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Foreword

The College of Paramedics Professional Standards Directorate made the decision to separate the Paramedic Curriculum Guidance¹, from the Paramedic Post Registration Career Framework. The initial document provides the curriculum for student paramedics to develop the education, knowledge, skills and competencies to meet the standards required by the regulatory body to become eligible to register as a Paramedic. The latter is published to provide post-registered paramedics with guidance regarding the appropriate education, knowledge, and expertise to facilitate their development along the Paramedic Post Registered – Career Framework pathway.

Since the publication of the Paramedic Curriculum Guidance & Competence Framework², the College has continued to address and develop the clinical, educational, managerial, and research abilities for post registered paramedics. These include current and potential career opportunities, some of which including development into the wider healthcare of the community have been appraised and reviewed, and, Paramedics are now delivering care and treatments that would have only been undertaken by Doctors ten years ago³. Paramedics are becoming mandated to ensure that they provide patients, and service users with the most appropriate treatment at the point of contact, and consequently receive the care, compassion and expertise in every aspect of urgent and emergency, or critical care.

The College of Paramedics as the professional body for UK Paramedics reiterates its commitment to “*leading the development of the paramedic profession*”; this publication is another key element in delivering this commitment.



Graham Harris MPara

*Director of Professional Standards
The College of Paramedics
April 2015*

Introduction & Background to the Post Registration – Paramedic Career Framework

A1 Introduction

The College of Paramedics as the professional body for paramedics in the UK published the first⁴ and second² editions of the paramedic curriculum and competence framework. Whilst both publications alluded to the career and educational level aspirations for a paramedic's career, neither document specifically defined the pathways available, or the education and knowledge required specifically for each level of the clinical paramedic career framework pathway development.

Since the publication of the second edition of the Paramedic Curriculum and Competence Framework², the College of Paramedics has undertaken considerable effort regarding the continuing development of the profession. These activities individually and collectively, have been instrumental in the continuing development of the profession, the following illustrations specifically apply: Application for Professional eligibility for the NHS Bursary Scheme – Paramedics⁵; Review of the Health and Care Professions Council (HCPC) Standards of Proficiency – Paramedics⁶, Paramedic Curriculum Guidance¹, funding and subsequently working collaboratively with Health Education England in implementing the recommendations of the Paramedic Evidence-Based Education Project (PEEP)⁷, and application for paramedics to become Independent Prescribers (see Section D). Whilst the mainstream of these refer to the pre-registration of paramedics, this document focuses on the career frameworks of post registration.

A2 Background

Throughout the past decade there have been incidents that have affected patient safety, which have resulted in societal and legislative demands on the National Health Service (NHS), and its employees⁸. During this period Paramedics have further developed their knowledge and clinical expertise through education, research and leadership, enabling them to be further capable and competent in

providing urgent, emergency and unscheduled primary care, including providing definitive care on scene at the point of contact³, with emphasis on their diagnostic abilities particularly differential diagnosis, enhanced patient assessment skills; critical decision-making; and clinical reasoning skills, in treating and managing patients who present with either; acute, chronic and/or long term conditions, minor illness, or injury, mental health, obstetric, palliative, and end of life care (EoLC) needs. Alternatively, they have been required to refer patients by the use of appropriate clinical pathways which recommend a choice to being conveyed to an Emergency Department. This transition and potential future obligations have followed the expansion of the role of the paramedic throughout the UK in the clinical pathway, further developing competency, expertise and responsibility to patients encountered in practice.

A3 Paramedic Post-Registration Career Framework

This third edition of the Paramedic Post Registration – Career Framework has been prepared to provide patients, Paramedics, Employers, Association of Ambulance Chief Executives (AACE), Local Education and Training Boards (LETBs), Higher Education Institutions (HEIs), Care Quality Commission (CQC), Health and Care Professions Council (HCPC), Health Education England (HEE), NHS Education for Scotland (NES), NHS England, Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI), and other stakeholders with comprehensive national standards concerning the educational standards for paramedics throughout the UK. It represents an important contribution, by the professional body to ensure patient safety.

