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Foreword

The education undertaken by prospective paramedics is without doubt a pivotal component in shaping their continued professional journey. Never more-so than in the current healthcare landscape, with an expectation of improved and increased services whilst delivering within increasingly constrained financial circumstances. The ability to meet expectations of healthcare delivery in the 21st century is commensurate at least with robust and appropriate education.

Paramedics are Allied Health Professionals (AHPs) who are rapidly diversifying and migrating into wider healthcare sectors in order to continue to contribute towards the delivery of the type of quality UK service users have become accustomed to. They are required to assess, treat, manage, discharge and/or where appropriate refer service users requiring, acute, chronic, and/or specialist services in primary, secondary, and supra-regional care.

This evolution of paramedics and their practice requires a mirrored change in their undergraduate education, hence this new edition of the *Paramedic Curriculum Guidance* aims to reflect the changing professional and practice arena as well as outline the latest requirements of a paramedic education programme.

The College of Paramedics (herein known as the College) continues to lead the development of the paramedic profession, not least via the publication of documents such as this one. The College is not only committed to ensuring the quality of education programmes, but encourages delivery of innovative, engaging education that fosters lifelong learning and development of our future professional group. It is essential that all those who are involved in the delivery of paramedic education and training programmes are fully aware of the complexities of the profession and the responsibilities paramedics discharge in delivering a broad spectrum of healthcare.

The College firmly believes that this 4th Edition of the *Paramedic Curriculum Guidance* provides the most up to date guidance available for those delivering paramedic education and training, and that by adopting the curriculum guidance, education providers and employers of new registrants will enhance the quality of paramedical services throughout the UK.

In addition, and perhaps most importantly, this curriculum guidance can give service users, commissioners, and key stakeholders' in the provision of paramedic care, wherever they are in the country – the assurance that paramedics have been prepared for practice. The curriculum guidance has been developed through an effective collaboration that has involved education providers, practice based education providers, patient advisory forum, student paramedics, subject specialists, and College members whose role incorporates the clinical, educational, leadership and management, or research pillars of the *Post-Registration Paramedic Career Framework*.



John Martin, FCPa
Chair of the College of Paramedics
September 2017

Section **A**

Introduction and Background to Paramedic Development

A1 Introduction

This fourth edition of the *Paramedic Curriculum Guidance* has been developed to provide higher education providers and other stakeholders with a comprehensive resource for the education and training of paramedics throughout the UK. It represents an ongoing, important contribution by the professional body to the quality framework used to develop paramedics as they move through education, training and the early stages of professional practice. The College has, in producing the *Paramedic Curriculum Guidance* included the guidance on terminology from the Health and Care Professions Council (HCPC). This incorporates the changes to wording in the HCPC *Standards of Education and Training*¹, and the College of Paramedics *Practice Educator Guidance Handbook*², and are explained below;

- | | |
|-------------------------------------|--|
| ■ Practice Educator (PEd) | Replaces: Practice Placement Educator (PPEd) |
| ■ Practice Based Education | Replaces: Practice Placement Education |
| ■ Practice Based Education Provider | Replaces: Practice Placement Provider |
| ■ Learner | Replaces: Student |

The document makes reference to the revised titles used by the professional, statutory and regulatory bodies (PSRBs) throughout the UK to reinforce these changes to; ‘*Practice Educator*’, ‘*Practice Based Education*’, ‘*Practice Based Education Provider*’, and ‘*Learner*’ from the professional and regulatory body’s perspective. It also explains the importance of practice based education, concerning the development of the ‘*Learner*’ (Student Paramedic) in becoming a competent, capable registrant and member of the paramedic profession. Throughout the document the term ‘learner’ refers to a student paramedic on a pre-registration programme of paramedic education approved by the HCPC. To enable education providers, employers and the HCPC to carry out their work effectively, and on a fully informed basis, the paramedic curriculum requires regular updating to reflect the continuing evolution of the paramedic role.

The *Paramedic Curriculum Guidance* 4th edition has developed significantly from the previous editions^{3,4,5,6}, to reflect the transition to higher education and ongoing development of the profession. This fourth edition brings many important changes. It acknowledges the expansion in the breadth of care delivered, with particular reference to; clinical decision-making, public health, mental health, learning disabilities,

paediatrics, end of life care and research. Education providers will recognise that the *Paramedic Curriculum Guidance* has been significantly revised to reflect the expanding scope of practice for paramedics, specifically at registration level and during the period of support that is necessary for the development of effective registrants.

The document aims to assist education providers and future employers by ensuring that all learners have the opportunity to better adapt to their professional role within a supportive environment that increases their confidence and promotes autonomous practice, while minimising the risk of unsafe practice.

The *Paramedic Curriculum Guidance* does not stand alone in providing a curricular framework for paramedics, closely linked are other important documents that strongly influence the standards and quality of paramedic education:

- HCPC *Standards of Education and Training*¹,
- HCPC *Standards of Proficiency – Paramedics*⁷,
- QAA *Subject Benchmark Statement – Paramedics*⁸,
- QAA Part A: *The Quality Code: The Frameworks for Higher Education Qualifications of UK Degree-Awarding*⁹,
- QAA Part B: *The Quality Code: Assuring and Enhancing Academic Quality*¹⁰.

The *Paramedic Curriculum Guidance* complements statutory requirements by providing guidance from the professional body perspective. The College, as the professional body for paramedics, provides stewardship for what can be considered the unique knowledge base of the paramedic profession, and the mechanism that enables this knowledge, experience and expertise to be translated into formal guidance.

The *Paramedic Curriculum Guidance* will assist education providers in designing the most appropriate curriculum through which learners can be prepared for eligibility to register for practice. Stakeholders, service users and the wider professions can be assured of the standards and benchmarks that can be achieved by education providers who include the ethos of this curriculum guidance into their paramedic programme. In addition to the guidance provided by this document, the College continues to provide practical advice and a further layer of profession-specific quality assurance for education providers.

Section **B**

Principles of Paramedic Programme Development

B1 Guidance for a Paramedic Curriculum

The following guidance on the process of developing higher education programmes for paramedic education will be used as part of the assessment framework for programme endorsement by the College. To ensure appropriate preparation of learners for practice based education, the *Paramedic Curriculum Guidance* should be used alongside the HCPC *Standards of Education and Training*¹, *Standards of Proficiency – Paramedics*⁸, and the QAA *Subject Benchmark Statement – Paramedics*⁹, to develop robust programmes of paramedic education development for learners supported by appropriate policies.

The development of safe, competent and capable registrant paramedics must be the prime consideration for education providers. Graduates must be in a position to offer safe, autonomous care to the full range of patients and service users encountered in healthcare practice. The majority of pre-registration healthcare programmes are based on a balanced approach to theory and practice. Learners should experience planned integration of theory and practice to ensure competency acquisition in all areas of the curriculum. The College recommends that during a programme of study, learners follow a spiral curriculum incorporating knowledge, skills and behaviours to enable them to undertake effective development of life-long learning, which will in turn support their continuing personal and professional development (CPPD).

Learners must successfully complete all of the required practice based education elements in addition to the theoretical elements of a programme. This can only be achieved through an effective partnership between the education provider and the supporting practice based education providers, through a framework of practice based education support processes. This should be an integral part of the education provider's delivery plan.

B2 Advertisement of Programmes

Learners need to be able to make an informed choice on the education programmes available to them. These decisions will be based on the access to materials and

information available on paper, or online. Prospective learners attempting to understand the options available to them, and the variations between programmes, will consult a range of sources of information, including social media. The requirements for entry to education programme should be made explicitly clear to the prospective learner.

B3 Selection and Admission for Paramedic Education Programmes

Education providers' recruitment processes should consider the host nation's Values Based Recruitment (VBR) standards^{11,12,13,14}, whilst ensuring a holistic and inclusive process of selection is applied, that is equally accessible and achievable by applicants from all cultural backgrounds. Selection and admission processes should be clearly documented to assure openness, transparency and fairness throughout the entire procedure.

There is also a requirement for public safety and protection and potential learners will need to be subjected to such, through the Disclosure and Barring Service (DBS) in England and Wales¹⁵, Access Northern Ireland¹⁶ or the Protecting Vulnerable Groups (PVG) Scheme Scotland¹⁷, to ensure safeguarding and the protection of vulnerable children and adults. In addition, appropriate mechanisms for occupational health screening should also be completed in line with current guidance, including consideration of exposure prone procedures¹⁸.

The College supports the principle of rehabilitation of offenders, subject to the relevant legislation. A criminal conviction should not automatically prevent a candidate from applying to a paramedic programme but it should be disclosed (as per the relevant statutory requirements) to the education provider, to be considered against the policy of the institution concerned and with regard to practice based education requirements and the policies of the practice based education provider. The DBS¹⁵, Access NI¹⁶, PVG¹⁷ and HCPC¹⁹ offer guidance on this subject.

B4 Recognition of Prior Learning

The College recognises accreditation of recognised prior learning (RPL)^{20,21} as an additional pathway onto paramedic education programmes. The RPL route is particularly useful for those with prior knowledge, skills, understanding and experience from other relevant health professions, who may wish to study for an award that leads to eligibility to apply for registration as a Paramedic.

