

# Employers' Guide

Paramedics in Primary and Urgent Care

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# Foreword

In response to the evolving needs of its members, the College of Paramedics formed a Special Interest Group related to Primary and Urgent Care (the PUCSIG). This multi-professional group and its work plan sit within the new Clinical Development Directorate. The PUCSIG will represent members and provide responsive and informed direction in relation to issues pertinent to the development of paramedic primary and urgent care.

The purpose of this guide is to enable primary and urgent healthcare providers to understand the role of the paramedic, their education, how they work and their scope of practice.

This guide will advise employers on:

01	The current education and regulatory standards for the paramedic profession
02	Requirements for consolidation for new registrants
03	Support and development for paramedics, including clinical supervision
04	Recommendations for CPD, appraisal and career development

This will remain a 'live' document and the Primary and Urgent Care Special Interest Group will, as part of its remit, regularly review and update the information within this guide.

# Introduction

Paramedics are autonomous Allied Health Professionals (AHPs) who have traditionally been employed by NHS ambulance services (84% in 2012)<sup>1</sup>. They are trained in all aspects of pre-hospital emergency care, ranging from acute problems such as cardiac arrest, strokes, spinal injuries and major trauma, to urgent problems such as minor illness and injury.

In recent years the paramedic profession has evolved from being a provider of treatment and transportation to a provider of mobile healthcare. As a result of this evolution, paramedics can now be found working in multiple settings including general practice, minor injury units, urgent care centres, walk-in centres and accident and emergency (A&E) departments, telehealth and telecare services and also in the armed forces and remote and offshore sectors. They undertake full clinical assessments and make decisions regarding the care provided to patients.

As a result of the delivery of the Urgent and Emergency Care Review<sup>2</sup>, the Five Year Forward View<sup>3</sup> and the recommendations made in the Primary Care Workforce Commission's report The Future of Primary Care: Creating teams for tomorrow<sup>4</sup>, around the importance of developing multidisciplinary teams, it is anticipated that this trend will continue. It is expected that the unique skill set of paramedics will be increasingly utilised within these teams and help to contribute to the development of effective multidisciplinary clinical centres for primary, urgent and unscheduled care provision, both in the community and wider healthcare settings. The College of Paramedics takes the view that this movement to other clinical areas is essential to sustain a long, satisfying and diverse career seeing patients in all areas of health and social care.

The Human Medicines (Amendment) Regulations 2018<sup>5</sup> means that as of 1st April 2018 paramedics working at an advanced level of clinical practice can become independent prescribers. Paramedics are annotated on the HCPC register as an independent prescriber after successful completion of an HCPC-approved independent prescribing programme.

Paramedics work at various levels of clinical practice (from newly qualified to consultant), so when employing a paramedic in primary or secondary care, employers need to be clear about the scope of practice that the paramedic will be expected to work within to ensure applicants possess the correct skills and knowledge to undertake the role. Service providers, practitioners and service users are supported in delivering and benchmarking paramedic primary and urgent care provision through the publication of the Paramedic Specialist in Primary and Urgent Care Framework<sup>6</sup>. This framework

builds upon the four pillars of advanced practice outlined in the Multi-professional Framework for Advanced Clinical Practice in England<sup>7</sup>. It provides a minimum standard for safe and effective practice and articulates the essential capabilities for working in a generalist environment where ambiguity and uncertainty can be high.

The purpose of this guide is to enable healthcare providers (including acute hospital trusts/health boards, community trusts and primary care, including general practice and out-of-hours services) to understand the role of paramedics and how they can practice and develop within primary and urgent care.

# Education and Regulatory Frameworks

## The College of Paramedics

The College of Paramedics is the professional body for paramedics in the United Kingdom. The College of Paramedics is creating a voluntary register for paramedics working in specialist, advanced and consultant practice in primary, urgent, emergency and secondary care roles. Future work will consider revalidation and a cyclical appraisal scheme to ensure a high standard is maintained through voluntary registers.

