter down to the RPL assessors. However, the AEA RPL participants positively valued the RPL process as an opportunity for access to higher education with positive effects on motivation and self-confidence.

The existing RPL assessment methods, which included challenge tests, interviews, patient simulation and assignments were not appropriate to all RPL participants, because the assessment was not tailored to the individual AEA participants with their unique prior experience, knowledge, and skills. Compounded by a lack of support and guidance from the ECT lectures on both Programmes during the pre-assessment and assessment stages of the RPL process, the existing assessment methods did not allow for adequate expression of the RPL claim, although the participants in the study were generally granted a significant amount of credits. Moreover, the RPL process did not have an effect on further academic performance in the ECT Programme, which was more attributed to the maturity of the participants and work experience outside of EMS field.

The RPL process lacked sufficient capacity to provide supportive RPL service due to the lack of RPL specific training of the RPL assessors, despite its advocacy by the institutional RPL policies. The effectiveness of the process was further

constrained by the employer organizations as the important stakeholders in the RPL process.

In the context of the National RPL enabling criteria, the RPL process efficacy issues in the NCEC Programme in the Western Cape, surfaced in the areas of learner support and guidance, training of RPL assessors, and assessment and methods as depicted in Figure 8 which emphasises these three key criteria.

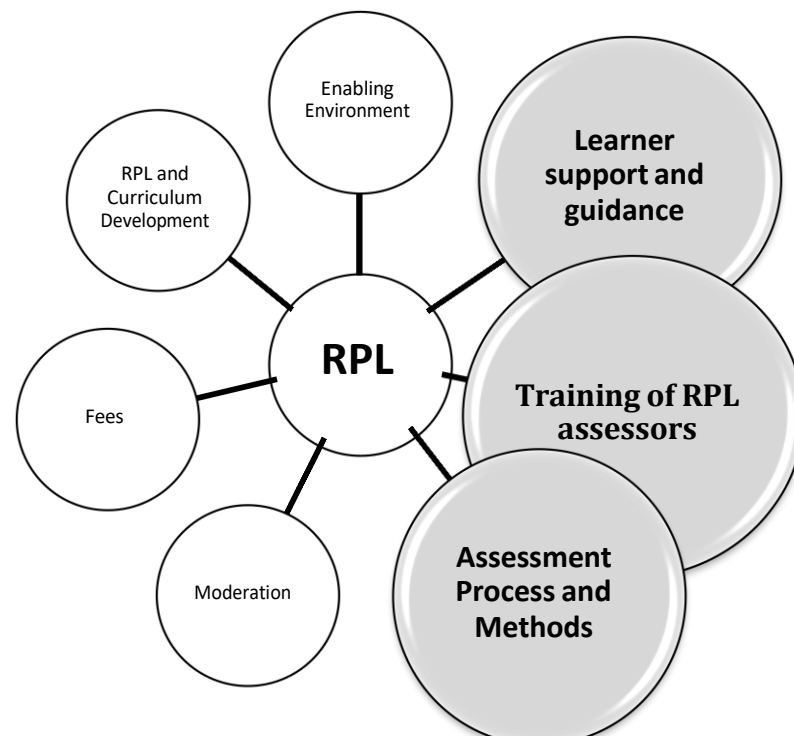


Figure 8. Key areas of deficiency that emerged in the study findings

Although attempts for a developmental approach to RPL were evident from the study findings, the main model applicable to the RPL practice on the ECT Programme in the Western Cape remains to be that of credit-exchange (Butterworth 1992). Challenge examinations, assignments, and patient simulations remain to be the main means of RPL assessment for the ECT Programme. These methods are applied uniformly to all candidates irrespective of individual profiles. The findings suggest that the fault is not in the RPL policies but in the lack of capacity of the individual ECT training providers to carry out a truly developmental RPL, through developmental RPL portfolio as the main source of RPL evidence.

5.4 Recommendations

Although this study focused on the case of the ECT Programme in the Western Cape, it provided deep insight into the intricacies of the RPL practice in the field of emergency care education and training, which remains largely unexplored. The relevant training providers, assessors and RPL policy implementers should be cognisant of the following recommendations, drawn from the case study, in light of the growing national drive to achieve transformation of education and training through RPL.