It provides direction regarding the appropriate educational descriptor levels of higher education throughout England, Wales, Northern Ireland, and Scotland (see Section B). The document includes supportive elements of practice for paramedics who wish to develop into these areas (see Section E). This edition also provides information concerning the other pathway streams of the post registration – paramedic career framework, to which considerable development and progress has been achieved⁹. The professional body makes available the following streams which are applicable to a registrants continuing, personal and professional development.

A 3.1 Paramedic Post Registration Career Pathways & Framework

Clinical:

Paramedic, Specialist Paramedic, Advanced Paramedic and Consultant Paramedic.

Education:

Paramedic Lecturer, Senior Lecturer, Principal Lecturer and Professor.

Management:

Paramedic, Team Leader/Manager, Senior Manager, Director.

Research:

Research Paramedic, Research Fellow, Reader, and Professor.

The College of Paramedics advises that the education levels alluded to in the Career framework diagram (Figure 1), refer only to the 'Clinical' career pathway, and are representative of the career convention aspirations for the profession.

Paramedics who wish to develop along the other three career pathways are advised that the educational requirement(s) will and do differ across different institutions and organisations; for example, an Higher Education Institution may advertise a Senior Lecturer position and require applicants to have a PhD or professional Doctorate:

College of Paramedics Career Framework 2014

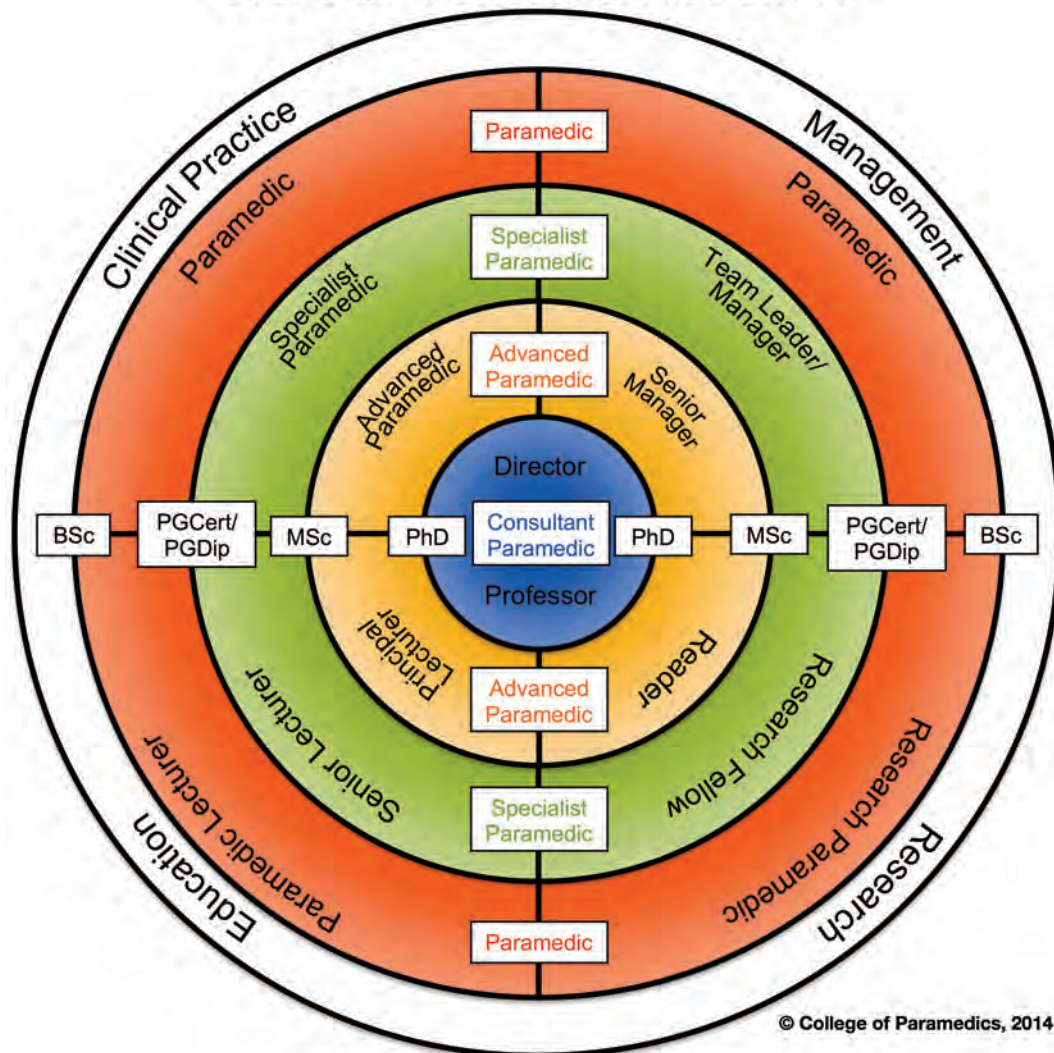


Figure 1

A4 Paramedic Post-Registration Clinical Career Convention

The College of Paramedics has developed a career convention – clinical pathway based on the aspirations alluded to in the Paramedic Curriculum Guidance¹, which includes entry to the register being raised to Higher Education (HE) level 6 in England, Wales and Northern Ireland, and the Scottish Credit and Qualifications Framework (SCQF) level 10 in Scotland, in-line with the recommendation in the PEEP⁷ report to take the paramedic profession to an all graduate profession.

Initial post registration provides a period of clinical supervision¹ to support development and consolidation of clinical skills and expertise as part of the transition to employment as a Paramedic. Following this period the College of Paramedics identifies that individuals who choose to develop along the clinical career pathway should obtain sufficient evidence to demonstrate a portfolio of post registration expertise and competence before applying to become a Specialist Paramedic. To attain this level of practice will require the acquisition of the appropriate skills and clinical competence through experience, and the undertaking and acquisition of a period of fitting education, initially at post graduate certificate (PGCert), then post graduate diploma (PGDip) level.

The achievement of Advanced Paramedic status will require an individual to obtain sufficient evidence to demonstrate a portfolio of post registration expertise and competence beyond the level of Specialist Paramedic. To attain this level of practice will require the acquisition of the appropriate skills and clinical competence through experience, and the undertaking and acquisition of a period of fitting education to HE level 7 in England, Wales and Northern Ireland, and SCQF level 11 in Scotland.