As the professional body, the College of Paramedics has set out a Scope of Practice<sup>8</sup> for the skills, abilities, processes, procedures and actions that paramedics can undertake. The College has also set out the Career Framework<sup>9</sup> and Curriculum<sup>10</sup> to guide paramedics in post-graduate study.

In relation to primary and urgent care, the College of Paramedics provides a summative assessment of practice-based learning in the form of a professional exam: the Diploma in Primary and Urgent Care (DipPUC)<sup>11</sup>. Successful completion of the exam would be one of the methods by which clinicians could evidence the underpinning skills and knowledge to operate effectively within primary and urgent care. The Diploma award comprises three parts, a written applied knowledge test (AKT), a series of 15 objective-structured clinical examinations (OSCEs) and submission of a workplace-based assessment portfolio. The AKT and OSCEs take place twice per year.

## Education and Training for Paramedics

From 2021, all paramedics wishing to enter the HCPC register must have a BSc (Hons). The career framework<sup>9</sup> outlines that paramedics working in specialist and advanced practice roles should be educated to post-graduate diploma and master's degree level, respectively.

However, the professional shift into higher education has only occurred within the last decade and many paramedics who are currently employed in specialist or advanced roles within primary, urgent, emergency and secondary care may not have these qualifications. The College of Paramedics position is that paramedics who wish to enter these care settings should be educated at post-graduate level, and we hope that employers will assist and ensure paramedics whom they recruit to work in these roles are educated to the correct standard as set by the post-graduate curriculum guidance<sup>10</sup>.

It is expected that paramedics will have successfully completed a preceptorship programme (or similar) prior to working in primary or secondary care. This preceptorship period is often completed in the first two years after initial registration; an example of this scheme is the Newly Qualified Paramedic (NQP) programme<sup>12</sup>. Such programmes are usually only offered within frontline ambulance services and are similar to the foundation years of medicine. It is recognised that during this period, a newly qualified paramedic would be expected to discuss referral and discharge decisions with a senior clinician<sup>13</sup>.

Now and in the future, completion of a preceptorship programme aims to ensure a well-rounded, general paramedic, with experience in the assessment and management of a wide variety of patients across the clinical and social spectrum.

## Regulation

As with all other allied health professions, the term 'paramedic' is a protected title by law. All paramedics, whether working in the NHS, private or voluntary sectors must be registered with the Health and Care Professions Council (HCPC). The HCPC set the standards of conduct, performance, and ethics; the standards of proficiency; the standards for continuing professional development; the standards for education and training, and the standards for prescribing for the professions they regulate. To remain on the HCPC register, registrants must demonstrate that they continue to meet these standards as this is how their fitness to practice is determined. All paramedics are required to renew their registration with the HCPC every two years, in order to continue to practice as a paramedic.

# The Role of the Paramedic in Primary and Urgent Care

Paramedics working in primary and urgent care can undertake a variety of roles. By virtue of their background as generalists, they can competently use the medical/biopsychosocial model to assess, examine, treat and manage patients of all age ranges with a variety of acute undifferentiated and chronic conditions. Paramedics can triage patients, carry out telephone consultations, undertake face-to-face consultations, carry out home visits (including residential and nursing homes) as well as request, review and act on laboratory results. Paramedics are able to refer to specialist services or certain investigations as appropriate. Paramedics can see patients presenting with acute or urgent (same-day) problems, as well as offering pre-booked and routine appointments. Paramedics are also able to mentor and supervise students from a range of health and social care backgrounds.

The level of competence at which the paramedic in primary and urgent care can work will depend on their skills and experience, and the skills and experience of the practice team. Paramedics in primary and urgent care should be aware of their level of clinical competency, and their areas for development, working within their limits and scope of practice. As each general practice and urgent care provider is run differently, a paramedic's role in primary and urgent care may differ across each practice or urgent care setting.