5.4.1 Marketing of RPL

Marketing of RPL should take place at macro and micro level of the emergency care field. Whereas the Professional Board should promote a more general awareness about progression opportunities of short course emergency care graduates through RPL, universities, public sector colleges and respective employers should play a more pivotal role in providing comprehensive RPL information.

5.4.2 Professional Board of Emergency Care (PBEC)

The PBEC should increase general awareness about RPL, as a route of access to further higher education and training, focusing on addressing the wide pool of short course practitioners, currently existing in EMS as a result of past training structures. Articles on RPL can be included in the Health Professions Council of South Africa (HPCSA) bulletin as well as online information through the HCPSA website. The PBEC should coordinate its RPL advocacy with SAQA and other related national bodies, including SETAs and ETQAs.

5.4.3 The employers

It is recommended that the Provincial EMS organizations collaborate with respective Provincial Emergency Care Colleges to raise awareness about RPL

amongst their staff. The Colleges should generate the necessary information, while the employer ensures effective dissemination of such information, to ensure that it reaches the targeted personnel. The Provincial Colleges should also serve as RPL centres for provincial employees, where further information and advice can be obtained. This will require identification of key College staff members dedicated to the RPL activity and equipped with the necessary RPL knowledge. The College, which is offering short courses, should use the opportunity to inform the short course students about RPL, while on training.

5.4.4 Departments of Emergency Medical Care

The respective University emergency care departments must ensure that marketing RPL brochure is available to all potential RPL candidates enquiring about further studies. This material should include RPL definitions, the purpose, the process, the assessment requirements, the timelines and contact details of RPL advisors at the academic units. Such information should be built into the University website under specific departmental link.

5.4.5 RPL training, support and guidance

5.4.5.1 Public Sector Colleges

The Colleges must ensure that all training staff receives RPL related training. The Colleges must ensure that the training includes the specific unit standards, recommended by SAQA National RPL guidelines (SAQA 2004:35-40), which are titled as follows:

- Facilitate the preparation and presentation of assessment evidence by candidates (USN 12544).
- Plan and conduct assessment of learning (USN ASSMT01).

The College management should also seek training resources on RPL from existing RPL initiative at National level. Training outcomes related to mentoring and coaching would also be beneficial towards effective RPL practice.

The College staff directly involved in RPL process should have specifically assigned roles. These roles should be separated to those of RPL facilitator/advisor and RPL assessor, where possible. The College management must raise the importance of the RPL activities within their institutions by including these activities as part of the key performance areas and ensuring that RPL forms part of the core training policies. The College management and Programme coordinators must make provision for the extensive time required for processing and assessing of RPL applications.

5.4.5.2 Departments of Emergency Medical Care

The relevant Heads of Departments must ensure that academic staff involved in RPL understand their specific roles and are thoroughly familiar with the Departmental RPL procedures, within the broader University RPL policy. Similarly, to College recommendations, the designated academics must receive RPL training on a continuous basis. The Departments should strongly encourage the use of existing University RPL Offices as sources of information, guidance and training for their RPL assessors and facilitators.

5.4.5.3 The employers

The EMS organizations, as employers, must collaborate with the key emergency care education and training providers on establishing acceptable RPL assessment plans, to enable their staff to participate in the RPL assessment without significant impact on emergency care service delivery and to select most suitable candidates, to ensure their academic success on the university programmes.

5.4.6 RPL assessment

It is recommended that RPL assessors and facilitators/advisors establish a thorough profiling of RPL applicants to ensure that these candidates are viable for a successful RPL claim and further academic success. This profile should include evaluation of prior work experience, high schools subjects, level of

maturity, and motivation for RPL application, existing language, and computer proficiency. The RPL assessors must consider and evaluate each application individually. Should a significant gap in academic literacy be identified, the relevant department should strive to provide training and coaching to bridge this gap in preparation for the RPL assessment. There should be ample time allocated to the preparation for the assessment.

Each assessment plan must be individually tailored to the RPL candidates' specific prior experience and knowledge. This will require use of a greater variety of assessment methods besides challenge tests and assignments. The assessment methods can include observations in workplace or reflection on critical learning events in the workplace. The Programme providers should consider the implementation of a developmental portfolio, but only if adequate numbers of committed staff members are available with relevant financial support.

