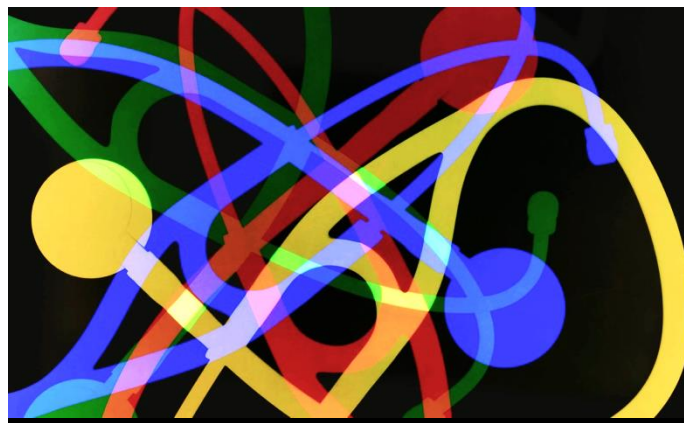


# A 'HOW-TO' GUIDE: RECRUITMENT AND DEVELOPMENT OF PARAMEDICS IN PRIMARY CARE

A guide for GP practices



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## 1. Foreword

*Primary Care is in a period of unprecedented change, Practices and Primary Care Networks are coming together, to deliver bespoke care for patients all set within the rapidly changing care and social care environments in which they are set.*

*Multidisciplinary teams are at the core of this revolution, drawing on the wider skill sets, these teams can offer, and enabling new and exciting models of care to develop.*

*We have seen a steady growth in Paramedics as part of Primary Care teams, their skills and training making them ideally suited to these new roles, providing a much-needed boost to Primary Care recruitment and bringing a fresh approach to care management and same day urgent care.*

*With the advent of Primary Care Networks, we will see these opportunities broaden and I welcome this guide as an opportunity to look at how this career path can be developed and supported.*

*Martin Jones*



*Medical Director Primary Care and Commissioning*

*BNSSG Clinical Commissioning Group*

## 2. Background

GPs are well aware of the increasing demands on their services. Department of Health and Social Care publications *Next Steps on the NHS Five Year Forward View*<sup>1</sup> and *General Practice Forward View*<sup>2</sup> both highlight the benefits that investment in allied health professionals would bring to a multidisciplinary primary care workforce. More recently, the new five-year *GP Contract Framework*<sup>3</sup> described how Primary Care Networks (PCNs) will be funded to recruit 'Community Paramedics' from 2021.

PCNs are therefore expected to become a larger more inclusive primary care team, with practices expected to work with Community Trusts, the voluntary sector and other agencies.

From 2020 PCNs will also be expected to assess risk of '*unwarranted health outcomes*' and work with community services to support people most in need.

Therefore significant new clinical, technical and IT responsibilities will fall on practitioners and PCNs who will need to evaluate their current readiness to provide such services and their capabilities to disseminate such information across their networks and beyond.

PCNs will need to make the best use of people and technology to improve efficiency maximise income and strengthen their workforce.

Experience has shown that efficiencies are achieved through centralised management and administrative activities, standardised and streamlined operating processes, to improve performance. In particular, the use of sharing technology (such as TeamNet) contributes to sustainability through clinical, training and administrative functions and underpins the delivery of new forms of access.

It is clear that a vehicle for sharing, collaboration and communicating with all stakeholders will be a vital component of any successful PCN.

In terms of workforce, in recent years there has been a noticeable shift by paramedics from their traditional employment within ambulance services into urgent and primary care roles. Many are employed directly by GP practices using in-house bespoke models of clinical supervision, support and development. These paramedics usually have several years of post-registration generalist clinical experience within the ambulance services.

Since the formation of the paramedic professional body (College of Paramedics) in 2000, paramedics have continued to develop and expand their practice against the backdrop of profound changes in the traditional '999 Call' emergency care workload.

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<sup>1</sup> NHS England, 2017. Next Steps on the Five-Year Forward View. Available at: <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

<sup>2</sup> NHS England, 2016. General Practice Forward View (GPFV). Available at: <https://www.england.nhs.uk/publication/general-practice-forward-view-gpfv/>

<sup>3</sup> NHS England, 2019. Investment and Evolution. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

Clearly high acuity needs such as heart attack, trauma, resuscitation and stroke are still in place. It is however the case that 90% of the contemporary 999 workload is not considered high acuity or critical<sup>4</sup>. The majority of these contacts include problems more traditionally associated with primary care, such as multimorbidity in the frail elderly, long term conditions, acute on chronic exacerbations, mental health and social issues.

As this scope of paramedic practice expands, there are also parallel changes in education, development and professionalisation. As a result, paramedics have become accustomed to first-contact clinical management of a range of undifferentiated conditions across the age range, often handling these autonomously without the need to convey to the emergency department (ED) and increasingly either referring cases more to appropriate dispositions or treating on scene and discharging.



As an example of the scale of these changes, one ambulance trust in the South West<sup>5</sup> conveyed only 49% of their 999 patients to an acute trust emergency department (ED).

The others being managed either by paramedics at scene, including

- 34% who had a non-ED referral
- 5% who had remote clinical triage and
- 12% who has assessment by paramedics, nurses and others.

This trend is replicated by ambulance services across the UK, where more and more patients are being managed in the community, with specialist and advanced paramedics working closely with community-based health and social care colleagues.

There are currently over 27,400 paramedics in the UK.<sup>6</sup> As registered<sup>7</sup> healthcare professionals, paramedics are accountable by law<sup>8</sup> and have a unique role which transcends traditional healthcare boundaries and now encompasses elements of public health, social care and public safety.