Key Factors

- The education provider should describe the procedures, academic support and assessment available to prospective candidates, thereby meeting their expectations.
- The RPL route must be supported with a transparent and academically rigorous process for recognising prior learning and encouraging life-long learning.
- The education provider must have a clear and robust policy and process for RPL to enable such claims to be made.
- Any RPL claims made by applicants must be robustly assessed to ensure they have met the learning outcomes of the programme and individual modules that are relevant to the programme of study.

B5 Academic Entry Level to the Profession

In order to achieve endorsement status, the College, requires the entry level of a programme to be at academic level 6 throughout England, Wales and Northern Ireland²², and SHE level 3 (SCQF10)²² in Scotland. This aligns with the QAA's *Subject Benchmark Statement – Paramedics*⁹, which, defines the threshold for undergraduate level as bachelor's degree with honours (FHEQ level 6/SCQF level 10).

B6 Endorsement of Programmes

The College has an active endorsement scheme²³, which gives education providers, applicants to programmes, stakeholders and service users' assurance that the highest standards in education and practice based education provision are being delivered. The College's endorsement procedure enhances quality assurance and represents a full endorsement of course content and design, and confirms that a course curriculum is consistent with the College's *Paramedic Curriculum Guidance*. This provides assurance across the UK that learners within the paramedic profession have a consistent, robust and rigorously designed programme of education which aligns with the HCPC Approval process²⁴, and the *QAA Subject Benchmark Statement – Paramedics*⁹.

B7 Policies, Procedures and Programme Management

Programmes delivering paramedic education must have effective policies and procedures for key educational processes^{21,25,26,27,28,29,30,31}. As a minimum, these should include admissions, selection, attendance, assessment, practice or academic failures, practice based education provision and student conduct³². All policies and

procedures should be fair, transparent and in accordance with the principles of natural justice and the education providers internally ratified processes. The scope of these policies and procedures must be sufficient to cover both the theoretical and practical elements of the programme. The College believes that all education providers should have a robust and transparent 'professional suitability' policy/process. This should outline the expectations of learners, monitoring, and enforcing suitable values and behaviours^{11,12,13,14}.

Education providers must have a robust attendance policy which provides assurance that learners are able to demonstrate they have met the required academic and practice based educational learning outcomes. There must also be a policy to recover any deficits in learning whether this is academic or practice based.

Education providers should be able to demonstrate their programme is sustainable with specific reference to applications, places and finance. The education provider should be able to discuss how the programme fits into their strategic business plan.

The programme should be led by a suitably qualified and experienced HCPC registered Paramedic. There are other key management positions with responsibility for modules, placements and key roles on management committees. These should be undertaken by an experienced team of individuals, most of whom being HCPC registered paramedics; and the remainder other healthcare professionals who are subject specialists.

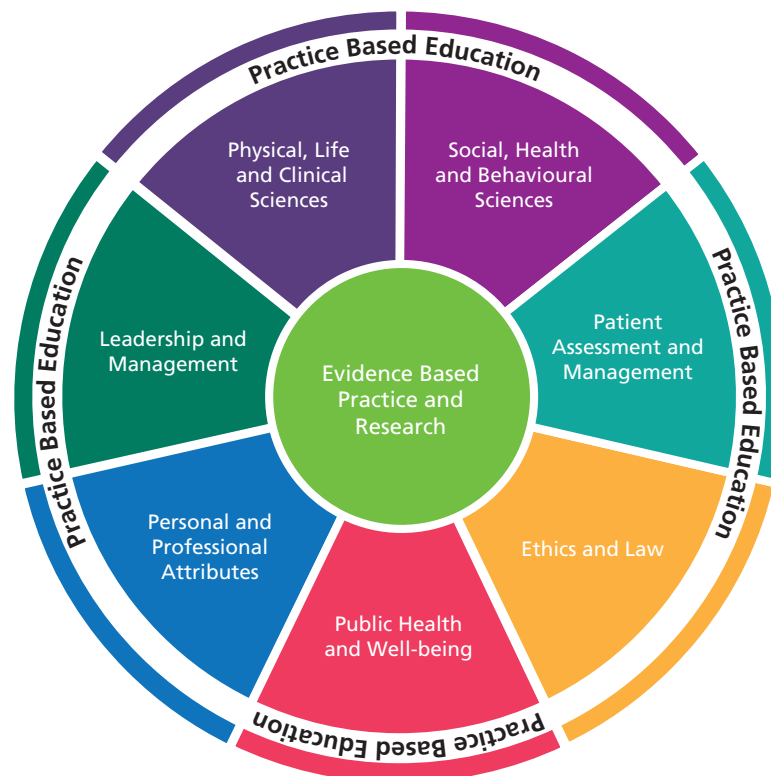
An effective working relationship between the education provider and practice based education provider(s) should be clearly documented to ensure clarity for all parties concerned. An up-to-date, formal memorandum of agreement should be maintained that outlines the key elements of the relationship. This should be backed by policies and procedures as appropriate, plus a defined system for audit and review of the programme as a whole, and for each new intake. The structure should be developed to establish a mechanism for academic and practice based education support that gives access to learners while studying both the theoretical and practical elements of the programme. Clear links between the education provider and practice based education areas should be identified and documented with appropriately timed reviews and educational audits.

Pre-Registration Curriculum for Paramedic Education and Development

C1 Curriculum Content

This section describes key concepts and content underpinning the pre-registration curriculum domains that paramedics are expected to demonstrate following completion of an appropriate programme of study, which is designed to meet the learning outcomes included within a BSc (Hons) Paramedic degree award.

During their developmental studies, learners must explore each of the curriculum domains, as this will facilitate successful application of their knowledge and understanding to their post-registration practice. It is expected that the strategy for curriculum delivery will provide opportunities for assessment of the learner's development to underpin appropriately structured and synthesised application as a Paramedic.



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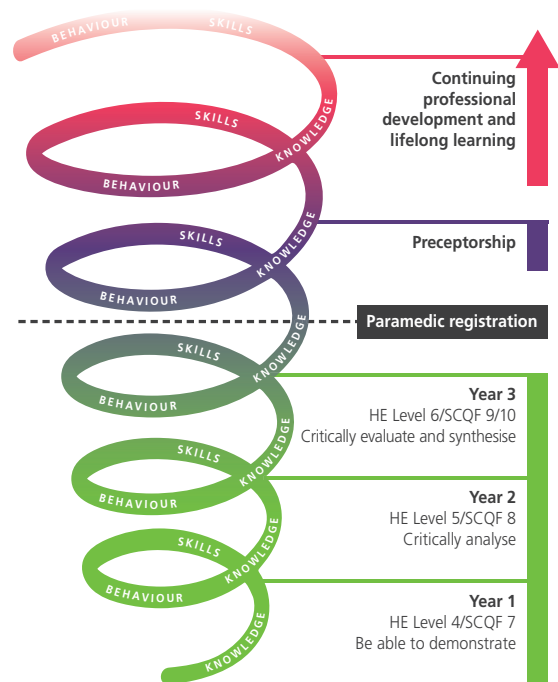
Figure C1. Curriculum Model

The learning journey taken by a learner, studying this curriculum has been represented in a visual model to display component curriculum domains experienced by the learner. Each segment of the curriculum model identifies a specific domain of the curriculum which is further sub-divided into topics and areas of learning.

Evidence Based Practice and Research are placed at the centre of the model, representing the view of the College that these components of practice should underpin all curriculum domains.

College Spiral Curriculum

The College recommends that learning is seen and undertaken in a spiral curriculum format, with equal importance given to the development of knowledge, skills and behaviours. This development should continue throughout the programme of pre-registration education, into the period of preceptorship and the individual's continued professional development and lifelong-learning.



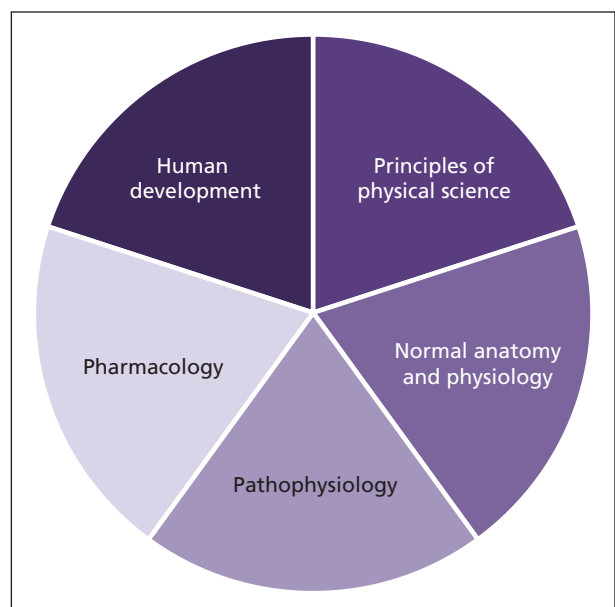
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The following describes each segment of the curriculum and outlines the sub-section of each domain, and the required learning outcome.

C1.1 Physical, Life and Clinical Sciences

As previously described each segment of the curriculum is further sub-divided into the respective topics and areas of learning.