The RPL facilitators and assessors must ensure a mutually transparent communication with RPL participants throughout the RPL process. This communication must include a detailed and timeous feedback on the results of the RPL assessment. Ideally, the RPL process should be one of partnership between the relevant Programme educator and the RPL participant to create a supportive and conducive environment.

5.5 Study limitations

Despite systematic application of the case study methodology, certain limitations are applicable to the study.

The study was confounded to the two providers of NCEC qualifications in the Western Cape consisting of a University Department and the public sector Emergency Care College. Although similar training providers are established in other Provinces, the infrastructure, budgetary allocations and human resources

capacity greatly varies between Provinces. In addition, the availability and quality of in-service training differs significantly between the various Provincial EMS organizations. Therefore, the findings of this study cannot be fully extrapolated to all other University Departments and public sector training colleges in the country.

Due to reallocation outside of Western Cape of majority of the ECTs, who participated in the University RPL, the pool of available participants for the study sample became limited. The period from the actual RPL process at the University at time of the data collection was more than two years for some of the study participants. This has made describing of their experience difficult in some instances, which could have resulted in poor recall of critical events in their experience with RPL.

During the period of the study, new developments in emergency care education and training took place. Due to the revision of the Higher Education Qualifications Sub-Framework by the Council for Higher Education, the HPCSA as a governing body for paramedic education proposed the introduction of a new mid-level, NQF 6 Diploma in Emergency Care qualification, which would replace the current, NQF 5, NCEC: Emergency Care qualification. This will have implications in terms of new entry criteria and revised learning outcomes. These changes will subsequently affect the RPL assessment requirements and new challenges may arise, which did not emerge in this study.

5.6 Areas of future research

RPL research in the field of emergency medical care in South Africa is in its infancy; therefore, a wide research gap currently exists in many aspects of RPL. This case study explored the RPL process in its entirety, not focusing on specific stages of the process and involved only intermediate life support practitioners. The issue of RPL assessment surfaced as a prominent theme in this study and therefore a large scale in-depth investigation into the appropriate RPL assessment methods for mid-level emergency care programmes would greatly add to the body of knowledge on how to conduct most effective RPL service that

is socially inclusive and provides broader access to Higher Education qualification for the short course emergency care practitioners.

5.7 Closing statement

The RPL phenomenon will continue to gain its strength through nationally coordinated government initiatives to achieve the full potential of RPL as an important tool for socioeconomic transformation of South African communities through education. The current Revised Higher Education Qualifications Sub-framework signifies the end of short course training model for the emergency care field and its move towards professional qualifications. This will establish RPL as a key access pathway to further education and training for many emergency care providers with short course training. Although a majority of providers of emergency care higher education qualifications have implemented RPL policies, the degree of success or failures remain unreported. Efficient EMS is not only about short response times, but also, more importantly, about high quality of care and professionalism. The providers of emergency care higher education should therefore broaden access to their programmes through RPL to allow for faster transformation of emergency care education and training in South Africa. Initial scepticism towards RPL is to be expected, but through on-going research in the area of RPL in emergency care and new lessons learned from practice, RPL could eventually become accepted into the mainstream educational practices and assessments at the respective departments. Subsequently, this could contribute to the human resource retention strategies of EMS employers and enrich emergency care curricula by engaging with mature students from the current paramedic workplace. The researcher hopes that this study will provide the impetus for growing body of knowledge in this area to prepare the key educational role players for the migration of emergency care education and its future challenges.

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Annexure A HPCSA Scope of capabilities