Most new paramedics now complete a three-year undergraduate pre-registration programme before joining an NHS ambulance service. At the point of registration paramedics assume 'Newly

<sup>4</sup> South, A. (2012). Right care, right place, right time? *Journal of Paramedic Practice*, 4(2): 67

<sup>5</sup> South Western Ambulance Service NHS Foundation Trust, 2019. Integrated Corporate Performance report (February 2019). Available at: [https://www.swast.nhs.uk/assets/1/february2019\\_icpr.pdf](https://www.swast.nhs.uk/assets/1/february2019_icpr.pdf)

<sup>6</sup> HCPC Register of Paramedics, September 2019.

<sup>7</sup> Paramedics have been registered and regulated by the Health and Care professions Council since 2001.

<sup>8</sup> HCPC, 2019. Standards. Available at: <https://www.hcpc-uk.org/standards/>.

*Qualified Paramedic* status, during which they undergo a two-year *Consolidation of Learning* period as employed frontline paramedics in practice. On completion of this their scope of practice and autonomy is increased, and they become eligible for pay at NHS Agenda for Change pay band six.<sup>9</sup>

Post registration, paramedics now commonly progress into postgraduate education. Once established in practice, post-registration development tends towards principle areas, **primary and/or urgent care** and **critical care**.

Although the College of Paramedics (CoP) describes the post-registration development as specialist or advanced paramedic roles<sup>10</sup>, in the medical sense, specialist and advanced paramedics in the primary sector care are in fact paramedics who operate at a higher level of generalist clinical practice than the 'standard' paramedic.

Many paramedics are now choosing to develop their clinical careers into specialist and advanced roles, either working within other (non-ambulance service) areas of the healthcare sector, or 'portfolio working' where they work part-time for an ambulance service as well as for other non-ambulance sectors. Paramedics are increasingly found working in community care (primary and urgent) as well as 111, expedition, education, custodial, offshore, specialist assessment and other roles.



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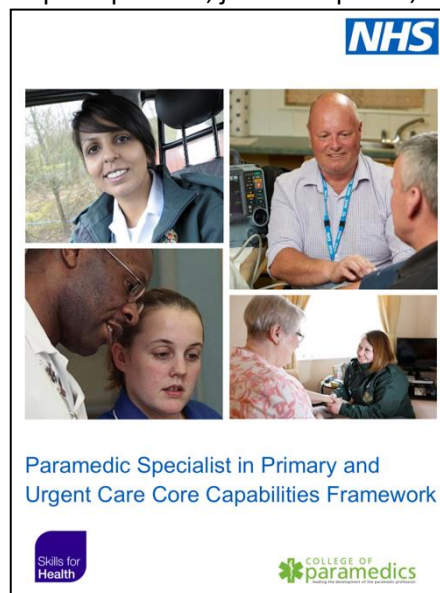
<sup>9</sup> NHS Employers, 2017. Paramedic Development. Available at: <https://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/ambulance-service>.

<sup>10</sup> College of Paramedics, 2017. Postgraduate Curriculum Guidance (2017). Available at: <https://www.collegeofparamedics.co.uk/publications/post-graduate-curriculum-guidance>

### 3. What can paramedics in primary care do?

During 2018, Health Education England commissioned a project with Skills for Health to document a standard for paramedics working in the primary and urgent care sectors. The *Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework*<sup>11</sup> was published early in 2019 and builds on the well-recognised ‘Four Pillars’ of advanced clinical practice<sup>12</sup>. The framework is the first of its kind and provides a useful benchmarking resource to help define scope of practice, job descriptions, supervisory models and education curricula.

The project team behind this document included several advanced paramedics working in the primary care sector, and GPs. It also included representation from the Royal College of General Practitioners, the College of Paramedics and British Medical Association plus other stakeholders.



*“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.”* College of Paramedics

<sup>11</sup> HEE, 2019. Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Paramedic%20Specialist%20in%20Primary%20and%20Urgent%20Care%20Core%20Capabilities%20Framework.pdf>

<sup>12</sup> <https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/advanced-clinical-practice>

## Employment models

Different paramedic employment models exist amongst the various primary care employers currently, these can be summarised as:

### Paramedic undertakes patient home visits.

This utilises paramedic experience of home visits gained from experiences within the 999 workload, where the treatment of patients in their homes is a fundamental component of practice.

Visits may be either new or follow up.

Paramedics examine and assess using the medical model, referring back to the GP as appropriate. Alternatively, they may manage problems within their scope of practice via referral pathways or treating by using Patient Group Directions (PGDs) or prescription medications if they are independent prescribers.

Some areas are starting to use paramedics in a point of liaison role with residential and nursing care homes in their area.



### Paramedic assesses and manages patients presenting with acute illness and those with long-term conditions in same-day service clinics, including sessional work.

Precise patient streaming criteria will depend on the scope of the individual paramedic. Given time and support to develop, the most experienced advanced paramedics can function at a similar level to that of a GP Registrar, i.e. sessional work with more complex patients. Most paramedics will see streamed patients that are less complex, or are subject to exclusions, (for example) long term conditions, complex pharmacology, young children.

### Paramedic conducts telephone consultations, triage and management of patients with common illnesses.

Some paramedics will have experience of telephone triage and consulting, especially if they have worked on the clinical desks of ambulance service emergency operations centres handling low acuity 999 calls. Where this is not the case it is recommended that further education and supervision is provided to ensure competence. Again, individual scope is important to ascertain which calls are appropriate for the paramedic to manage.