Since the appointment of the first Consultant Paramedic in the UK in 2005, the numbers have increased dramatically with several NHS Ambulance Trusts having an appointed Consultant Paramedic. Whilst currently these appointments are relevant to the individual and employing Trust, the College of Paramedics believes that all future Consultant Paramedics, should lead on areas such as the key themes identified in the respective allied health professional documents^{10, 11}:

Clinical/professional leadership; expert practice; policy and service development, research and evaluation; and education and professional development. And other areas such as; innovation, NHS leadership, quality management & improvement, research, communication – (including communication with patient and service users), genomics, bio-informatics, teaching and learning, and any other future requirements.

To achieve this level of the clinical career framework individuals will aspire to and complete a PhD Clinical/Professional Doctorate at HE level 8 in England, Wales and Northern Ireland, and SCQF level 12 in Scotland.

Further career opportunities for Consultant Paramedic' include progression within the wider NHS Career Framework, including executive and other appointments. These would normally be subject to additional relevant development, such as within the areas of leadership and management.

A 4.1 Paramedic Post-Registration Clinical Convention Standards

Paramedic Title	Academic Level	Assessment Standard	Period of Study to Achieve Competency	Experience/ Competency required to be eligible to apply for the next level of the Post-Registration Career Framework
Paramedic	<ul style="list-style-type: none"> ● BSc (Hons) ● HE – Level 6 ● SCQF – 10 	<ul style="list-style-type: none"> ● HCPC Standards of Education & Training. ● HCPC Standards of Proficiency. ● QAA Benchmark Statement – Paramedic Science. ● College of Paramedics Paramedic Curriculum Guidance. 	3 Years	Post registration/ graduation Paramedics should obtain sufficient evidence to demonstrate a portfolio of post registration expertise and competence.
Specialist Paramedic	<ul style="list-style-type: none"> ● HE – PGCert ● HE – PGDip ● SCQF – 11 	<ul style="list-style-type: none"> ● CPD Portfolio of Evidence. ● College of Paramedics Paramedic Post-Registration Career Framework. 	1 Year – PGCert 2 Years – PGDip	Specialist Paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post registration expertise and competence.
Advanced Paramedic	<ul style="list-style-type: none"> ● MSc ● HE – Level 7 ● SCQF – 11 	<ul style="list-style-type: none"> ● Advanced Practice ● Examinations/OSCEs. ● CPD Portfolio of Evidence. ● College of Paramedics Paramedic Post-Registration Career Framework. 	3 to 5 Years	Advanced Paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post registration expertise and competence.
Consultant Paramedic	<ul style="list-style-type: none"> ● PhD ● Clinical/ Professional – Doctorate ● HE – Level 8 ● SCQF – 12 	<ul style="list-style-type: none"> ● College of Paramedics ● Paramedic Post-Registration Career Framework. ● Department of Health. 	6 Years	