A mix of session types is ideal to ensure a broad scope of practice. While it may be tempting to place paramedics in minor injury or illness clinics, paramedics who only see acute on-the-day cases will not be able to progress clinically. Ideally, a paramedic would be involved in the entire scope of primary and urgent care, including the management of chronic conditions, end-of-life care and minor operations. This is key to continued interest and long-term job satisfaction, as well as the development of the paramedic in primary and urgent care.

As paramedics become more embedded in primary and urgent care settings, they can become involved in service design and development, patient and participation groups, practice-led education and quality improvement projects, as well as acting as the clinical placement lead for students.

Paramedics new to primary and urgent care will be able to see the range of patients that present to general practice and urgent care settings, but will initially need more supervision and support. The level of supervision and support will lessen as the paramedic grows in confidence, knowledge, skills and experience, but a good foundation of support is vital to ensure their safety in this new practice setting.





# Paramedic

At the point of registration, a paramedic should be able to demonstrate the following core capabilities:

Paramedics are autonomous practitioners who have experience in an undifferentiated and unpredictable case-load of service users, undertaking a wide range of clinical assessment, diagnostic and treatment activities, as well as directing and signposting care.

Paramedics generally commence their career in a clinical practice environment and can work in a multitude of environments and care settings, either as a sole clinician or a contributory member of a wider health and social care team.

As registered health professionals, there are also expectations for paramedics to undertake activities relating to leadership and management, and research and education (which include the role of a practice educator).

Paramedics can administer medications covered by an exemption through the use of patient-group directions (PGD) or patient-specific directions (PSD).



The following lists detail the core clinical and procedural skills that are expected from a registered paramedic.

Core Clinical Skills	Core Procedural Skills
Medical history	Pre-hospital advanced life support (resuscitation)
Perform an appropriate and comprehensive assessment and physical examination across all age ranges	Airway management (from simple to advanced adjuncts and suction)
Clinical decision making	Laryngoscopy
Request and interpretation of certain investigations	Ventilation and capnography
Formulate differential diagnoses and treat illness and injury	Basic observations: pulse rate, respiratory rate, peak flow examination, oxygen saturations, manual blood pressure, temperature, capillary blood glucose testing
Treatment and management plans	Obtain and interpret 12-lead electrocardiogram (ECG)
Maintaining accurate clinical records	Manual defibrillation
Interprofessional working, communication and referral	System-based physical examination skills (to a minimum of auscultation, percussion and palpation)
Structured handover	Cannulation (intravenous and intraosseous)
Offer health promotion	Injections (intramuscular and subcutaneous)
Appropriate safety netting	Nebulised medicines
Recognition of life extinct	Musculoskeletal splinting
	Spinal immobilisation and clearance
	Haemorrhage control
	Management of penetrating trauma
	Basic wound care
	Emergency obstetric assessment and management
	Preparation and administration of medicines

# Specialist and Advanced Paramedic

Specialist and advanced paramedics working in primary and urgent care have greater depth of knowledge and understanding, usually gained through completion of post-graduate education. They may receive education and training in a range of specialist and advanced clinical skills. Some of this will form part of a course of post-graduate education to prepare the paramedic to work in primary, urgent, emergency and secondary care, or

may be developed with mutual agreement between the paramedic and a clinical supervisor during time in clinical practice. An employer wishing to develop a paramedic in specialist and advanced skills should ensure the paramedic receives education from a provider who is qualified and competent in that skill, including supervised practice, as well as completion of a portfolio of work.



## Specialist Paramedic

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, which for primary care may include advanced history taking and minor illness modules. 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.

The role of a specialist paramedic will include research, leadership, clinical practice and education; however, they will develop within a specific interest, such as primary care.

Specialist paramedics commonly use patient-group directions (PGD) to supply and/or administer antibiotics and other medications, until they have undertaken a prescribing course.

## Advanced Paramedic

An advanced paramedic is a 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. The role of an advanced paramedic will include research, leadership, clinical practice and education.

Advanced paramedics are able to undertake non-medical prescribing courses to work in practice as independent prescribers.