**Many employers combine aspects of these models of practice in one role. Any role undertaken will vary according to scope of practice and the level of clinical supervision required by the individual paramedics concerned.**



## Other common paramedic role elements include:

### Clinical

- Respond to medical emergencies within the practice.
- Take part in multidisciplinary case reviews.
- Address medicines concordance with patients / carers.
- Carry out face-to-face or telephone follow up consultations with patients.
- Signpost and refer patients to appropriate services and other healthcare professionals.
- Interpret and manage the results of blood test and x-Ray results.

### Audit and Education

- Conduct clinical audits as part of the practice multidisciplinary team.
- Implement, in conjunction with the practice team, systems such as antibiotic stewardship for monitoring medicines use.
- Contribute to the clinical education and revalidation of other healthcare professionals (e.g. Advanced, Intermediate and Basic Life Support).
- Provide input to quality improvement and practice development schemes.

## 4 Medicines and Independent Prescribing

The case for independent paramedic prescribing was agreed by the Human Medicines Commission during 2017, leading to a change in the law to allow suitably qualified paramedics access to Non-Medical Prescribing.

Approximately 200 paramedics enrolled on Non-Medical Prescribing programmes when this first opened in 2017, almost all of these are employed in the primary and urgent care sectors. It is expected that this development will continue to gain ground, with more paramedic independent prescribers being produced annually.

Several UK universities are now accepting paramedics on to Non-Medical Prescribing programmes. Enrolment on these programmes is subject to eligibility which focusses on postgraduate academic ability, clinical experience in role and scope of practice, and practice-based supervision.

GP practices considering supporting their paramedics to prescribe can find supporting information provided by the College of Paramedics at the following link:

<https://www.collegeofparamedics.co.uk/publications/independent-prescribing>

Quite apart from independent non-medical prescribing, at point of registration, paramedics are able to use a range of mechanisms to supply and administer medicines. This covers exemptions, PGD's and PSD's.

## 5 Case Study:

### Matt Davis, Advanced Paramedic Practitioner

Matt Davis started work in the ambulance service 30 years ago, moving through a variety of roles including seven years with the Cornwall HEMS air ambulance and a senior clinical education role within South Western Ambulance Service NHSFT.

Matt currently works clinically in general practice undertaking sessional work in Bath and also in out of hours, as well as for Health Education England as a Clinical Fellow, developing paramedics in primary care under the new *Paramedics in Primary Care* programme.

Matt is an examiner for the Diploma in Primary and Urgent Care (College of Paramedics) and is also a member of the faculty of examiners for the new Diploma in Urgent Medical Care (Royal College of Surgeons of Edinburgh).

Matt has an MSc in Advanced Practice, DUMC (RCSed) and Diploma in Primary and Urgent Care (CoP) and is one of the UK's first paramedic non-medical prescribers.



## 5.1 Case Study:

### Alysha Proctor, Advanced Paramedic Practitioner

Alysha Proctor is an Advanced Paramedic Practitioner at Kingswood Health Centre in Bristol. She began her career in 2014 after qualifying with a 1<sup>st</sup> class honours degree from the University of Hertfordshire.



After working full time for the London Ambulance Service, she completed an M.Sc in Healthcare Practice at St Georges University of London on a part time basis, which included advanced clinical and research modules, completing with a primary research project.

Alysha feels incredibly well supported by her practice team and thoroughly enjoys her role there. She works three ten-hour shifts per week for the practice, which involves consulting with 'same day' urgent complaints, as well as routine

appointments. She has ten-minute slots per patient and sees a wide range of problems from minor injury and illness, to chest pain, abdominal pain and other urgent complaints. Since completing a further M.Sc module in sexual health she also holds a sexual health clinic in the evening and often manages sexual health and contraceptive complaints.

Alysha also helps out with home visits and does the resuscitation training for the practice. Her additional skills include recording and reading ECGs, taking and requesting bloods, requesting and interpreting X-rays, referrals to secondary care, telephone triage and she is competent in history taking, examination, diagnosis and clinical management of common primary and emergency care problems.

Alysha is currently completing her Post Graduate Certificate in Academic Practice at The University West of England, as part of her role as a part-time Senior Lecturer there. She recently started her independent non-medical prescribing course and has also applied to the NIHR Clinical Doctoral Research Fellowship to complete a PhD with a primary care research focus.

## 6. Development models

Ambulance services have traditionally been responsible for developing paramedics into specialist and advanced levels of practice. However, the numbers of paramedics being developed this way has declined in number and an increasingly, paramedics are either supported to develop within employment by alternative (non-ambulance sector) employers in a bespoke fashion, or simply develop themselves through various university postgraduate programmes, often in tandem with their employers.

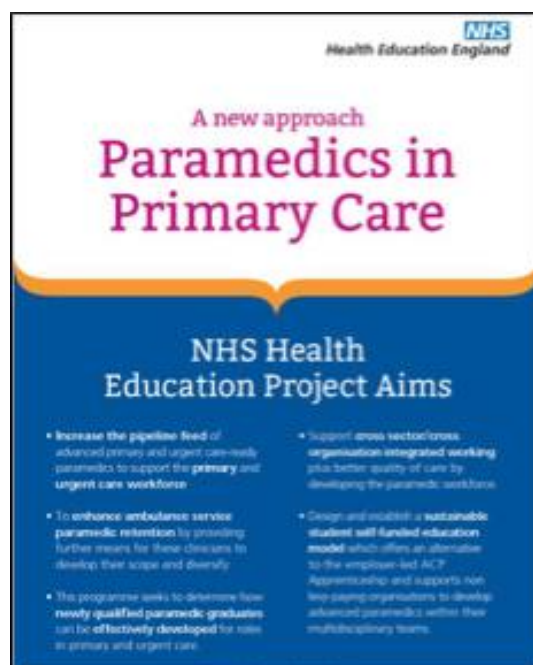
### The Paramedics in Primary Care Project (PiPC)

Health Education England in the South West has commissioned Brooke Petter Associates Ltd to design and manage a 4-year postgraduate programme for Newly Qualified Paramedics (NQPs) to develop into primary care roles. The aim of the new initiative is to provide structure and a degree of standardisation, using newly available frameworks and assessment tools

Due to the high level of interest from GP practices and paramedics in the South West, the programme has been expanded to include experienced paramedics from South Western Ambulance Service and also paramedics already working in primary care roles, both in and out of hours.