This section includes; Principles of physical science; Normal anatomy and physiology; Pathophysiology; Pharmacology; and Human development.



Principles of physical science

- C 1.1.1** Apply physical sciences knowledge to effectively analyse and interpret scientific units of measurement acquired in clinical and healthcare practice.
- C 1.1.2** Demonstrate knowledge and understanding which explores core homeostatic concepts.
- C 1.1.3** Appropriately utilise and interpret relevant anatomical, medical, and physiological terminology.
- C 1.1.4** Critically interpret physiological data acquisition, demonstrating an awareness of limitations from physiological and pathophysiological conditions.

Normal anatomy and physiology

- C 1.1.5** Demonstrate an appropriate knowledge of human anatomy and related physiology to distinguish changes. This should include all major body systems across the life span.
- C 1.1.6** Demonstrate an appropriate knowledge of the physiological, structural, behavioural and functional changes in patient and service user presentation and the effect of interventions.

Pathophysiology

- C 1.1.7** Discuss and analyse the principles of epidemiology and the aetiology of relevant pathophysiological presentations, evaluating impact across the life span.
- C 1.1.8** Analyse and interpret clinical features of commonly encountered pathophysiological conditions, evaluating their impact upon homeostasis.
- C 1.1.9** Demonstrate appropriate knowledge of different maladaptive changes arising from commonly encountered pathophysiological presentations.

Pharmacology

- C 1.1.10** Demonstrate understanding of pharmacology principles applied to healthcare across the life span which includes pharmacodynamics and pharmacokinetics.
- C 1.1.11** Demonstrate capacity to safely administer therapeutic medications, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes.

- C 1.1.12** Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.
- C 1.1.13** Recognise adverse drug reactions and manage appropriately, including reporting where required.
- C 1.1.14** Demonstrate knowledge of drug legislation including medicines management adhering to legal frameworks.

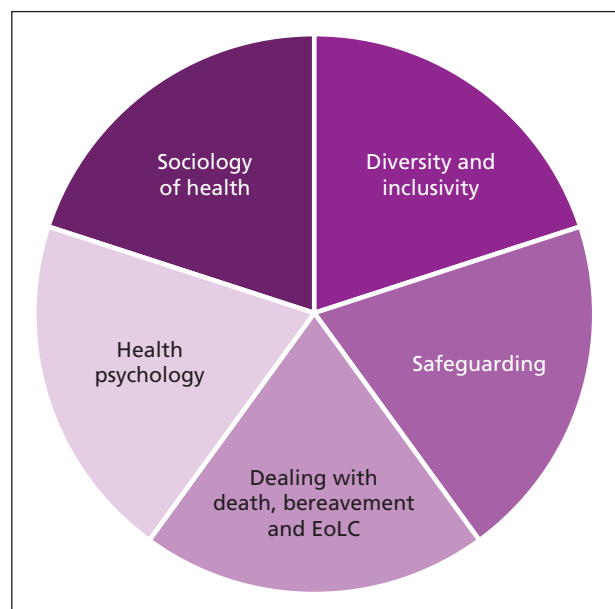
Human development

- C 1.1.15** Recognise human growth and development across the life span including the factors influencing individual variations in human ability and health status.
- C 1.1.16** Evaluate how variation influences susceptibility to disease, injury and responses to treatments across the life span.
- C 1.1.17** Demonstrate an understanding of the role of nutrition in health and illness.
- C 1.1.18** Demonstrate a fundamental understanding of Genetics and Genomics.

C 1.2 Social, Health and Behavioural Sciences

The following section on Social, Health and Behavioural Sciences covers;

- Diversity and inclusivity;
- Safeguarding;
- Dealing with death, bereavement and End of Life Care (EoLC);
- Health psychology, and
- Sociology of health.



Diversity and inclusivity

- C 1.2.1** Demonstrate the ability to treat everyone equally and not discriminate against anyone because of personal views, within the context of best practice, local and national policy.
- C 1.2.2** Critically appraise local and national policy and reflect upon its impact on practice and the practice of others.

Safeguarding

- C1.2.3** Understand and demonstrate the ability to safeguard vulnerable children and adults within the context of local and national policy.
- C1.2.4** Critically appraise local and national policy and reflect upon its impact on practice and the practice of others.

Dealing with death, bereavement and End of Life Care (EoLC)

The curriculum should be developed in conjunction with the core knowledge and skills described in the *End of Life Care Core Skills Education and Training Framework*³³, which applies to all health and social care workers working with individuals at End of Life. Paramedics are expected to have the core knowledge and skills described as tier three within the framework.

- C1.2.5** Demonstrate and apply the theories associated with loss, change and bereavement.
- C1.2.6** Develop a contextual understanding of palliative and EoLC, and the practical application of knowledge and skills including the use of just in case/anticipatory prescribing medications.
- C1.2.7** Be able to recognise when somebody is imminently dying from an irreversible process, and support them and those around them to achieve their preferences by addressing the five priorities of care for the dying person appropriately.
- C1.2.8** Be able to conduct initial assessment and management of symptoms causing immediate distress.
- C1.2.9** Be able to determine whether the patient can be managed at home, or in an appropriate care setting which considers the individual's preferences for care/treatment, the availability of provider services or alternative pathways in the area alongside clinical need. This should include forward planning and safety netting.
- C1.2.10** Demonstrate a holistic approach to the assessment and management of palliative and End of Life patients service users.
- C1.2.11** Provide appropriate care after death, and confidently speak and communicate with bereaved people. This should also include the ability to self-care and support colleagues in practice.
- C1.2.12** Demonstrate a contextual understanding of the procedural, legal and ethical aspects of advance care planning.

Health psychology

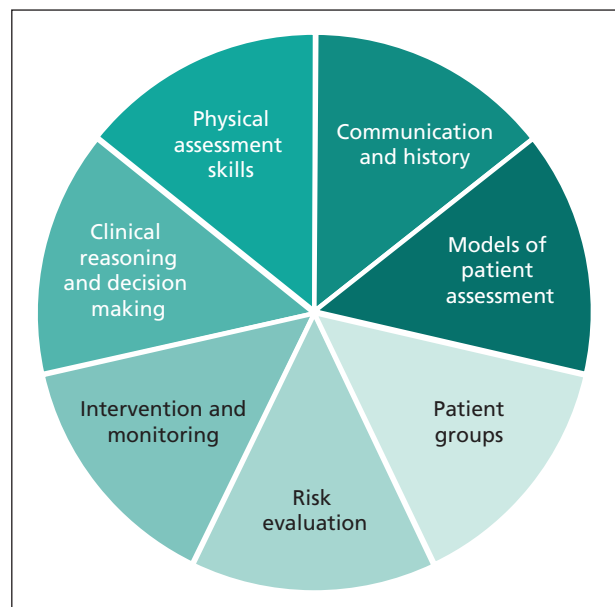
C 1.2.13 Develop a contextual understanding of models of health and illness, and evaluate the impact of health and social policies on professional practice.

Sociology of health

C 1.2.14 Demonstrate a contextual understanding and evaluate the social determinants of health, including inequality and the factors contributing to the needs of different social groups, plus the factors that influence an individual in health and illness.

C 1.3 Patient Assessment and Management

The following section on Patient Assessment and Management covers; Communication and history; Models of patient assessment; Patient groups; Risk evaluation; Intervention and monitoring; Clinical reasoning and decision making; and Physical assessment skills.



Communication and history

C 1.3.1 Understand the theories of communication that inform effective interaction with patients, service users, carers, peers, and other health care professionals.

C 1.3.2 Demonstrate the ability to obtain a comprehensive and comprehensible health history.

C 1.3.3 Demonstrate the ability to record an accurate health history respecting issues of confidentiality, data protection and information governance.

C 1.3.4 Demonstrate and apply clinical and social skills in a range of different environments, taking account of the varying needs of individuals, groups and/or carers.

Models of patient assessment

C 1.3.5 Demonstrate and apply in practice an approved medical model of patient assessment.

Patient groups

- C 1.3.6** Demonstrate an understanding of the needs of various service user groups, across the lifespan, including but not limited to;
- Adults;
 - Older Adults;
 - Children;
 - Learning disabilities;
 - Long Term Conditions (LTCs)
 - Mental Health.
- C 1.3.7** Demonstrate the ability to make independent decisions based on a thorough evaluation of need, contextual factors and current evidence-based practice, while referring to appropriate sources of specialist advice (including the patient and carers) and support when required.
- C 1.3.8** Demonstrate a fundamental awareness and understanding of mental health and well being across the lifespan, and practice in accordance with mental health legislation, agreements, and policies.

Risk evaluation

- C 1.3.9** Manage risk and uncertainty through conducting an ongoing, dynamic risk assessment.
- C 1.3.10** Demonstrate the ability to establish and maintain a safe practice environment for all.
- C 1.3.11** Apply current health and safety regulations, including the appropriate use of universal precautions, infection prevention and personal protective equipment (PPE).
- C 1.3.12** Modify and adapt approaches with respect to the environment and situations encountered.
- C 1.3.13** Evaluate the needs of the service user and the requirement to implement safety netting, with regards to referral and or re-contact options.