Photo courtesy of Jason Lock Photography.



Section **B****Education Level Descriptors****B1 Higher Education (HE) Level 6/Scottish Credit and Qualifications Framework (SCQF) Level 10 – BSc (Hons)**

The following section provides guidance on the educational level descriptors that are associated with the level of post graduate/registered paramedic. These include reference to the following publications,^{12, 13, 14, 15, 16, 17}.

Whilst the College of Paramedics has made known that all pre-registration undergraduate programmes should be at the appropriate undergraduate level, as of the academic year 2015/16¹, it understands that a large number of the profession who undertook programmes with a qualification equivalent to Certificate of Higher Education level 4, (SCQF level 7), were not afforded the opportunity of a higher education programme of education to initially become eligible to apply to the HCPC register as a paramedic.

A significant number of these paramedics with several years of clinical expertise have claimed recognised prior learning (RPL) (see Appendix A) through the accreditation of prior learning (APL) and accreditation of prior experiential learning (APEL), to obtain either an HE or SCQF qualification and consequently develop into the Specialist and Advanced Paramedic roles. Whilst some of these qualifications were at higher education level 5, and/or SCQF level 8 (Diploma), the College believes that all future acquisition of such qualifications should be studied and acquired at a minimum of HE level 7, (SCQF level 11).

See following spread.

B 1.1 Higher Education (HE) Level 6/SCQF10 – BSc (Hons)

Health and Care Professions Council – Proficiency – Paramedics¹²	Higher Education Credit Framework for England¹³	The Framework for Higher Education Qualifications in England, Wales and Northern Ireland¹⁴	The Education Outcomes Framework¹⁵	Skills for Health Career Framework¹⁶	The Framework for Qualifications of Higher Education Institutions in Scotland¹⁷
<ol style="list-style-type: none"> 1. Be able to practice safely and effectively within their scope of practice. 2. Be able to practice within the legal and ethical boundaries of their profession. 3. Be able to maintain fitness to practice. 4. Be able to practice as an autonomous professional, exercising their own professional judgment. 5. Be aware of the impact of culture, equality, and diversity on practice. 6. Be able to practice in a non-discriminatory manner. 7. Understand the importance of and be able to maintain confidentiality. 8. Be able to communicate effectively. 9. Be able to work appropriately with others. 10. Be able to maintain records appropriately. 11. Be able to reflect on and review practice. 12. Be able to assure the quality of their practice. 	<ol style="list-style-type: none"> 1. Critically review, consolidate and extend a systematic and coherent body of knowledge, utilising specialised skills across an area of study. 2. Critically evaluate concepts and evidence from a range of sources. 3. Transfer and apply diagnostic and creative skills and exercise significant judgement in a range of situations. 4. Accept accountability for determining and achieving personal and/or group outcomes. 	<p>Bachelor's degrees are awarded to students who have demonstrated:</p> <ol style="list-style-type: none"> 1. A systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at, or informed by, the forefront of defined aspects of a discipline. 2. An ability to deploy accurately established techniques of analysis and enquiry within a discipline. 3. Conceptual understanding that enables the student: <ul style="list-style-type: none"> – To devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline. – To describe and comment upon particular aspects of current research, or equivalent advanced scholarship, in the discipline. 4. An appreciation of the uncertainty, ambiguity and limits of knowledge. 	<p>DOMAIN 1 Excellent Education Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.</p> <p>DOMAIN 2 Competent and Capable Staff There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.</p>	People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and /or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self-development.	<p>Characteristic outcomes of the degree.</p> <ol style="list-style-type: none"> 1. A systematic, extensive and comparative knowledge and understanding of the subject(s) as a whole and its links to related subject(s). A detailed knowledge of a few specialisms and developments, some of which are at, or informed by, the forefront of the subject. 2. A critical understanding of the essential theories, principles and concepts, and of a number of advanced and emerging issues at the forefront of the subject(s). 3. A critical understanding of the uncertainty and limits of knowledge and how it is developed and an ability to deploy established techniques of analysis and enquiry within the subject. <p>Familiarity and competence in the use of routine materials, practices and skills and of a few that are more specialised, advanced and complex.</p> <ol style="list-style-type: none"> 4. A comprehensive knowledge and familiarity with essential and advanced materials, techniques and skills including some at the forefront of the subject. 5. Skills in identifying information needs, and in the systematic gathering, analysis and interpretation of ideas, concepts and qualitative and quantitative data and information from a range of evaluated sources including current research, scholarly, and/or professional literature.