HPCSA Scope of capabilities	BAA	ILS	CCA/ND	ECT	ECP
Airway Management					
Finger sweep	✓	✓	✓	✓	✓
Head tilt & chin lift	✓	✓	✓	✓	✓
Jaw thrust	✓	✓	✓	✓	✓
Suctioning of the airway	✓	✓	✓	✓	✓
Airway obstruction removal techniques	✓	✓	✓	✓	✓
Use of Magill's forceps	✓	✓	✓	✓	✓
Oropharyngeal airway insertion	✓	✓	✓	✓	✓
Nasopharyngeal tube airway insertion	✓	✓	✓	✓	✓
Cricoid pressure	✓	✓	✓	✓	✓
Orotracheal intubation	✓	✓	✓	✓	✓
Nasotracheal intubation	✓	✓	✓	✓	✓
Blind nasotracheal intubation	✓	✓	✓	✓	✓
Digital endotracheal intubation	✓	✓	✓	✓	✓
Retrograde intubation	✓	✓	✓	✓	✓
Supraglottic extraglottic airway devices insertion	✓	✓	✓	✓	✓
Orogastric tube insertion	✓	✓	✓	✓	✓
Nasogastric tube insertion	✓	✓	✓	✓	✓
Needle cricothyroidotomy	✓	✓	✓	✓	✓
Surgical cricothyroidotomy	✓	✓	✓	✓	✓
Rapid sequence intubation, only with capnography & ventilator	✓	✓	✓	✓	✓
Oxygen and Ventilation					
Oxygen therapy	✓	✓	✓	✓	✓
Nebulization (medicated)	✓	✓	✓	✓	✓
Use of pulse oximetry	✓	✓	✓	✓	✓
Needle thoracentesis	✓	✓	✓	✓	✓
Bag valve mask ventilation	✓	✓	✓	✓	✓
Bag valve tube ventilation	✓	✓	✓	✓	✓
Mechanical ventilation	✓	✓	✓	✓	✓
Use of PEEP	✓	✓	✓	✓	✓
Use of capnography	✓	✓	✓	✓	✓
Circulatory Management					
Blood pressure measurement	✓	✓	✓	✓	✓
Peripheral intravenous cannulation & ≥8 years old patients only	✓	✓	✓	✓	✓
Peripheral intravenous cannulation & all age categories	✓	✓	✓	✓	✓
External jugular vein cannulation	✓	✓	✓	✓	✓
Femoral vein cannulation	✓	✓	✓	✓	✓
Intraosseous insertion	✓	✓	✓	✓	✓
Umbilical vein cannulation	✓	✓	✓	✓	✓
Fluid administration	✓	✓	✓	✓	✓
Intravenous drug administration	✓	✓	✓	✓	✓
Intraosseous drug administration	✓	✓	✓	✓	✓
Subcutaneous drug administration	✓	✓	✓	✓	✓
Intramuscular drug administration	✓	✓	✓	✓	✓
Endotracheal tube drug administration	✓	✓	✓	✓	✓
Drug infusions and use of infusion devices	✓	✓	✓	✓	✓
Use of syringe drivers	✓	✓	✓	✓	✓
Use of noninvasive blood pressure monitors	✓	✓	✓	✓	✓
External haemorrhage control including use of tourniquet	✓	✓	✓	✓	✓
Use of pneumatic anti-shock garment & legs only	✓	✓	✓	✓	✓
Use of pneumatic anti-shock garment & entire	✓	✓	✓	✓	✓
Automated external defibrillation	✓	✓	✓	✓	✓
Manual defibrillation (asynchronous)	✓	✓	✓	✓	✓
Synchronised cardioversion	✓	✓	✓	✓	✓
Vagal manoeuvres	✓	✓	✓	✓	✓
Central line management	✓	✓	✓	✓	✓
Transcutaneous cardiac pacing	✓	✓	✓	✓	✓
3 lead ECG monitoring	✓	✓	✓	✓	✓
12 lead ECG monitoring	✓	✓	✓	✓	✓
Fibrinolysis	✓	✓	✓	✓	✓
ECG Rhythm Analysis					
Normal sinus rhythm	✓	✓	✓	✓	✓
Sinus bradycardia	✓	✓	✓	✓	✓
Sinus tachycardia	✓	✓	✓	✓	✓
Ventricular fibrillation	✓	✓	✓	✓	✓
Ventricular tachycardia	✓	✓	✓	✓	✓
Asystole/PEA	✓	✓	✓	✓	✓
All other emergency cardiac dysrhythmias	✓	✓	✓	✓	✓
Obstetric Management					
Normal vaginal delivery	✓	✓	✓	✓	✓
Prolapsed cord management	✓	✓	✓	✓	✓
Breech delivery management (scope specific)	✓	✓	✓	✓	✓
Mal presentations management (scope specific)	✓	✓	✓	✓	✓
Preterm labour management (scope specific)	✓	✓	✓	✓	✓
Obstructed labour management (scope specific)	✓	✓	✓	✓	✓
Fundal massage	✓	✓	✓	✓	✓
Bimanual compression	✓	✓	✓	✓	✓
Tocolysis	✓	✓	✓	✓	✓
General					
CPR (adult, child, infant & neonate)	✓	✓	✓	✓	✓
Patient clinical assessment	✓	✓	✓	✓	✓
Vital signs assessment	✓	✓	✓	✓	✓
Finger prick and blood glucose measurement	✓	✓	✓	✓	✓
Cervical spinal clearance	✓	✓	✓	✓	✓
Application of cervical collar	✓	✓	✓	✓	✓
Application of spider harness	✓	✓	✓	✓	✓
Spinal immobilization using scoop stretcher & long spinal board	✓	✓	✓	✓	✓
Spinal immobilization using an extrication device	✓	✓	✓	✓	✓
Application of splints including the traction splint	✓	✓	✓	✓	✓
Application of vacuum mattress	✓	✓	✓	✓	✓
Use of stretchers	✓	✓	✓	✓	✓
Urinary catheterization	✓	✓	✓	✓	✓
Basic wound care and application of dressings	✓	✓	✓	✓	✓
Suturing	✓	✓	✓	✓	✓
Declaration of death/withdrawal of resuscitation efforts	✓	✓	✓	✓	✓
Declaration of medication as per current HPCSA protocol	✓	✓	✓	✓	✓
General patient inter-facility transfer	✓	✓	✓	✓	✓
Intensive care transfer	✓	✓	✓	✓	✓
Neonatal transfer (non-intubated patient)	✓	✓	✓	✓	✓
Neonatal intensive care transfer	✓	✓	✓	✓	✓