The College of Paramedics recognise the Advanced Clinical Practitioner (ACP) role and advanced paramedics may also be referred to as Advanced Clinical Practitioners (Paramedic).

### Specialist or advanced paramedic practice might include (but are not limited to) skills such as:

Biopsy and swabs • Bladder scanner • Catheterisation (male and female) • Fracture/joint manipulation and reduction • Fundoscopy • Incision and drainage of abscesses • Interpretation of imaging • Joint aspiration/injection • Minor surgical skills • Nerve blocks • Otoscopy • PR examination • PV examination • Requesting and interpretation of bloods • Requests for imaging (IR(ME)R) • Syringe drivers • Urine dipstick • Use of ultrasound • Venepuncture and blood culture sampling • Wound closure • DNACPR decisions and End of Life Care planning

The onus is on the individual to demonstrate competence/capability in any one of those skills.

### Current Limitations of the Paramedic Role in Primary and Urgent Care

- ➔ Currently, paramedics are unable to prescribe controlled or unlicensed medicines.
- ➔ Paramedics are unable to sign a fit note.
- ➔ Paramedics are unable to issue a medical certificate of cause of death.

# Support and Development of Paramedics in Primary and Urgent Care

## Autonomy and Supervision

Paramedics are autonomous professionals, who can make informed, reasoned decisions against the standards that apply to them. As paramedics move into roles in primary and urgent care, it is expected that they will require an initial period of close supervision by a named physician who will provide clinical guidance when appropriate. This is a requirement for completion of non-medical prescribing courses. It is expected that the supervisory relationship will mature over time, and the paramedic's need for supervision will change as they develop as an independent clinician.

## Scope of Practice

While a paramedic may develop specialist expertise in relation to their role in primary, urgent or secondary care, they are expected to maintain their broad clinical knowledge base and demonstrate the maintenance of their core clinical skills. The ability to provide advanced care to high-acuity patients is the unique selling point of a paramedic, and this should not be replaced with lower-acuity clinical skills.

## Continuous Professional Development

All paramedics are expected to maintain evidence of continuing professional development (CPD) as part of their registration with the Health and Care Professions Council. It is expected that the paramedic will have a formal education plan with their employing line manager, which should be reviewed on a regular basis in annual appraisals.

While the College of Paramedics provides access to high-quality CPD events and workshops, employers should be able to offer training and education to paramedics to enable their development. This may be in the form of a financial budget, and/or allocation of study leave in addition to salary.

This not only benefits the paramedic but is a good way to retain paramedics in these care settings, while allowing the employer to retain a continuous team member. However, maintaining continuous professional development is the responsibility of the individual paramedic.

## Appraisal

Paramedics who enter into primary or urgent care from another healthcare setting should have an induction meeting to identify their scope of practice (and their competence in extended skills) and identify their learning needs.

All paramedics in primary, urgent and secondary care roles should have an annual appraisal with their line manager. Feedback from the wider multidisciplinary team, as well as patients if appropriate, would give a complete picture of the paramedic. Individual organisations often have their own appraisal and review systems, and this should feed into the paramedic's portfolio for their own continuing professional development.

## Workplace-Based Assessment

The use of a portfolio to capture performance in the workplace is supported by the College of Paramedics to document the supervision, development and retention of clinical skills by paramedics working in primary, urgent, emergency and secondary care, at least until such time that the College has compiled its own. Paramedics have a choice in how they may structure their portfolios and may be guided by their employer.