<p>13. Understand the key concepts of the knowledge base relevant to their profession.</p> <p>14. Be able to draw on appropriate knowledge and skills to inform practice.</p> <p>15. Understand the need to establish and maintain a safe practice environment.</p>	<p>5. The ability to manage their own learning and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the discipline).</p> <p>Typically, holders of the qualification will be able to:</p> <ol style="list-style-type: none"> 1. Apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding, and to initiate and carry out projects. 2. Critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgments, and to frame appropriate questions to achieve a solution or identify a range of solutions to a problem. 3. Communicate information, ideas, problems and solutions to both specialist and non-specialist audiences. <p>And holders will have:</p> <ol style="list-style-type: none"> 1. The qualities and transferable skills necessary for employment requiring. 2. The exercise of initiative and personal 	<p>DOMAIN 3 Flexible Workforce Receptive to Research and Innovation</p> <p>The workforce is educated to be responsive to changing service models and responsive to innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.</p> <p>Domain 4 – NHS Values and Behaviours</p> <p>Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.</p>	<p>Typically, holders of the degree will be able to:</p> <ol style="list-style-type: none"> 1. Use their knowledge, understanding and skills, in the systematic and critical assessment of a wide range of concepts, ideas, and data (that may be incomplete), and in both identifying and analysing complex problems and issues; demonstrating some originality and creativity in formulating, evaluating and applying evidence-based solutions and arguments. 2. Communicate the results of their studies and other work accurately and reliably using the full repertoire of the principal concepts and constructs of the subject(s). 3. Systematically identify and address their own learning needs both in current and in new areas, making use of research, development and professional materials as appropriate, including those related to the forefront of developments. 4. Apply their subject-related and transferable skills in contexts of a professional or equivalent nature where there is a requirement for; <ul style="list-style-type: none"> – the exercise of personal responsibility and initiative; – decision-making in complex and unpredictable contexts; – the ability to undertake further developments of a professional or equivalent nature.
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Photo courtesy of Jason Lock Photography.

B2 Higher Education (HE) Level 7 – Scottish Credit and Qualifications Framework (SCQF) Level 11 – MSc

The following section provides guidance on the educational credit level descriptors that are associated with this level of post graduate/registered paramedic. These include reference to the following publications, ^{12, 13, 14, 15, 16, 17}.

To achieve the status of Specialist Paramedic will require the acquisition of the appropriate skills through the undertaking of a period of fitting education and skill acquisition, to achieve a post graduate certificate (PGCert) (60 MSc credits), and / or post graduate diploma (PGDip) (120 MSc credits) at HE level 7 in England, Wales and Northern Ireland, or the respective post graduate certificate/diploma at SCQF level 11 in Scotland.

To achieve the status of Advanced Paramedic will require the acquisition and development of the respective skills through consolidation of clinical practice and the undertaking of a period of fitting education to achieve and complete a Master's Degree (MSc) at HE level 7 in England, Wales and Northern Ireland, or SCQF level 11 in Scotland.