Annexure B Focus group protocol – GROUP A

Recognition of Prior Learning (RPL) in the National Certificate: Emergency Care
in the Western Cape

(FOR USE BY THE RESEARCHER ONLY)

1. Thank you for taking the time to be interviewed for this study
2. Introduce myself and the purpose of the focus group interview.
3. Ensure that the participants have read the study information sheet and has given consent to participate in the study.
4. Remind participant of confidentiality of the interview and allay any fears of group participation.
5. Ensure that all cell phones are switched off or put on silent mode
6. Questions

Group A

How did you get involved in RPL?

What is your understanding of the Recognition of Prior Learning?

Can you describe your experience of the RPL assessment that you took part in?

How did you get information about the RPL process?

How do you feel about the Recognition of Prior Learning assessment process at your institution?

How do you feel about the methods of PRL assessment that you had to go through?

How do you feel about the value of your prior knowledge in the ECT Programme?

If you could change the way RPL is done at your institution, what would you do?

Of all the things we discussed, what to you is the most important?

Have we missed anything?

7. Thank you once again for your time and availability.

Annexure C Focus group protocol – GROUP B

Recognition of Prior Learning (RPL) in the National Certificate: Emergency Care
in the Western Cape

(FOR USE BY THE RESEARCHER ONLY)

Participants' pre-focus group questionnaire

Questions	Answers		
What are your qualifications?			
How long have you been employed at your institution?			
How long have you been conducting RPL assessments?			
How often do you conduct RPL assessment?	Seldom	Sometimes	Often
Do you conduct RPL assessment at any other educational Programmes at your institution? If yes, which ones?			
What type of RPL training have you received?			

1. Thank you for taking the time to be interviewed for this study
2. Introduce myself and the purpose of the focus group interview.

3. Ensure that the participants have read the study information sheet and has given consent to participate in the study.

4. Remind participant of confidentiality of the interview and allay any fears of group participation.

5. Ensure that all cell phones are switched off or put on silent mode

6. Questions

Group B

What is your role in RPL?

Why have you been selected as an RPL assessor?

What is your understanding of the Recognition of Prior Learning?

Can you describe your experience of the RPL assessment that you conduct?

What guides your RPL assessment process?

How do you feel about the Recognition of Prior Learning assessment process at your institution?

What do you think about the methods of PRL assessment that you conduct?

How do you feel about the awarding of credits towards ECT qualification for candidate with AEA qualification?

What are your thoughts on validating and matching of prior knowledge against the outcomes of ECT qualification?

If you could change the way RPL is done at your institution, what would you do?

Of all the things we discussed, what to you is the most important?

Have we missed anything?