# Support and Development of Paramedics in Primary and Urgent Care

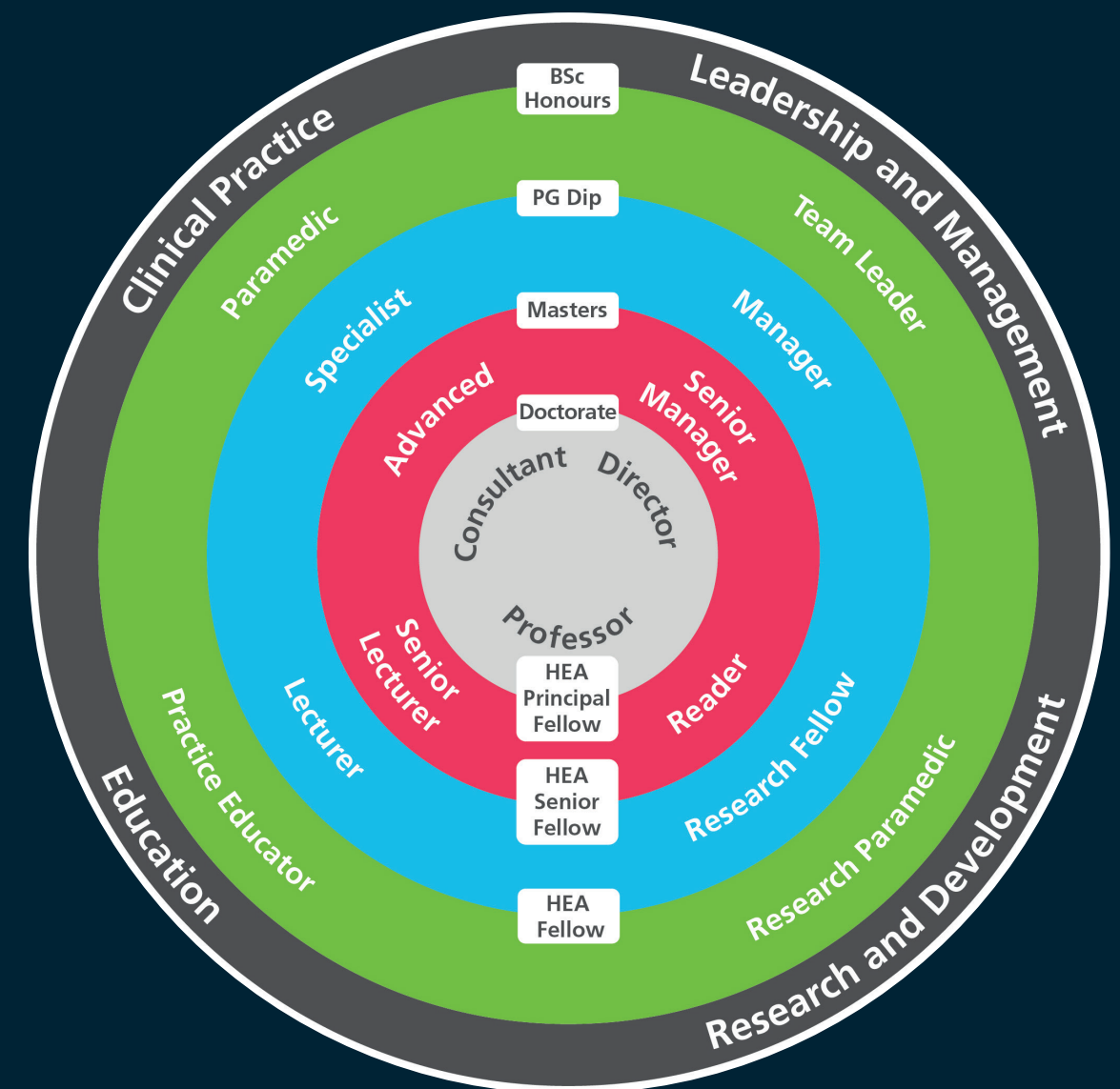
## Career Development

Paramedics working in primary, urgent or secondary care roles may progress vertically, aligned with achievement of knowledge, leadership and skills, rather than time in post. Progression is often within the four pillars of the profession: clinical practice, education, research and leadership. The pillar through which the individual paramedic progresses will depend on his or her specific interests.

For example, a paramedic working initially as a specialist paramedic in primary care may progress to the role of advanced paramedic on completion of a master's degree with a non-medical prescribing module. It may be that the paramedic goes on to undertake a PhD, holding a research post with a local university, as well as a clinical post in primary care. As a clinical-academic, the paramedic may become a partner in the practice, or lead education and quality initiatives.