Students on the programme undertake a Master's programme of academic development which is being provided by Cumbria University and uses a distance learning approach. They are placed with teaching GP practices one day per week and continue to work on part-time contracts with ambulance or other employers.



An addition tier of local support is provided by Paramedic Clinical fellows (experienced advanced paramedics in primary care) and an Education Coordinator, with focus on non-clinical issues and pastoral support. The first cohort went live in October 2019 with 27 students in the South West.

At the end of Year 2 of the programme, students will sit the [College of Paramedics Diploma in Primary and Urgent Care \(Dip.PUC\) exam.](#)

An electronic portfolio and annual appraisal tool has been designed for the programme and for paramedics working within primary care by [Clarity Informatics](#)

The final year of the PiPC programme will (Year 4) includes Non-Medical Prescribing.

**Further information on the PiPC programme can be found at:**

<http://www.brookepetter.co.uk/>

### **The Paramedic Rotational Model**

**In 2017, Health Education England funded a programme<sup>13</sup> to explore the feasibility of a collaborative working model which includes ambulance services, clinical commissioning groups and primary and community care providers.**

Four sites were chosen for the first phase, which has been evaluated by the Hertfordshire and Sheffield universities.<sup>14</sup>

Phase 2 of the programme began in 2018 and involves four sites:

- East Midlands
- North East
- South Central and
- Yorkshire ambulance services

In these areas, paramedic rotate around the emergency operations centre of ambulance services, community-based multidisciplinary teams and in GP surgeries care.

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<sup>13</sup> Health Education England. Rotating Paramedics. Available at: <https://www.hee.nhs.uk/our-work/paramedics/rotating-paramedics>

<sup>14</sup> Health Education England, 2018. An Evaluation of early stage development of rotating paramedic model pilot sites. Final Report (2018) <https://www.hee.nhs.uk/sites/default/files/documents/Feasibility%20Study%20of%20the%20Rotating%20Paramedics%20Pilot%20-%20Final.pdf>

It is hoped that the model can enjoy the benefits of multidisciplinary collaborative working, providing GP and community services with the requisite workforce whilst also supporting the retention of senior paramedics in ambulance service.



## 7. What to look for in a paramedic

### The paramedic developmental journey:

#### Registration

Traditional vocational awards leading to paramedic registration have been largely superseded by university-based higher education programmes, commonly at BSc.(Hons) level. Although paramedics can register without a degree currently, the paramedics regulatory body (HCPC) has stated that all programmes should be at a minimum degree (B.Sc. Hons) level by 2021, however paramedics who first registered some years ago may not possess degree or postgraduate academic qualifications.

Paramedic science university programmes maintain an emphasis on practice-based learning as well as theoretical knowledge, for example it is common for students to spend half the academic year in a variety of practice placements such as maternity, paediatrics, emergency departments, mental health and urgent care.

#### Post-registration

In early 2017, NHS paramedics were awarded a higher pay band (AfC Band 6) against a revised job description, this was subject to completion of a two-year post-registration 'Consolidation of Learning' period.



Since 2017 all newly qualified NHS-employed paramedics have been required to complete this period with post-registration learning to demonstrate autonomy and safe, effective clinical decision-making. This is evidenced via a portfolio of assessment which is assessed by their employer and in effect lengthens the period of learning beyond first registration to 5 years duration.

It is important to bear in mind that some paramedics may have spent time in specialised roles such as the military and expedition work, offshore oil and gas industries etc, and to understand how the individual clinical scope of practice will have been affected by such specific work experiences as compared to more common experiences within the NHS, such as work on frontline 999 calls. In addition, specialist roles within ambulance services may provide useful additions to individual scope, for example work on the Clinical Desk of ambulance control centres, where low acuity 999 calls are managed using 'Hear and Treat' principles of risk management, appropriate referral and safe advice.



## Senior paramedics

Some GP employers prefer a 'grow your own' approach to developing paramedics. This involves recruitment of a 'junior' paramedic, i.e. one who recently registered or has some experience as a frontline (999) paramedic who is then developed within the practice using a clinical supervision model which is bespoke to the individual.

Senior paramedics are defined within this document as those having:

- An initial registration qualification, plus a postgraduate academic profile.
- Significant post-registration practice experience (usually three years or more) during which they will have developed further their practice-based knowledge and skills. (From 2017 this will have included the two-year Consolidation of Learning period.)
- May have additional knowledge and skills at Specialist or Advanced level [See College of Paramedic descriptors]

Senior paramedics are commonly employed within primary and urgent care using titles such as 'specialist' or 'advanced' paramedics, although other titles have also been used, for example 'Emergency Care Practitioner (ECP) or 'Urgent Care Practitioner (UCP)'. It is recommended that employers use the available College of Paramedics guidance and that the professionally registered (protected) title is used within the role descriptor, as this enables clarity around the postholder's registered professional status with associated regulatory framework.

### **Specialist and Advanced Clinical Practice:**

Paramedics are educated and work to a generalist scope of practice. Senior paramedics are also generalists, with advanced roles having a higher level of education, skills, experience and scope than the specialist paramedic.