Intervention and monitoring

- C 1.3.14** Identify and differentiate the critically injured or ill service user, including those with an exacerbation of existing illness or disease.
- C 1.3.15** Ensure the appropriate management of patients with a time-critical, acute or chronic injury or illness in accordance with evidence-based practice.

- C 1.3.16** Demonstrate the ability to provide safe, effective and appropriate resuscitation for patients across the lifespan in accordance with evidence based practice.
- C 1.3.17** Demonstrate the ability to undertake and interpret a comprehensive set of clinical observations appropriate to the patient's condition.
- C 1.3.18** Formulate an appropriate working impression/clinical opinion from the analysis of history, clinical examination, and physiological assessment findings.
- C 1.3.19** Demonstrate an understanding and apply evidence-based practice to the assessment and management of pain, appropriate to the unique needs of the service user.
- C 1.3.20** Manage, order, receive, prepare, administer and record medicines in accordance with relevant legislation, policy and the Medicines and Healthcare Products Regulatory Agency (MHRA) requirements/regulations³⁴.

Clinical reasoning and decision-making

- C 1.3.21** Demonstrate an understanding and application of the theoretical basis of assessment, clinical decision-making, clinical reasoning, including reflection and evaluation.
- C 1.3.22** Implement effective clinical decision-making with consideration of existing health and social circumstances.
- C 1.3.23** Apply reasoned and considered approaches to decision making which integrates evidence from various sources to make appropriate decisions.

Physical assessment skills

- C 1.3.24** Conduct a comprehensive and detailed physical examination of service users across the life span, applying skills to inform clinical reasoning and guide the formulation of an evidence-based working impression/clinical opinion.
- C 1.3.25** Identify and assess service users who present with minor injury(s) and/or illness(s), and assist in providing the appropriate management in accordance with local care pathways.
- C 1.3.26** Demonstrate the assessment of service user's mobility requirements, to support the application of suitable moving and handling techniques within a wide range of clinical situations using the correct equipment.

C 1.4 Ethics and Law

The following section on Ethics and Law covers; Legal systems and healthcare law; Frameworks for professional practice; and Healthcare ethics.



Legal systems and healthcare law

- C 1.4.1** Demonstrate the ability to work within the legal, ethical and moral boundaries, and have an appropriate response to the limits of personal scope of practice.
- C 1.4.2** Demonstrate an understanding of legal systems and appropriate legislation that informs and shapes paramedic practice.
- C 1.4.3** Identify and explain the legal, professional and political issues underpinning practice and service provision.
- C 1.4.4** Demonstrate understanding of key legal concepts in healthcare, including accountability, duty of care, negligence and duty of candour.
- C 1.4.5** Demonstrate understanding of the legal aspects of confidentiality, to include application of the Data Protection Act³⁵.

Frameworks for professional practice

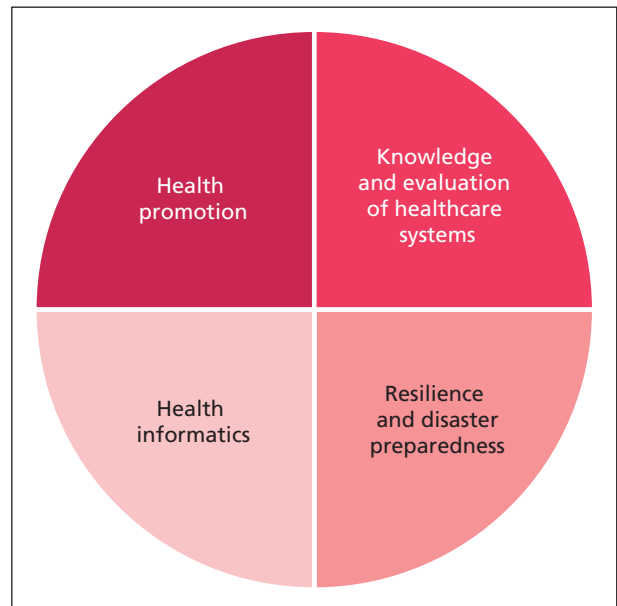
- C 1.4.6** Demonstrate an understanding of the frameworks for professional paramedic practice and the role of Professional, Statutory, and Regulatory Bodies (PSRB's).
- C 1.4.7** Interpret and apply relevant HCPC standards and guidance in relation to conduct, performance and professional practice.
- C 1.4.8** Learners should adhere to the HCPC *Guidance on conduct and ethics for students*³², and aspire to the HCPC *Standards of conduct, performance and ethics*³⁶.

Healthcare ethics

- C 1.4.9** Evaluate the ethical, legal and professional issues that inform and shape paramedic practice.
- C 1.4.10** Demonstrate a critical and contextual understanding of the ethical frameworks surrounding paramedic practice.
- C 1.4.11** Integrate ethical decision making within professional practice.
- C 1.4.12** Understand and apply the concepts of best interest decision making, the primacy of service user interest and service user advocacy.
- C 1.4.13** Demonstrate the balancing of issues surrounding consent, capacity and ethical decision making, while acting as the patient's advocate.
- C 1.4.14** Demonstrate an understanding of, duty of candour, duty of care, and implement theory associated with capacity, concordance and consent.

C 1.5 Public Health and Well-being

The following section on Public health and well-being covers; Knowledge and evaluation of healthcare systems; Resilience and disaster preparedness; Health informatics; and Health promotion.



Knowledge and evaluation of healthcare systems

- C 1.5.1** Demonstrate a contextual understanding of current healthcare systems that inform and shape paramedic practice, including primary, acute and community care.

Resilience and disaster preparedness

- C 1.5.2** Acquire an overview of major incident response plans at a local and national level including Special Operations Response Teams (SORT), and Hazardous Area Response Teams (HART), within the Civil Contingencies Act (2004), the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005, and the Health & Social Care Acts (2008, 2012).
- C 1.5.3** Acquire an overview of The Joint Emergency Services Interoperability Programme (JESIP).
- C 1.5.4** Understand the National Ambulance Command and Control Guidance, and the role of the National Ambulance Resilience Unit (NARU).
- C 1.5.5** Acquire an overview of the triage sieve system.
- C 1.5.6** Perform appropriate functions during a major incident as tasked or required.
- C 1.5.7** Understand the use and importance of communication in major incidents.
- C 1.5.8** Demonstrate an understanding of the need for business continuity, escalation and resilience plans.

Health informatics

Health informatics is a broad term used to define a range of competencies, functions, systems and processes utilised within the health and care setting. The discipline of health informatics is understood to be based within the development and use of 'information and communications technology' and should therefore be a foundation for paramedic practice; this section provides a framework that can be used to provide the foundation for practice, which includes but not limited to;

- C 1.5.9** Information Governance.
- C 1.5.10** Clinical Records, Service user Information and Record Repositories.
- C 1.5.11** Use of the Internet as an information source.
- C 1.5.12** Digital Technology Enabled Care/mobile health.
- C 1.5.13** Interpretation and use of service user data systems through information metrics and analytics.

- C 1.5.14** Secondary data use.
- C 1.5.15** Social media, Email & Communication.
- C 1.5.16** Use of social media in accordance with current PSRB guidance.
- C 1.5.17** Apps, Devices & the cloud.
- C 1.5.18** Use of e-learning continuing professional development (CPD), and e-portfolios.
- C 1.5.19** Health informatics futures.
- C 1.5.20** General curriculum items:
 - Writing and communicating,
 - Use of word processing, email, spreadsheets and databases,
 - Mental calculations on the basis of changing values,
 - Speaking and listening,
 - Reading and comprehension.

Health promotion

The following includes the role of the paramedic in health promotion and public health, and has been mapped against; *Embracing the Challenge – Public health in AHP Pre-registration Education*³⁷, and the *Public Health Knowledge and Skills Framework*³⁸.

- C 1.5.21** Develop a contextual understanding of the role of the paramedic in health promotion.
- C 1.5.22** Demonstrate an understanding of and apply theories regarding, stress and coping, and the effects of stress on individuals.
- C 1.5.23 Public Health Knowledge:**
 - C 1.5.23.1** Understand key public health priorities locally and nationally.
 - C 1.5.23.2** Demonstrate knowledge of current guidance/advice for key public health priorities.
 - C 1.5.23.3** Understand basic principles of prevention.
 - C 1.5.23.4** Understand basic theories of health promotion.
 - C 1.5.23.5** Understand key public health priorities locally and nationally.

- C 1.5.23.6** Understand the area of public health practice that paramedics are particularly well positioned to influence and how this may change over time.

C 1.5.24 Population Health:

- C 1.5.24.1** Awareness of national and local demographics.
- C 1.5.24.2** Understand the impact of changing demographics on healthcare.
- C 1.5.24.3** Understanding of health inequalities and the social gradient of health.

C 1.5.25 Wider Determinants of Health:

- C 1.5.25.1** Understanding of the various factors that influence health including individual, environmental, societal, cultural, vocational and economic.
- C 1.5.25.2** Awareness of the multi-agency approach required to prevent ill-health and promote well-being.
- C 1.5.25.3** Understand the principles of collaborative practice.
- C 1.5.25.4** Awareness of the systems thinking approach that is required to bring about change.
- C 1.5.25.5** Understanding of the value of community assets and an appreciation of the principles of asset based community development approaches.