7. Thank you once again for your time and availability

Annexure D Background information: Sample A

Sample A: background information							
Part. No	Highest Paramedic Qualification	Additional Qualifications	Duration of employment in years	Period of involvement with RPL in years	How often involved with RPL	RPL assessment at other institutions	RPL training received
1	Btech EMC		1.8	1	Sometimes	no	no
2	Btech EMC		1	Not submitted	Sometimes	no	no
3	Ndip EMC		1	1	Often	no	no
4	Btech EMC	HDHET	4	3	Often	no	no
5	Btech EMC	HDHET	2	1	Sometimes	no	yes
6	Btech EMC		4	1	Often	no	no

Sample A: background information					
Part.No.	EMC Qualification	Other Qualifications	Duration of AEA registration in years	Prior application for RPL	Year of current study
1	AEA		2	no	2
2	AEA		12	no	2
3	AEA	Traffic Diploma	1	no	2
4	AEA		10	no	2
5	AEA		2	no	2
6	AEA		3	no	2
7	AEA		11	yes	2
8	AEA		5	no	2
9	AEA		1	no	2
10	AEA	NQF 5, legal assistant	3	no	2
11	AEA		2	no	2
12	AEA	Rescue Technician (short course)	3	no	2
13	AEA	Rescue Technician (short course)	1	no	2
14	AEA	Airomdical Rescue, Hazmat	9	no	2
15	AEA		2	yes	2
16	AEA		13	yes	2
17	AEA		5	yes	2
18	AEA		5	yes	2
19	AEA		10	no	2
20	AEA	Declined	Declined	Declined	Declined
21	AEA	Declined	Declined	Declined	Declined
22	AEA	Declined	Declined	Declined	Declined
	Average		5.3		

Annexure F Semi-structured interview schedule for RPL participants

(FOR USE BY THE RESEARCHER ONLY)

Interview length: 15-30min

Introduction

1. Thank you for taking the time to be interviewed for this study
 2. Introduce myself and the purpose of the interview.
 3. Inform the interviewee about anonymity and the right to withdraw from the interview at any time
 4. Obtain permission for audio recording and explain its purpose
 5. Obtain consent to participate in the study (Consent letter)
-

Questions

General demographic information

1. When did you apply for RPL in the National Certificate: Emergency Medical Care?
 2. Did you complete the ECT qualification? If yes, when did you qualify?
 3. How long have you been an AEA before you applied for RPL?
 4. How old were you when you applied for RPL?
 5. What type of RPL have you applied for? For access or for credit?
 6. Have you obtained any further qualifications besides ECT?
-

Interview questions

7. How did you get involved in RPL?
 - a. Probe: *Why did you apply for RPL?*
8. How would you describe your experience with the RPL process?
 - a. Probe: *What was positive/negative?*
 - b. Probe: *What about the way you were assessed?*

- c. Probe: *How you were informed?*
 - d. Probe: *How you were treated throughout the process?*
 - 9. What were your challenges during the RPL process?
 - a. Probe: *How prepared did you feel for the RPL assessment?*
 - 10. What were your expectations and understanding going into the RPL process?
 - 11. How do you feel about the valuing of your prior knowledge by the institution?
 - a. Probe: *The amount of modules you were accredited for?*
 - b. Probe: *The standard and type of assessments?*
 - 12. If you could provide recommendations for the way the RPL is done, what would you say?
 - a. Probe: What about communication/information?
 - b. Probe: What about the assessment tools?
 - 13. Is there anything you would like to add?
 - 14.7. Thank you once again for your time and availability.
-

Annexure G Document review rubric**(FOR USE BY THE RESEARCHER ONLY)**

No	Description	Review	
1.	Type of document		
2.	How is the document related to RPL assessment?		
2.	How current is the document (date)?		
3.	Author of the document		
4.	At which institution is this document used?	CPUT	WCCEC
5.	How aligned is the document to SAQA RPL principles, institutional RPL policy and definition of RPL?		
7.	What RPL model does the document relate to?		
8.	How does the document validate		

	prior non-formal or informal knowledge?	
9.	What type of evidence of prior knowledge does the document represent?	
10.	What assessment instrument, strategy or method does the document represent?	
11.	Does the document contain hidden perceptions and/or attitudes to RPL assessment?	

Other comments

Annexure H Research information letter with consent form



LETTER OF INFORMATION

Title of the Research Study: An investigation into recognition of prior learning within the National Certificate: Emergency Care Programme in the Western Cape.