The College of Paramedics defines a specialist paramedic<sup>15</sup> as:

*'Holding a minimum of Postgraduate Diploma (P.G. Dip) 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.'*



Further guidance on use of the 'Advanced' role descriptor is available within the Health Education England Advanced Clinical Practitioner (ACP) Framework<sup>16</sup>, where Advanced Clinical Practice is defined as:

*'Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.'*

*'Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes'.*

As is the case for the other allied health professions, and in accordance with the HEE ACP Framework, advanced paramedics would normally be expected to hold a Master's degree in a subject relevant to their practice.

The College of Paramedics defines an advanced paramedic as follows:

<sup>15</sup> College of Paramedics Paramedic Postgraduate Curriculum Guidance (2017) Section 2, p16  
[www.collegeofparamedics.co.uk](http://www.collegeofparamedics.co.uk)

<sup>16</sup> Health Education England, 2017. Advanced Practice (2017). Available at: <https://www.hee.nhs.uk/our-work/advanced-clinical-practice>



*'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'.*

Advanced paramedic roles should be designed and developed to conform to Health Education England's Advance Clinical Practitioner guidance.

Specialist and Advanced Paramedics are expected to have a broader level of education, underpinning knowledge, clinical practice experience and an extended scope of clinical practice as compared to that of their standard paramedic colleagues in areas such as:

- Investigation, assessment, advice and clinical impression or diagnosis
- Condition management, treatment and prevention
- Person-centred collaborative working
- History-taking and consultation skills
- Physical and mental health assessment
- Communication and consultation skills
- Risk stratification
- Treatment, management, referral and care planning of patients
- Pathophysiology of disease
- Pharmacology and medicines management
- Minor Illness / Minor Injury
- End of life care

- Palliative Care including use of rescue medicines
- Clinical support and advice to other healthcare colleagues



## 8. Education and Clinical Supervision Aspects

Paramedics working in primary care roles will ideally be studying at postgraduate level towards a Master's degree, in order to comply with expectations of advanced clinical practice.

Many paramedics will either have been through a sponsored developmental pathway or will have developed themselves (self-funded) through an appropriate postgraduate named award, or via individually /selected postgraduate modules on a Continued Professional Development basis.

### **The College of Paramedics *Diploma in Primary and Urgent Care Exam***

This exam has been run since 2010 by the South East Coast and South Western Ambulance NHS Trusts at St Georges University (Medical School), London (SGUL) with over 400 candidates having so far successfully completed it. The exam was developed and adapted for par-

amedics with the support of GPs from Kent Surrey and Sussex Deanery, who were experienced in the assessment methodology used by the RCGP.

The exam is based on the MRCGP examination model, in that it includes the elements: a)

Practice-based learning element

b) 15 OSCE stations and:

c) 150 Applied Knowledge Test (AKT) questions. These are based on the curriculum and scope of practice of the paramedics in a primary care role.

The examination has become a useful and robust benchmark for specialist and advanced paramedic practice in primary care. The College of Paramedics took over the management of the exam during 2017, delivery and oversight continues to be provided by St Georges University, London.

Those GP practices who are developing their paramedic, nursing and other AHP staff in-house, (the exam is open to all professions) may find the exam useful as a summative assessment of practice-based learning so as to help benchmark clinical capability. More and more paramedics are undertaking the exam as independent candidates within the context of primary and urgent care roles in which they are employed. Details are available from the College of Paramedics.<sup>18</sup>

A summative assessment of practice-based learning, the exam was created in 2011 by Kent Surrey & Sussex Deanery and South East Coast Ambulance Service NHS Trust. It mirrors RCGP exam methodology and consists of

a) structured workplace-based assessments, triangulated with:

b) a written (single best answer) paper exam, and:

c) a 15-station OSCE exam, which is facilitated by St Georges University, London.

Further information on the Dip.PUC exam is available on the College of Paramedics website<sup>17</sup>

### **Clinical Supervision**

Unlike other allied health professions, paramedics are educated as generalists from the outset and are subject to high levels of autonomy early in their clinical practice from point of registration.

Whilst this can be seen as an advantage in the primary sector, it is neither sensible or reasonable (in our opinion) to take an ambulance service-based paramedic and place them into a primary care role without academic and practice-based learning, plus a plan for support by a designated clinical supervisor. This is because paramedics will usually be unprepared for the complexity and intensity of the primary care sector unless they have undertaken a structured development programme which is designed to create a safe, competent and confident primary care clinician.



As they develop in role, paramedics should be designated a named clinical supervisor, ideally with experience within a teaching practice. Observation and case-based discussion can be useful initially to judge clinical acumen and to understand the approach that paramedics have become used to in '999' work. As confidence and scope increases the degree of supervisory intervention should reduce. Practices using a multidisciplinary

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<sup>17</sup> College of Paramedics. Diploma in Primary and Urgent Care. Available at: <https://www.collegeofparamedics.co.uk/publications/diploma-in-primary-and-urgent-care>

workforce may delegate clinical supervision to a non-medical professional or junior doctor who is appropriately experienced and skilled.

Most practices stream patients according to the scope of the paramedics, with some excluding specific patient groups that are considered 'high risk' such as neonates, and patients with complex and/or chronic needs. Ultimately, paramedics are increasingly proving themselves as adept primary care clinicians, but it is important to understand that this process should not be rushed and to set realistic developmental objectives. The object should be to produce a safe, competent and confident clinician.

As part of the PiPC programme [see 6.1]. Clarity Informatics has designed a web-based electronic portfolio for paramedics in the primary care sector.

The first of its kind, the portfolio also provides an annual appraisal tool, enabling evidence of competence to be shared easily.