C 1.5.26 Behaviour Change:

- C 1.5.26.1** Basic knowledge of key theories of behaviour change.
- C 1.5.26.2** Practical skills in individual interventions including brief interventions and Making Every Contact Count (MECC) approaches, such as, 'teach talk'.
- C 1.5.26.3** Awareness of principles of cognitive behavioural therapy and motivational interviewing.
- C 1.5.26.4** Awareness of organisational change in complex environments.

C 1.5.27 Research Skills:

- C 1.5.27.1** Knowledge of service evaluation.
- C 1.5.27.2** Basic understanding of how to demonstrate impact to a range of stakeholders.
- C 1.5.27.3** Understanding of relative value of different research approaches.
- C 1.5.27.4** Understanding of effective interventions.
- C 1.5.27.5** Ability to synthesise research findings.

C 1.5.28 Policy and Healthcare Strategy:

- C 1.5.28.1** Awareness of key messages from key current public health strategy/policy documents (this might include the Five Year Forward View and the Public Health Outcomes Framework).
- C 1.5.28.2** Knowledge of the AHP public health strategy and its specific implications for paramedic practice.

C 1.5.29 Quality:

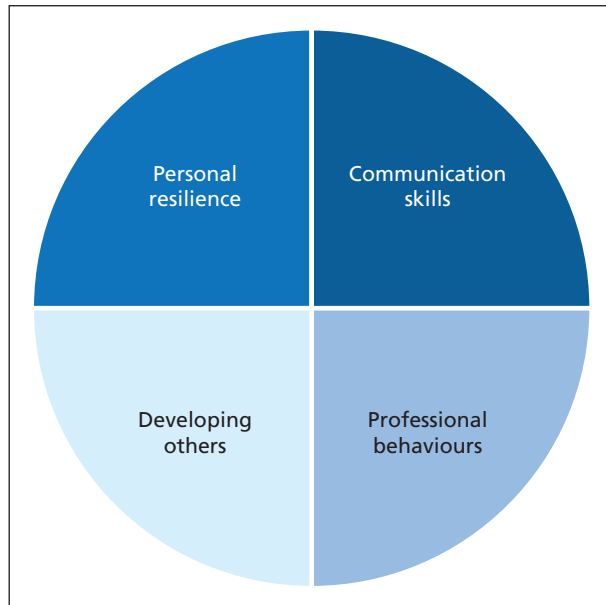
- C 1.5.29.1** Ability to apply principles of service improvement to preventative practice.
- C 1.5.29.2** Awareness of potential to improve service by further developing role in public health.

C 1.5.30 Advocate for the Role of AHPs in Public Health:

- C 1.5.30.1** Awareness of the potential impact of wider workforce on public health.
- C 1.5.30.2** Support the development of paramedic practice in the area of public health.

C 1.6 Personal and Professional Attributes

The following section on Personal and Professional Attributes covers; Communication skills; Professional behaviours; Developing others; and Personal resilience.



Communication skills

- C 1.6.1 Acquire and apply a comprehensive range of communication strategies.
- C 1.6.2 Demonstrate the ability to communicate appropriately, using a variety of formats, which are within best practice, ethical, legal, and professional frameworks.
- C 1.6.3 Utilise communication skills, including the ability to listen effectively, to address individuals' needs with sensitivity, and to explain their thinking and actions in appropriate styles and formats.

Professional behaviours

- C 1.6.4 Demonstrate a professional approach, attitude, and behaviours which adheres to relevant standards and guidance of conduct and ethical practice^{32,36}.
- C 1.6.5 Act within applicable and relevant *Fitness to Practise* standards, considering the professional reputation of the paramedic profession.
- C 1.6.6 Ensure all equipment is serviceable and ready for use, including adherence to local reporting procedures at all times.

Developing others

- C 1.6.7 Demonstrate the ability to critically reflect upon attitudes and behaviours and professional standards through self-awareness.
- C 1.6.8 Evaluate personal and professional development, and the impact of leadership behaviours on others.

C 1.6.9 Demonstrate the ability to support the development of others in making appropriate decisions, interventions and /or referrals through the process of delegation.

Personal resilience

C 1.6.10 Develop the ability to reflect and have an awareness of own knowledge, skills and experience, to influence one's ability to help and support others.

C 1.6.11 Recognise when one's own resilience is affected and address and deploy a range of strategies and interventions to access appropriate services and agencies who can offer support and help.

C 1.6.12 Recognise the ability to identify and communicate strategies to access appropriate services and agencies who can offer support and help.

C 1.6.13 Demonstrate knowledge of factors that relate to personal well-being and resilience.

C 1.6.14 Acquire an overview of the pressure on paramedics' due to increased expectations and workload, and the effect on both physical and mental wellbeing.

C 1.6.15 Demonstrate a contextual understanding of how self-awareness, recognition and intervention are key to personal resilience.

C 1.6.16 Understand the importance of good support networks and discussing issues that affect personal wellbeing with others.

C 1.6.17 Acquire an overview of local dedicated health and wellbeing services, including counselling, who can advise and support when things become challenging.

C 1.6.18 Understand how resilience can affect the regulatory bodies requirement to maintain fitness to practise.

C 1.7 Leadership and Management

The following section on Leadership and Management covers; Leadership and followership; Human factors; Communication; Interprofessional working; and Team working.



Leadership and followership

- C 1.7.1** Develop an awareness and understanding of leadership^{39,40,41,42}, management, followership and organisational theories. This should include an understanding of concepts, theories and methodologies relating to personal, professional and organisational change, quality improvement and effective clinical and organisational governance.
- C 1.7.2** Demonstrate an understanding of the importance of leadership and management of 'self', and link to enhanced personal and professional effectiveness, performance, health, wellbeing and resilience.
- C 1.7.3** Develop awareness and understanding of the importance of leadership & management of others and resources.
- C 1.7.4** Develop an understanding of the importance of critical thinking and decision making, and the centrality of both to effective leadership, management and followership.
- C 1.7.5** Recognise the importance of ethics and morality in relation to leadership, management, critical thinking and decision making.
- C 1.7.6** Develop leadership, management, followership, critical thinking and decision-making skills and competence through simulation and identification of other suitable opportunities.

Human factors

- C 1.7.7** Demonstrate insight and awareness of human factors science in relation to its application within healthcare.
- C 1.7.8** Demonstrate an understanding of the non-technical skills that contribute to safe, effective, and efficient task performance. Examples may include; situational awareness, decision-making, communication, team working, leadership, managing stress and managing fatigue.

Communication

- C 1.7.9** Demonstrate an understanding (and application) of effective communication in enabling and supporting practice.

Interprofessional working

C 1.7.10 Understand the value of inter-professional working and demonstrate ability to practice effectively as part of a multi-professional team.

Team working

C 1.7.11 Demonstrate competence in working within a team, including the ability to fulfil all roles.

C 1.7.12 Demonstrate an understanding of the theories associated with team working and the benefits when applied to healthcare.

C 1.8 Evidence Based Practice and Research

The following section on Evidence Based Practice and Research covers;

- Research ethics;
- Critical appraisal and evaluation of evidence;
- Application of evidence to practice;
- and Research methods.



Research ethics

C 1.8.1 Demonstrate a critical and contextual understanding of the ethical frameworks surrounding paramedic research including principles of consent, autonomy, beneficence, maleficence and non-maleficence.

C 1.8.2 Demonstrate understanding of the role of research ethics committees and research governance within healthcare research.

C 1.8.3 Apply principles of ethics in research and the role of research governance including Good Clinical Practice in research (GCP) training.

Critical appraisal and evaluation of evidence

- C 1.8.4** Develop an understanding of the concepts and practices of research and evidence-based healthcare.
- C 1.8.5** Develop skills in effective literature searching, retrieval and synthesis of published evidence.
- C 1.8.6** Critically appraise existing research evidence to inform paramedic practice.

Application of evidence to practice

- C 1.8.7** Demonstrate the ability to apply appropriate research evidence to inform paramedic practice.
- C 1.8.8** Understand the importance of evaluating change resulting from changes in practice based on current evidence.

Research methods

- C 1.8.9** Understand how a research question is formulated, and supports the implementation of research processes.
- C 1.8.10** Evaluate a range of research methodologies and designs, (identifying the differences and/or similarities between them), demonstrating understanding of when it is most appropriate to use the different approaches.
- C 1.8.11** Undertake robust research (supervised either as a group or individually), including data collection activities, utilising appropriate methodology/methodologies.
- C 1.8.12** Use information computer technology, as well as manual approaches, to process and analyse research findings.
- C 1.8.13** Understand the importance of effective dissemination of research findings demonstrating awareness of the range and variety of media available to achieve this.
- C 1.8.14** Understand the importance of involving the public and service users in all stages of the research process from inception of ideas through to dissemination of results/findings.

C2 Preparation for Practice Based Education

C 2.1 Practice Based Education Provision

The College believes that practice based education is vital in developing competent and fit-for-practice paramedics. The College no longer advocates that a minimum or maximum number of practice based education hours is the most appropriate and effective way of assuring the quality of practice based education. The quality of practice based education is essential in providing learners with the opportunities to achieve competence. The College believes the provision of practice based education in wider contexts and environments is essential to ensure that the learner has extensive exposure to a wide range of service users, groups and environments.