Another example might be a specialist paramedic in secondary care, who also progresses to advanced paramedic (Advanced Clinical Practitioner - ACP) on completion of a master's degree with non-medical prescribing. They are likely to have undertaken the College of Paramedics Diploma in Primary and Urgent Care. This paramedic may continue to work in secondary care as an ACP, where his or her clinical skills will have the adjunct of leading audit or service development, and eventually the paramedic may progress to consultant paramedic or management roles.

Competence to continue practicing such extended skills should be documented and reviewed in an annual work-based appraisal in order to uphold the high standard of care, and to safeguard the patient, practitioner and employer. The employer would also be expected to have in place a rigorous governance policy around the practice of any specialist or advanced skill undertaken by a paramedic in that practice setting.



# Frequently Asked Questions

## How much time do paramedics have with a patient per appointment in primary and urgent care?

This is dependent on a paramedics' experience. If registrars with eight years' experience (five years of medical school, two foundation years and a specialist trainee year) start on 30-minute appointments, then it follows that paramedics new to primary care roles should be given similarly reasonable times. They may also need time to request a prescription if they are not yet a prescriber, or time to supply medicine if using a PGD. Appointment times should decrease every few months in the beginning – with negotiation and based on the paramedics' comfort and experience. Over time, paramedics working in general practice could have 10-minute appointments. Those working in urgent care centres or out-of-hours services who see undifferentiated cases may well need more time allocated.

## What about paramedic indemnity in primary care?

Each indemnity provider has different criteria, so it is important that employers check their practice policy and ensure paramedics are adequately covered. In the majority of cases, medical indemnity will be provided by NHS Resolution (via the state-backed indemnity scheme). In some cases, indemnity providers expect paramedics to have specific minor illness and minor injury training and evidence of CPD. It is the responsibility of individual clinicians and their employers to ensure that clinicians have appropriate indemnity cover in place.

## What is the difference between a physician associate (PA), an advanced nurse practitioner (ANP) and a specialist/advanced paramedic in these settings?

Most PAs come from a biomedical science background. They are trained in the medical model to consult, examine, and assess patient presentations and plan care. They are dependent practitioners who remain under the supervision of a named GP to add extra capacity and flexibility.

PAs must pass an intensive two-year post-graduate university course to acquire clinical knowledge and skills after completing a three-year biomedical or healthcare-related degree. They train in both the acute sector and primary care to gain a rounded patient-centred clinical experience. PAs are not currently regulated and are therefore unable to train to become non-medical prescribers, but in October 2018 the government announced plans to push forward legislation to regulate PAs. An ANP is usually an experienced nurse who has completed additional training to advance their practice and can often prescribe. ANPs often work in a specialist area and have a mixed skill set.

A specialist/advanced paramedic will have a relevant education and training required to register as a paramedic, and additional post-graduate education to enable them to practice in primary and urgent care. It is expected that paramedics work for a minimum of two years in the ambulance service (completing their NQP probation, like the foundation years of medicine) before moving into primary, urgent or secondary care roles. They are generalist in their approach and can see a wide variety of patients, and undertake a wide variety of interventions, including prescribing.

These professional groups can work well in different roles, alongside medicine, to deliver high-quality patient care.

## What is the difference between specialist paramedics and advanced paramedics?

Specialist paramedics have a specialised level of knowledge in an area, usually urgent care or critical care. Those specialist in urgent care often work within urgent care or primary care settings, and their scope of practice and training reflects this. Advanced paramedics have an extended skill set and level of knowledge and may work within a much broader range of clinical presentations. A key difference is the educational level (specialist paramedics should be educated to post-graduate level and advanced paramedics require a master's qualification), with advanced paramedics able to manage whole episodes of care for patients.

Different job titles may refer to paramedics working in a similar scope of practice in other areas, but these are the only titles endorsed by the College of Paramedics.

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