The tool utilises capability frameworks based on the national model [see 3.1] as well as those based around the national Advanced Clinical Practitioner guidelines and procedural skills commonly used in the primary and urgent sectors.

The tool also provides a useful vehicle to support clinical supervision and evidence of clinical development.

For more information on **Clarity Appraisals for Paramedics** please visit:  
[www.clarity.co.uk](http://www.clarity.co.uk)



## 9 Methods of recruitment

Experienced specialist or advanced paramedics aspiring to work in primary care should be able to provide evidence to prospective employers of:

- Professional registration with the Health and Care professions Council (HCPC)<sup>18</sup>
- Post-registration experience in an appropriate clinical setting (usually at least 3 years)
- Evidence of postgraduate academic attainment in an appropriate subject<sup>19</sup>
- Evidence of workplace-based learning in a primary (or possibly urgent care) setting, with attainment against a competence-based practice portfolio which is relevant to the role applied for.
- *Diploma in Primary and Urgent Care Examination* (College of Paramedics/St Georges University, London)<sup>20</sup>

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<sup>18</sup> The paramedic register can be checked online at: <http://www.hpc-uk.org/check/>.

<sup>19</sup> See College of Paramedics *Post Graduate Curriculum Guidance* (2017) and *Post Graduate Career Framework* (2015).

<sup>20</sup> Available as an objective summative assessment of practice-based learning for paramedics as part of a development pathway or as an objective independent assessment of specialist level practice. <https://www.collegeofparamedics.co.uk/publications/diploma-in-primary-and-urgent-care>

In addition, other prerequisites may be applied by employers as required, such as:

- Driving licence (as appropriate to the needs of the role)
- Proof of professional indemnity (unless covered under the Clinical Negligence Scheme for General Practice)
- Current DBS clearance
- Professional references
- Evidence of statutory and mandatory training completed.

Those who have not worked in general practice previously would, require induction training in:

- Use of surgery computer systems, SystemOne, EMIS web, Microtest Evolution.
- Quality and Outcomes Framework and the QIPP agenda
- Clinical coding.

#### Methods of recruitment

Senior paramedic roles can be advertised on well-known sites such as NHS Jobs, in the same way as practice nurse and other roles. Other options include use of profession-specific journals e.g. The British Paramedic Journal or on the College of Paramedics website.

## 10 Future developments

### Employing recently graduated paramedics:

Some GP practices have employed paramedics with limited post-registration experience in a developmental primary care role. During their paramedic degree programme such candidates will have completed many hundreds of hours of practice-based learning in a variety of settings, but they cannot normally be expected to have the level of confidence and capability of a more experienced clinician.

When employing junior paramedics in a primary care setting it is important for both parties to understand and appreciate that exposure to the complexity and intensity of primary care should be undertaken gradually and at a rate which is comfortable for both parties as well as safe for patients. Whilst the same cautious approach is to be recommended for all paramedics choosing to work in primary care, it is especially valid for those that have not had time to consolidate their confidence



and capability. With this in mind, we would recommend that when GP practices employ a paramedic, they are allocated a named mentor/clinical supervisor whose role it is to facilitate their induction and support clinical development with the aim of ensuring that they are comfortable with their scope of practice and able to access clinical support whenever necessary from a more experienced senior practitioner.

## Indemnity Insurance

Since the creation of the new NHS Resolution national indemnity scheme for primary care, the situation whereby paramedics needed to either be included in group practice indemnity or hold their own cover, has been much simplified. Paramedics, as for other health professionals should now be included in the NHS Resolution scheme, although individual paramedics and their employers should ensure that appropriate indemnity cover is in place.



## Appendix A:

### Example job description

The job description should be amended depending on whether this is a 'paramedic' or "specialist / advanced" paramedic position.

The employer must decide which of the following job roles are applicable to the post.

Remuneration for the post will reflect this also. For a paramedic this will commonly be advertised at Agenda for Change band 6/7 and for a specialist / advanced paramedic it will normally be band 7/8.

JOB TITLE: Specialist / Advanced Paramedic

REPORTS TO: The Partners (Clinically)  
The Practice Manager (Administratively)

HOURS:

LOCATION:

**Job summary:**

- The role will provide a Specialist / Advanced Paramedic resource for health care professionals and service users, working in collaboration with other members of the Multidisciplinary Team.
- To work within the community, as an autonomous, accountable, Specialist / Advanced Paramedic, in the provision of a holistic approach for individuals including assessment, management and treatment, to deliver high quality patient services.
- To assess, manage, treat, refer and/or signpost patients/service users who attend surgery with undifferentiated or undiagnosed condition relating to minor illness or minor injury.
- The post holder will use advanced clinical skills to provide education to service users, promoting self-care and empower them to make informed choices about their treatment.

**Job responsibilities:**

- Managing and treating patients presenting with minor illness
- Triage and treat patients wishing to see a health care professional, making any necessary referrals to other members of the primary health care team
- Patients with problems needing referral to secondary care should be discussed with the registered GP before making such referral
- Ensure clinical practice is safe and effective and remains within boundaries of competence, and to acknowledge limitations
- Advise patients on general health care and minor ailments, with referral to other members of the primary and secondary health care team as necessary
- Work from the surgery and within communities as an autonomous practitioner caring for patients and families
- Work as an autonomous practitioner, in accordance with the Health and Care Professions Council. Ensure that personal and professional clinical standards are maintained
- Undertake assessment for patients within the community and those attending the surgery, using diagnostic skills and initiation of investigations where appropriate
- Prescribe/issue medications as appropriate following policy, patient group directives NICE (national) and local clinical guidelines and local care pathways.
- Formally and informally impart knowledge and skills to colleagues promoting peer review and best practice within the work environment
- Communicate at all levels within the team ensuring an effective service is delivered
- Maintain accurate, contemporaneous healthcare records appropriate to the consultation
- Ensure evidenced-based care is delivered at the highest standards ensuring delivery of high-quality patient care
- Work within local policies and procedures
- Enhance own performance through Continuous Professional Development, im-