Following feedback from many paramedic education providers as part of our review of the *Paramedic Curriculum Guidance*, (3rd Edition – Revised). The College, places more emphasis on the appropriate selection of learning outcomes associated with each practice based education placement environment and how they contribute to the overall development of learners. Education providers should have an appropriate practice based education strategy and plan to acquire, appropriately audit, maintain and support new and existing placements/networks to assure the quality of practice based education.

However, the College is also clear that pre-registration healthcare programmes must be based on a balanced, integrated approach to theory and practice. Education providers need to demonstrate they have an appropriate and transparent theory/practice model to achieve this and ensure all learning outcomes are met. A reasonable, practical and sensible approach is to ensure that learners undertake sufficient practice based education experience in order to be able to demonstrate safe, independent care of service users at the point of graduation.

The College believes that the **quality and range** of practice based education is as important as the **quantity**. Education providers must demonstrate they provide a range of suitable high-quality practice based education placements that enable the learner to meet and achieve the learning outcomes as they progress through the programme. Section 2.3 provides several suggested areas for practice based education learning environments. Practice based education must be undertaken with an appropriately prepared and educated practice educator (PEd). The College of Paramedics defines a practice educator as:

“A Practice Educator (PEd) is a multi-faceted role, these include being a Leader, Role Model, Coach, Teacher, Mentor, and Assessor, with a responsibility of ensuring the clinical supervision, leadership and development of a learner (student paramedic) in the practice based education environment”.

Practice educators may hold professional registration with either the HCPC or another regulatory body, providing they can evidence they have the relevant knowledge, competence, skills, attitude and behaviours. However, professional qualifications and registration with other regulatory bodies need to be appropriate to the practice based education environment they are supervising learners in. This ensures every service user encounter becomes an opportunity for ongoing competency and skill development. The College aspiration is that all PEds will have undertaken, or be working towards a level 6/SCQF level 10 practice education award. The College's *Practice Educator Guidance Handbook*² describes our requirements in further detail.

There may be some re-visiting of practice based education areas during the programme – for example periods in an urgent and emergency care setting. This concept fits with the ethos of the spiral curriculum as the learner assesses service users at an increasing level of understanding and complexity as they progress through their programme of study.

Education providers should be able to provide a rationale for the number, length and duration of practice based education periods including the numbers of specific days or weeks of exposure to demonstrate competence. They must map to specific and appropriate areas to meet identified learning outcomes, stages of development and competence for learners.

Simulation is recognised as a beneficial educational tool⁴³. However, it should not replace practice based education. Simulation should be fully utilised in theoretical/practical learning periods as the College recognises its usefulness in replicating 'real life' scenarios. Learner progression should follow the academic escalator to demonstrate competence and skill acquisition during periods of practice based education:

- Level 4/SCQF 7 Skill Acquisition:
Able to demonstrate, describe and explain when to use skills,
- Level 5/SCQF 8 Skill Acquisition:
Able to demonstrate and critically analyse the use of the skills,
- Level 6/SCQF 9-10 Skill Acquisition:
Able to demonstrate and critically evaluate their use of the skills.

As the learner develops experience, they should progress from being dependent on their practice educator to requiring minimal supervision, to finally, in their last year of study operating as close as possible to autonomous and independent practice as they transition from learner to registrant. This ensures they are, fit for purpose, fit for practice, and fit for award.

C 2.2 General Principles

The following principles outline the use of the practice educator or other registered healthcare professional to support the learner in practice:

- C 2.2.1 The education provider must ensure that practice based education environments are a suitable learning environment, and audited appropriately.
- C 2.2.2 The education provider must ensure there are an appropriate number of PEds or other registered healthcare professionals, to support learners in the specific environment.
- C 2.2.3 The education provider must ensure where learners are required to complete a summative assessment in practice, it is carried out by a PEd or registered healthcare professional with specialist skills or competence.
- C 2.2.4 The education provider must ensure that learners and PEds receive pre- and post-practice based education briefings detailing the purpose, duration and learning outcomes expected.
- C 2.2.5 The education provider must have a named individual who links to a practice based education environment to support learners and PEds.
- C 2.2.6 The education provider must have a comprehensive confidential support system in place for learners.
- C 2.2.7 The education provider must provide learners with access to occupational health services.
- C 2.2.8 The education provider must demonstrate they have a range of health and well-being support systems in place for learners.
- C 2.2.9 Learners **must** be supernumerary whilst undertaking practice based education placements on ambulance and/or fast cars response units.
- C 2.2.10 Practice Educators must have undertaken appropriate practice education training, or be working towards a HE level 6/SCQF level 10 practice education award.
- C 2.2.11 Practice Educators should be provided with regular updates from the education provider.
- C 2.2.12 Practice based education must be undertaken with an appropriately prepared and educated practice educator (PEd).

C 2.3 Practice Based Education Areas

The following areas within the primary, acute, urgent, community and emergency care environments are unique settings for the practice based education learning outcomes to be achieved. These settings provide an exceptional opportunity for inter-professional learning. While these are indicative, it is accepted that it may not be possible for the learner to attend a period of practice based education in every listed area; they can be adjusted to suit the programme, module or academic level of development. We would actively encourage all education providers to provide an opportunity for learners to 'elect' to have their final period of practice based education in an area of their choice as the College believes this-aids the transition from learner to autonomous practitioner.

C 2.3.1 Fundamental Care (Care Home, Ward Area, Hospice)

This ensures learners are exposed to fundamental care environments to enable them to develop the skills and assimilate the principles of what it means to be a healthcare professional – to care for people. Paramedics are usually 'first contact' practitioners and many responses to calls for help come from the older adult population. This requires key skills in communication, providing immediate 'care' and on occasion the ability to keep those service users safe while they organise, transfer or arrange further care. A fundamental care area – care home, hospital ward, hospice or other care area will enable learners to gain such experiences and develop skills before they enter a more urgent or emergency care environment.

C 2.3.2 Patient Assessment Area (Admissions, Minor Stream – ED, GP Surgery, Urgent Care/Walk in Centre)

This type of practice based education can support the development of history taking and assessment, as learners need to develop their assessments skills as they follow the ethos of the spiral curriculum to determine the most appropriate pathway of care.

C 2.3.3 Critical Care Area (Air Ambulance, Theatre, ITU/HDU, PPCI)

These environments enable learners to develop their assessment, referral, treatment and management of service users' who present with critical illness and or injury. Service users are often transferred within the healthcare system to other providers or require intensive critical care skills as they are managed for longer and further by paramedics' en-route to a definitive care facility.

C 2.3.4 Mental Health (Crisis Team, Street Triage, Drug/Alcohol Service, Admissions & CAMHS)

These environments enable learners to develop their assessment, referral, treatment and management of service user's presenting with acute/chronic mental illness.

C 2.3.5 Children & Families (Admissions, Health Visitors, School Nursing)

These environments enable learners to develop their assessment, referral, treatment and management of children who present with acute/chronic illness.

C 2.3.6 Urgent & Emergency Care (999, Voluntary & Other Agencies)

These environments enable learners to develop their skills in responding to and managing service users in urgent and emergency care environments. We recognise many programmes of education will place learners in NHS Ambulance Services specifically to ensure learners have this exposure.

C 2.3.7 Virtual Care Environments (111, Clinical Hubs)

These environments enable learners to develop their skills with healthcare professionals in non-patient-facing roles to experience clinical decision making in situations where they are not face to face with patients.

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Glossary & Useful Terms

Acute Coronary Syndrome (ACS)

ACS refers to any group of symptoms attributed to obstruction of the coronary arteries. The most common symptom prompting diagnosis of ACS is chest pain, often radiating from the jaw, pressure-like in character, and associated with nausea and sweating. ACS usually occurs as a result of one of three problems: ST elevation myocardial infarction (STEMI), non-ST elevation myocardial infarction (NSTEMI) or unstable angina.

Advanced Paramedic

Advanced Paramedics are experienced autonomous allied health professionals who are service user focused and are responsible and capable of delivering safe, effective and appropriate treatment to patients with urgent, emergency, and unscheduled healthcare requirements. Their focus includes the care of acutely ill service users at initial presentation, and those who present with an acute exacerbation of a chronic illness or disease, and are capable of, and provide service users with a wider range of care and treatment, including at the scene for critically ill and injured service users, and provide service users with a holistic approach to health care. Advanced Paramedics will have developed in either the Urgent & Emergency or Critical Care role of a Specialist Paramedic and have a significant portfolio of evidence and expertise, and may have developed in a clinical leadership role. The College currently defines an advanced paramedic as:

“An Advanced Paramedic is an experienced paramedic who has undertaken, or is working towards a Master’s Degree in a subject relevant to their practice. They will have acquired and continue to demonstrate an expert knowledge base, complex decision-making skills, competence and judgement in their area of advanced practice”.

Allied Health Professionals (AHPs)

Paramedics make up one of 12 groups of allied health professionals registered with the Health and Care Professions Council. Sometimes this collective group is referred to when discussing all health workers, but generally it excludes Doctors, Nurses and Midwives.