Principal Investigator/s/researcher: Mr. Radomir Cermak, B.Tech: Emergency Medical Sciences, Higher Diploma in Higher Education and Training

Co-Investigator/s/supervisor/s: Prof. Raisuyah Bhagwan (PhD)

Brief Introduction and Purpose of the Study:

Recognition of Prior Learning (RPL) is a new and generally little understood concept within emergency medical services field, yet it is potentially a very powerful tool for social and educational change. It is advocated nationally by the National RPL guidelines and principles, but the implementation of those principles is usually difficult because of the specific context of the various professions.

Emergency Medical Care education and training is facing a challenge of transformation and integration of short course graduates, such as Critical Care Assistant (CCA), Ambulance Emergency Assistant (AEA) and Basic Ambulance Assistant (BAA) into professionalised education system that is fully recognised by the South African National Qualifications Framework (NQF).

More than ever, there is a need to ensure that evidence is sought and applied for successful and sustainable implementation of RPL policies and RPL practices for the benefit of EMS practitioners wishing to progress within the Higher Education Qualifications by recognizing their experience, non-formal qualifications and knowledge. There is a need to determine current experience with RPL practices in terms of the knowledge, attitudes and perceptions. This knowledge can inform current RPL policies at

the institutions selected for the case study as well as the National Training Policy and Health Professions Council of South Africa (HPCSA) recommendations and guidelines.

Outline of the Procedures:

You have been asked to take part because you have been identified as a RPL participant or assessor. That means that at some stage you either applied for RPL during your studies and you were granted credits towards the National Certificate: Emergency Care (NCEC) qualification after an RPL assessment or you currently evaluate and assess RPL candidates within the same NCEC Programme. This study seeks to explore the knowledge, attitudes and perceptions of RPL participants and PRL assessors at Cape Peninsula University of Technology (CPUT) as well as the Western Cape Government College of Emergency Care (WCCEC).

If you agree to decide to take part in the study you will be asked in the first instance to complete a consent form and return this. This research will be carried out using focus group interviews and follow up one-on-one interviews. You will be invited to take part in a focus group session lasting between 45-60 minutes, consisting of five participants, all of whom at some stage took part in RPL assessment either at CPUT or WCCEC. If you were identified as RPL assessor, you will be invited into a separate focus group interview session also lasting 45-60 minutes with a break in between, consisting of other three RPL assessors from CPUT and WCCEC.

The focus group is a semi structured discussion forum in a relaxed environment, aimed to evoke discussion around your thoughts, opinions and experience with RPL assessment at either CPUT or WCCEC. The session will be facilitated by the researcher and will also be audio recorded for reliable data collection purposes. There are no right or wrong answers during the session. This study is seeking to describe your experience, your personal understanding and feelings about RPL assessment.

Following the focus group, you might be contacted by the researcher for a short one-on-one interview to clarify and explore issues that might have emerged from the focus group discussions to gather more data.

Risks or Discomforts to the Participant: Not applicable

Benefits:

The result of the study will serve to inform current CPUT and WCCEC policies to

ensure suitable, fair and efficient RPL process for future applicants for RPL within the NCEC (ECT) qualification. The result of the study might be used for publishing in a peer reviewed academic journal.

Reason/s why the Participant May Be Withdrawn from the Study:

It is up to you to decide whether or not to take part and there is no obligation. If you decide to take part you will be given this information sheet to keep and you will be asked to sign a consent form. If you decide to take part, and then withdraw, you are free to withdraw at any time without giving a reason. A decision to withdraw at any time or a decision not to take part, will not affect your employment, service provision or studies in any way.

Remuneration: No remuneration will be offered for participation in the study

Costs of the Study: You will not be asked to cover any costs associated with the study

Confidentiality: All data from interviews will be coded to ensure anonymity; therefore, no names will be used for the purpose of data analysis and report. Data will be kept strictly confidential and will only be accessible to the primary researcher and the research supervisor. The identities of the participants will not be disclosed to your employer, heads of department or coordinator.

Research-related Injury: Not applicable

Persons to Contact in the Event of Any Problems or

Queries:

Please contact the researcher (tel no. 021 938 4116), my supervisor (tel no. 031 260 1281) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (Mr. Radomir Cermak), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant
/ Right Thumbprint

Date

Time

Signature

I, Radomir Cermak herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Date

Signature