parting own knowledge and behaviours to meet the needs of the service

- Achieve and demonstrate agreed standards of personal and professional development in order to meet the needs of the service
- Participate in the audit process, evaluation and implementing plans and practice change in order to meet patient need
- Actively participate in mentoring and supervision, plus practice-derived CPD opportunities
- Contribute positively to the effectiveness and efficiency of the team and work colleagues
- Pathological specimens and investigatory procedures
- Undertake the collection of pathological specimens including intravenous blood samples, swabs etc. Perform investigatory procedures needed by patients and those requested by the GPs

#### **Administration and professional responsibilities**

- Participate in the administrative and professional responsibilities of the practice team
- Ensure the clinical computer system is kept up to date, with accurate details recorded and amended
- Ensure appropriate items of service claims are made accurately, reporting any problems to the practice administrator
- Ensure accurate completion of all necessary documentation associated with patient health care and registration with the practice
- Ensure collection and maintenance of statistical information required for regular and ad hoc reports and audit
- Attend and participate in practice meetings as required
- Restocking and maintenance of clinical areas and consulting rooms

#### **Training and personal development**

- Training requirements will be monitored by yearly appraisal and will be in ac-

cordance with practice requirements. Personal development will be encouraged and supported by the practice. It is the individuals' responsibility to remain up to date with recent developments.

- Participate in the education and training of students of all disciplines and the introduction of all members of the practice team where appropriate
- Maintain continued education by attendance at courses and study days as deemed useful or necessary for professional development, ensuring PREP requirements are met
- If it is necessary to expand the role to include additional responsibilities, full training will be given.
- Develop and maintain a Personal Learning Plan

### **Liaison**

- Work closely with the multi-professional, management and administration teams to ensure the smooth running of the practice, reporting any problems encountered to the relevant person and ensuring everyone is aware of the different roles within the team
- There is also the need to establish and maintain good liaison with other surgeries and agencies, including secondary and social care

### **Meetings:**

It will be necessary to attend and contribute to various practice meetings as requested. The only reason for not attending will be annual, study or sick leave

### **Confidentiality:**

- In the course of seeking treatment, patients entrust us with, or allow us to gather, sensitive information in relation to their health and other matters. They do so in confidence and have the right to expect that staff will respect their privacy and

act appropriately

- In the performance of the duties outlined in this job description, the post-holder may have access to confidential information relating to patients and their carers, practice staff and other healthcare workers. They may also have access to information relating to the practice as a business organisation. All such information from any source is to be regarded as strictly confidential
- Information relating to patients, carers, colleagues, other healthcare workers or the business of the practice may only be divulged to authorised persons in accordance with the practice policies and procedures relating to confidentiality and the protection of personal and sensitive data

#### **Equality and diversity:**

- The post-holder will support the equality, diversity and rights of patients, carers and colleagues, to include:
  - Acting in a way that recognises the importance of people's rights, interpreting them in a way that is consistent with practice procedures and policies, and current legislation.
  - Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues

#### **Personal/Professional development:**

- The post-holder will participate in any training programme implemented by the practice as part of this employment, such training to include:
  - Participation in an annual individual performance review, including taking responsibility for maintaining a record of own personal and/or professional development.
  - Reflective practice and portfolio building.

- Taking responsibility for own development, learning and performance and demonstrating skills and activities to others who are undertaking similar work

**Quality:**

- The post-holder will strive to maintain quality within the practice, and will:
- Alert other team members to issues of quality and risk.
- Assess own performance and take accountability for own actions, either directly or under supervision.
- Contribute to the effectiveness of the team by reflecting on own and team activities and making suggestions on ways to improve and enhance the team's performance.
- Work effectively with individuals in other agencies to meet patients' needs.
- Effectively manage own time, workload and resources.

**Communication:**

- The post-holder should recognize the importance of effective communication within the team and will strive to:
- Communicate effectively with other team members.
- Communicate effectively with patients and carers.
- Recognise people's needs for alternative methods of communication and respond accordingly.