Association of Ambulance Chief Executives (AACE)

The AACE provides the ten NHS ambulance services in England with a central organisation that supports, coordinates and implements nationally agreed policy. It also provides the general public and other stakeholders with a central resource of information about NHS ambulance services. The Chief Executive of the Northern Ireland Ambulance, Scottish and Welsh Ambulance Services are Associate members of AACE. The primary focus of AACE is the ongoing development of the English ambulance services and the improvement of service user care.

BSc Hons

This level/grade of education is level six (6) on the FHEQ, and level ten (10) on the SCQF academic pathway and is typically representative of full-time education and achievement of 360 credits (120 at level 4/SCQF 7 certificate, 120 at level 5/SCQF 8 diploma and 120 at level 6/SCQF 10 degree).

Call Taking Advice/Clinical Support Desk/Clinical Hub (CTA/CSD)

Different NHS trusts utilise paramedics who work in emergency operation centres to ensure that service users receive the right response at the right time and in the right place for them. Service users are reassured and assessed over the phone. Those who do not need a paramedic response are offered another route to treatment. CTA/CSD paramedics can, and do, arrange visits from GPs or social workers, provide service users with simple first aid advice or refer them to local walk-in centres or pharmacies, ensuring they get the right treatment for them. They are also available to provide clinical support and advice to less-experienced paramedics operating in the practice environment.

Cardiopulmonary Resuscitation (CPR)

Commonly known as CPR, it is an emergency procedure performed in an effort to manually preserve intact brain function until further measures can be taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in individuals who are unresponsive and not breathing (apnoea) or are breathing abnormally (agonal respirations).

Certificate (Cert)

This level/grade of education is level four (4) on the on the FHEQ, and level seven (7) on the SCQF academic pathway and is typically representative of one year of education and the achievement of 120 credits at level 4/SCQF 7. It is the building block for further studies at diploma level.

Chemical, Biological, Radiological and Nuclear (CBRN)

Protective measures must be taken in situations in which any of these four hazards are present. To account for improvised devices, the term CBRNe ('e' for explosives) is used. CBRN defence consists of CBRN passive protection, contamination avoidance and CBRN mitigation. HARTs and SORTs (in Scotland) have been developed to provide specialist responses to these threats.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis.

College of Paramedics

Founded in 2001, the College of Paramedics (formerly the British Paramedic Association) is the professional body representing paramedics in the UK. It is responsible for leading the development of the profession, including producing paramedic curriculum guidance, paramedic career framework, and the paramedic post-graduate curriculum guidance, scope of practice, practice education guidance and other associated literature.

Consultant Paramedic

Consultant paramedics usually hold or are working towards a doctorate award and practice within the Department of Health guidance for AHP consultant appointments. Core responsibilities include an organisational development role in areas of new and innovative clinical practice.

Working at a strategic or executive level, they will be developing new care pathways while liaising with central health policy makers. Connected to their trust's medical directorate and research and audit teams (through primary research), they will be instigating and reviewing care pathways.

Continuing Professional Development (CPD)

The HCPC define CPD as 'a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice'. Put simply, CPD is the method through which paramedics continue to learn and develop throughout their careers to enable them to keep their skills and knowledge up to date and to be able to work safely, legally and effectively.

Council of Professions Supplementary to Medicine (CPSM)

Prior to the formation of the then Health Professions Council (HPC), the CPSM was the regulatory body for the registration of health professionals including paramedics. Paramedics first registered with the CPSM in 2000 until the HPC became the regulatory body in 2003.

Department of Health (DH)

Is the Ministerial Department of the United Kingdom Government responsible for policy on health and social care matters in England, along with some elements of the same nature which are not otherwise devolved to the Scottish and Welsh Governments or Northern Ireland Executive. It oversees the National Health Service (NHS) in England. The Department of Health develops policies and guidelines to improve the quality of care and meet patient expectations.

Diploma (Dip HE)

This level/grade of education is level five (5) on the FHEQ, and level eight (8) on the SCQF academic pathway and is typically representative of two years of education and achievement of 120 credits at level 4/SCQF 7 and 120 credits at level 5/SCQF 8. It is the building block for further studies at degree level.

Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). An enhanced DBS check is required for working in healthcare prior to working with vulnerable adults and children. Different rules apply in Northern Ireland (Access Northern Ireland) and Scotland (Protecting Vulnerable Groups) (PVG) Schemes.

Education Provider

Any organisation providing training or education. This usually means a higher education facility who is an awarding body for BSc (Hons) degrees when referring to pre-registration approved and endorsed paramedic education programmes.

Electives

An elective represents a unique opportunity for learners (student paramedics) to experience healthcare in a setting unfamiliar to that in which they are accustomed to studying. It also provides the opportunity for learners to develop their skills by observing and participating in healthcare overseas. Learners typically embark on elective placements abroad, often in the developing world or in countries where scientific, social, economic or cultural standards differ from those found in the learner's country of study. However, as overseas electives can be expensive, some learners opt for elective placements in the same country.

End of Life Care (EoLC)

For allied health and medical professionals EoLC refers to the healthcare of patients not only in the final hours or days of their lives, but more broadly the care of all those patients with either a terminal illness or condition that has become advanced, progressive or incurable.

Hazardous Area Response Team (HART)

Provides medical care to patients in hazardous or 'hot' environments. They utilise special vehicles and equipment. HARTs originated from a 2004 report on the feasibility of paramedics working in the inner cordon or 'hot zone' of major incidents. They are activated to situations such as explosions, building collapses and chemical incidents (*Scotland has its own equivalent of HART, they are known as Special Operations Response Teams (SORT)).

Health and Care Professions Council (HCPC)

The regulatory body for all AHPs, and other health and social care professions. Based in Kennington, London, they are the protectors of the public and maintain the registers of practitioners who work under protected titles providing healthcare to the nation. They also approve education providers to deliver pre-registration programmes that meet the appropriate HCPC standards of proficiency and standards of education and training, and investigate complaints of *Fitness to Practise*.

Health and Safety Executive (HSE)

The HSE is the national independent watchdog for work-related health, safety and illness. They are an independent regulator and act in the public interest to reduce work-related deaths and serious injuries across the UK.

Higher Education Institutes (HEI)

Universities that are affiliated and working in partnership with NHS ambulance trusts in delivering programmes of higher education for paramedic pre-registration and CPD.

Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

Advisory board on clinical matters for the ambulance service reporting to Department of Health. Responsible for overseeing national clinical guidelines in collaboration with the AACE.

Medicines and Healthcare Products Regulatory Agency (MHRA)

The MHRA is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe, it also includes the National Institute for Biological Standards and Control (NIBSC) and the Clinical Practice Research Datalink (CPRD). The MHRA is an executive agency of the Department of Health.

National Ambulance Resilience Unit (NARU)

Since February 2012, responsibility for delivery of emergency preparedness policy in ambulance services in England has been delegated to the NARU; it is funded by the Department of Health.

National Audit Office (NAO)

The National Audit Office (NAO) scrutinises public spending on behalf of the government. By reporting the results of audits, they hold government departments and bodies to account for the way they use public money, thereby safeguarding the interests of taxpayers. In addition, their work aims to help public service managers improve performance and service delivery.

National Policy

National policy (policies) refers to both UK National policy, e.g. Resuscitation Council UK Guidelines, and the respective devolved national policy, e.g. safeguarding.

Practice Educator (PEd)

A paramedic who undertakes the clinical and education responsibilities of supporting and developing learners (student paramedics) within the practice based education environment. PEds are HCPC registered, or appropriate registered healthcare professional. They must have undertaken an appropriate course of education and training for the role. Anticipated that all future PEds will have been prepared for the role with a practice educator qualification at the appropriate FHEQ level 6/SCQF level 10.

Professional, Statutory and Regulatory Bodies (PSRBs)

The College of Paramedics is the professional body for the paramedic profession in the UK. Universities are the statutory bodies responsible for delivering and awarding higher education qualifications. The regulatory body is the HCPC, which regulates all AHPs including paramedics.

Quality Assurance Agency (QAA)

The role of the QAA for Higher Education is to safeguard public interest in sound quality and standards in UK universities and colleges. It ensures that learners have the best possible learning experience and encourages continuous improvement in the quality of higher education. They also publish the subject benchmark statement for health professions.

Recognition of Prior Learning (RPL)

RPL is used in higher education for the purpose of entry on to a course or to obtain credit against some of the learner outcomes of the course or programme. Other terms have been used in the past to refer to very similar concepts, for example, Accreditation of Prior Learning (APL), and Accreditation of Prior Experiential Learning (APEL). It is a process that enables people of all ages, backgrounds and attitudes to receive formal recognition for skills and knowledge they already possess. RPL includes assessed learning gained from life and work experience. A person's learning and experience can be formally recognised and taken into account to gain entry to further or higher education courses, or to give exemption from certain parts of a new course of study or to qualify for an award in an appropriate subject in higher education. While this may differ between universities, current regulations only permit a maximum of 50 percent of a course/programme to be awarded for RPL.

Scope of Practice

A description explaining the range of working practices for the individual practitioner; the College defines the scope of practice for paramedics as; "A paramedic is an autonomous practitioner who has the knowledge, skills and clinical expertise to assess, treat, diagnose, supply and administer medicines, manage, discharge and refer patients in a range of urgent, emergency, critical or out of hospital settings".

Specialist Paramedic

Specialist Paramedics are experienced autonomous allied health professionals who are patient-focused and are responsible and capable of delivering safe, effective and appropriate treatment to service users with urgent, emergency, and unscheduled healthcare requirements, including management at the scene, or in-hospital of critically ill and injured patients. Their focus includes the care of acutely ill and/or injured service users at initial presentation, and those who present with an acute exacerbation of a chronic illness or disease. The College currently defines a specialist paramedic as;

"A Specialist Paramedic is a Paramedic who has undertaken, or is working towards a Post-Graduate Diploma (PGDip) in a subject relevant to their practice. They will have acquired and continue to demonstrate an enhanced knowledge base, complex decision-making skills, competence and judgement in their area of specialist practice".

Supernumerary

Learners need to be supported and developed in clinical practice during their periods of practice based education and this is provided by a qualified PEd or appropriate registered healthcare professional. The direct entry pre-registration learner must always be in a supernumerary capacity to ensure both the safety of the service user and the growing confidence of the individual.

Appendix A

Historical Perspectives of Paramedic Development

The first UK ‘paramedic’⁴⁴ cardiac scheme started in Brighton in the summer of 1971 under the stewardship of Dr (now Professor) Douglas Chamberlain, a cardiologist. Dr Peter Baskett, a consultant anaesthetist followed with another widely acclaimed scheme in Bristol the following year, and other pilot schemes spread across the UK, albeit with small numbers of trained personnel, during the early 1970s.

The focus and content of these schemes, and the many others that followed, often differed according to local medical opinion, but the original projects shared the essential features of strong medical direction and absolute commitment from the ambulance staff that volunteered and were subsequently recruited to the schemes. Enthusiasm and a pioneering spirit characterised these early projects and proved to be important ingredients to the considerable local success that followed. In 1973 the NHS Reorganisation Act, more fully implemented on 1 April 1974, transferred all ambulance services, including those services with experimental paramedic schemes, from local authority control to the NHS.

Following this transition there was considerable discussion regarding the merit of ‘paramedics’ or, as they were referred to at the time, ‘extended trained ambulance staff’. In 1979 Dr Bernard Lucas of the Medical Commission on Accident Prevention (MCAP) considered the potential of ambulance staff to undertake an expanded ‘paramedic’ type role. Dr Lucas’ committee expressed the opinion that, ‘as ambulance staff were frequently the first to arrive at an accident scene, it would be logical to train them in advanced resuscitation techniques’. This recognition that the plagues of the late 20th century – heart disease and traumatic injury – could benefit from treatment before the service user reached hospital played a part in creating conditions for change.

The Department of Health commissioned an analysis into the potential benefits of such training. This research, conducted by the University of York’s Institute for Research in the Social Sciences was published in 1984 and proved extremely positive, providing a compelling and economically sound vision for extended paramedic training. Despite some resistance, acceptance of the need for more highly trained ambulance crews grew rapidly and led to the Department of Health establishing a UK-wide pilot scheme in 1985 under the national leadership of Roland Furber at Banstead in Surrey, which was ultimately adopted by all UK ambulance services. This initiative brought the many disparate schemes in operation together into a standardised package of training taught within regional ambulance training schools and involving their local hospitals.

The national ambulance dispute in the winter of 1989–1990 concluded with a clear call for further increases in paramedic training schemes, and the recognition of a formal payment for the extended scope of practice and shift away from its voluntary basis of the previous 20 years. The paramedic had been established and was starting to flourish under a unified NHS Training Directorate (NHSTD) scheme. Extended training was now in the mainstream, and the weight of the extra

skills required was now causing several educationalists to question the quality of the underpinning knowledge base, to continue the building programme into the next century.

During the mid-1990s two higher education institutions (HEIs) (Hertfordshire and Coventry) formed partnerships with ambulance services (London and Warwickshire) to develop degree schemes in paramedic science, setting the future pattern of development that will see a much wider role for HEIs in the preparation of paramedics.

After the registration of paramedics with the Council for Professions Supplementary to Medicine (CPSM)⁴⁵ in 2000, which was shortly succeeded by the Health Professions Council (HPC), paramedics became the 12th group of health workers to become registered as Allied Health Professionals (AHPs). This important evolutionary step had the effect of accelerating the professionalisation process and 'raising the bar' in setting national standards for education and training that complied with established academic levels.

In 2001, the British Paramedic Association (BPA) was established as the professional body for paramedics and later became engaged in collaborative work with the HPC, the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), the QAA and other stakeholders to help develop the instruments and reference points that would enable the profession to move forward, including the curriculum guidance documents.

In 2000, JRCALC, under the chairmanship of Professor Chamberlain in partnership with the Ambulance Service Association, they proposed the Practitioner in Emergency Care (PEC) role⁴⁶. The rationale for this development was based on the recognition that the demands being placed on ambulance services had changed from a traditional view that all 999 calls represented hyper-acute emergencies to one where many less serious 'undifferentiated' primary care type cases dominated the case mix. The role of the PEC was designed to upskill the paramedic workforce and support modernisation efforts, moving towards an ambulance service that could evolve into a 'mobile healthcare service'. The PEC contribution to this modernisation was described thus: 'The needs of service user care and of the service could be best met by a higher level of paramedics, perhaps 30 percent of the total'⁴⁶.

This expanded pre-hospital care role was to have further development in service user assessment, history taking and clinical decision making along with some advanced pharmacology to pave the way for a new breed of paramedic. Soon after this, the NHS Modernisation Agency (later to transition itself into Skills for Health) ran with the idea and further developed the emergency care practitioner (ECP)⁴⁷ role, testing the entrance pathway to include appropriately experienced and trained nurses and other AHPs.

In 2003, the same year as the introduction of the regulatory body (then the HPC), the government published *Ten Key Roles for AHPs*⁴⁸ in order to formally clarify that AHPs, including 'paramedics' should be the first point of contact for patient care, with the ability to order diagnostic tests, confirm differential diagnosis, prescribe medicines, discharge patients, make referrals to other appropriate care pathways, teach others and engage in health promotion for our client base.

This theme of a widening role for paramedics and the key role of the professional body received official support in 2005 with the Department of Health report, *Taking Healthcare to the Patient*⁴⁹, which included some recommendations that encouraged the expansion of the paramedic role to meet emerging service user needs. Further interpretation and implementation of this new role by the NHS Modernisation Agency proved inconsistent, however, and led to the development of the ECP role⁴⁷; this was designed to be a more generic practitioner, drawn from a wider range of clinical staff, including nursing, but it proved somewhat problematic in relation to paramedics as the title did not match regulation requirements.

Health services in Wales and Scotland sensibly avoided using the ECP term. The College of Paramedics, together with the regulator, therefore made an appeal for clarity, which was supported in the Department of Health *Taking Healthcare to the Patient 2*⁵⁰ policy document, which discourages the use of such inappropriate titles. The College of Paramedics stipulates the following titles; *Paramedic, Specialist Paramedic, Advanced Paramedic* and *Consultant Paramedic*, these are referred to in the *Post Registration-Paramedic Career Framework*⁵¹, and the *Careers in the Allied Health Professions*⁵², and provides greater clarity for the public as to which profession is providing treatment.

2013 saw the publication of the Paramedic Evidence Based Education Project⁵³, this and other key patient centred care publications have acted as a catalyst for the future provision of urgent and emergency healthcare, utilising the skills and expertise of paramedics. Documents such as; the *Keogh Report*⁵⁴, *Framework 15*, *Strategic Framework*⁵⁵, *NHS Five Year Forward View*⁵⁶, *Future of Primary Care*⁵⁷, *NHS England*⁵⁸, and the *2020 Vision*¹¹, have highlighted the enhanced contribution that paramedics can and are already making to the development and delivery of present, and future models of care.

During the past four decades paramedics' have developed from an experimental idea in the UK involving a few enthusiastic ambulance staff supported by visionary medics to present day practice. During this period the clinical scope of practice and operation for paramedics within the UK has changed radically and continues to evolve at a rapid pace. There is now a much greater emphasis on critical decision making, treatment and management, and a greater responsibility for appropriately assessing service users to enable effective evidence-based decisions on where service users are best managed or referred to within the healthcare system, to do so requires paramedics to have routine access to community health and social care services to enable them to safely manage more patients at scene.

This transition has followed the expansion of paramedic clinical capability and responsibility and has required a fundamental change in focus to one that is more heavily rooted in unscheduled and urgent care rather than in the life-threatening and critical emergency environment with which paramedics have historically been associated. Paramedics have a unique role that transcends traditional health care organisations and boundaries, which encompasses elements of public health, social care and public safety. The paramedic profession is increasingly becoming an integral part of the multi-professional workforce delivering primary, acute, urgent and emergency health and social related care.

Appendix B

Paramedic Curriculum Guidance Review Group

The Board of Trustees of the College of Paramedics wishes to thank the members of the *Paramedic Curriculum Guidance Review Group* for their contribution to the development, editing and final production of the College of Paramedics *Paramedic Curriculum Guidance* 4th edition.

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