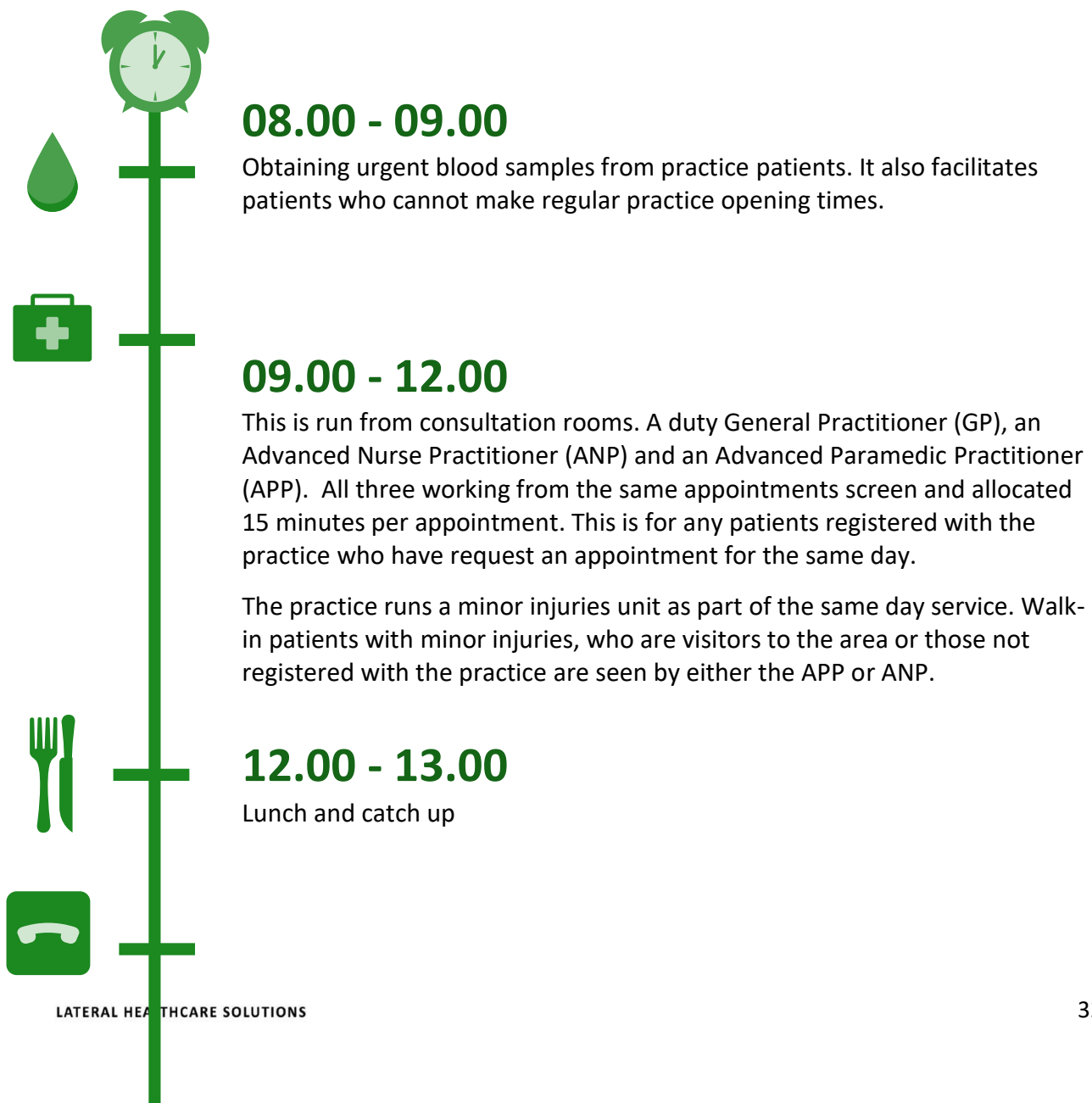
**Contribution to the implementation of services:**

The post-holder will:

- Apply practice policies, standards and guidance.
- Discuss with other members of the team how the policies, standards and guidelines will affect own work.
- Participate in audit where appropriate.

## Appendix B:

### A primary care-based paramedic's typical day





## **13.00 - 17.00**

Depending on the workload requirements, this can be telephone triage and ring back or it can be patient home visits, but it usually consists of a mixture of both. This is covered by the duty GP and the APP.

## **17.00 - 20.00**

This caters for patients who cannot attend appointments inside of normal daytime working hours and also those presenting with minor injuries. This late service is usually staffed by the APP and the ANP. In this model, the Paramedics see a patient range from paediatric to palliative and end of life care. They staff all of these aspects of the practice service provision.

## Appendix C:

### Core indicative patient presentations (taken from the *Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework*)

This is a list of core presentations with which the practitioner is expected to be familiar. Importantly where there is doubt or ambiguity the practitioner is not expected to make a diagnosis, but rather keep an open mind and treat according to presentation formulating an impression as to what might be the cause and what needs escalation to be ruled out.

1. Abdominal and pelvic pain
2. Abdominal masses and lumps
3. Altered bowel habit
4. Altered level of consciousness/altered function
5. Altered sensation
6. Anaphylaxis
7. Angioedema and urticaria
8. Anxiety
9. Back and neck pain
10. Breast pain and swelling and/or lumps
11. Catheter and stoma problems
12. Chest pain and discomfort
13. Collapse/reduced level of consciousness
14. Constipation
15. Cough
16. Depression
17. Breathing difficulties and shortness of breath
18. Diarrhoea
19. Disordered mood/behaviour/thought
20. Distension (abdomen)
21. Dizziness
22. Difficulty swallowing
23. Emergency contraception and unprotected sexual intercourse
24. End of life
25. Eye pain
26. Faints, fits and 'funny turns'
27. Fever
28. Headache
29. Hearing loss
30. Indigestion
31. Jaundice
32. Joint and muscle pain/swelling
33. Urinary symptoms
34. Memory impairment
35. Minor injuries and wound care
36. Movement problems
37. Nasal congestion

38. Nausea
39. Night sweats, hot flushes and unintended weight loss
40. Oral and dental pain
41. Ear pain/discharge
42. Generalised pain
43. Palpitations
44. Rashes, lesions and wounds
45. Red/painful/discharging eye
46. Rectal and anal pain
47. Rectal bleeding
48. Scrotal pain and swelling and/or lumps
49. Penile discharge, pain and/or swelling
50. Skin, soft tissue and lymph node swellings
51. Sleep disorder
52. Sore throat
53. Speech disturbances
54. Self-harm/suicidal ideation
55. Substance/alcohol misuse
56. Overdose/poisoning
57. Tiredness and exhaustion
58. Unwell and/or crying child
59. Vaginal discharge and bleeding
60. Vertigo
61. Visual disturbances
62. Voice changes
63. Vomiting
64. Vulnerable adult/child including abuse
65. Weakness (both focal and general)