See following spread.

B 2.1 HHigher Education (HE) Level 7 / SCQFI1 – MSc

Health and Care Professions Council – Standards of Proficiency – Paramedics¹²	Higher Education Credit Framework for England¹³	The Framework for Higher Education Qualifications in England, Wales and Northern Ireland¹⁴	The Education Outcomes Framework¹⁵	Skills for Health Career Framework¹⁶	The Framework for Higher Education Institutions in Scotland¹⁷
<ol style="list-style-type: none"> 1. Be able to practice safely and effectively within their scope of practice. 2. Be able to practice within the legal and ethical boundaries of their profession. 3. Be able to maintain fitness to practice. 4. Be able to practice as an autonomous professional, exercising their own professional judgment. 5. Be aware of the impact of culture, equality, and diversity on practice. 6. Be able to practice in a non-discriminatory manner. 7. Understand the importance of and be able to maintain confidentiality. 8. Be able to communicate effectively. 9. Be able to work appropriately with others. 10. Be able to maintain records appropriately. 11. Be able to reflect on and review practice. 	<p>Display mastery of a complex and specialised area of knowledge and skills, employing advanced skills to conduct research, or advanced technical or professional activity, accepting accountability for related decision making, including use of supervision.</p>	<p>Master's degrees are awarded to students who have demonstrated:</p> <ol style="list-style-type: none"> 1. A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice. 2. A comprehensive understanding of techniques applicable to their own research or advanced scholarship. 3. Originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline. 4. Conceptual understanding that enables the student: <ul style="list-style-type: none"> – To evaluate critically current research and advanced scholarship in the discipline. – To evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses. 	<p>Domain 1 – Excellent Education Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.</p> <p>Domain 2 – Competent and Capable Staff There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.</p>	<p>People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.</p>	<p>Characteristic outcomes of master's degrees</p> <ol style="list-style-type: none"> 1. A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study, or area of professional practice. 2. A comprehensive understanding of techniques applicable to their own research or advanced scholarship. 3. Originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline. 4. Conceptual understanding that enables the student: <ul style="list-style-type: none"> – To evaluate critically current research and advanced scholarship in the discipline. – To evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.

<p>12. Be able to assure the quality of their practice.</p> <p>13. Understand the key concepts of the knowledge base relevant to their profession.</p> <p>14. Be able to draw on appropriate knowledge and skills to inform practice.</p> <p>15. Understand the need to establish and maintain a safe practice environment.</p>	<p>Typically, holders of the qualification will be able to:</p> <ol style="list-style-type: none"> 1. Deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences. 2. Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level. 3. Continue to advance their knowledge and understanding, and develop new skills to a high level and will have: <ul style="list-style-type: none"> – The qualities and transferable skills necessary for employment requiring. – The exercise of initiative and personal responsibility. – Decision-making in complex and unpredictable situations. – The independent learning ability required for continuing professional development. 	<p>Domain 3 – Flexible Workforce Receptive to Research and Innovation</p> <p>The workforce is educated to be responsive to changing service models and responsive to innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.</p> <p>Domain 4 – NHS Values and Behaviours</p> <p>Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.</p>	<p>Typically, holders of the qualification will be able to:</p> <ol style="list-style-type: none"> 1. Deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences. 2. Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level. 3. Continue to advance their knowledge and understanding, and to develop new skills to a high level. <p>And holders will have:</p> <ol style="list-style-type: none"> 1. The qualities and transferable skills necessary for employment requiring: <ul style="list-style-type: none"> – The exercise of initiative and personal responsibility. – Decision-making in complex and unpredictable situations. – The independent learning ability required for continuing professional development.



Photo courtesy of Jason Lock Photography.

B3 Higher Education (HE) Level 8/Scottish Credit and Qualifications Framework (SCQF) Level 12 – PhD/ProfD

The following section provides guidance on the educational credit level descriptors that are associated with this level of post graduate/registered paramedic. These include reference to the following publications, ^{12, 13, 14, 15, 16, 17}.

To achieve the status of Consultant Paramedic, will require the individual to complete a PhD Clinical/Professional Doctorate at HE level 8 in England, Wales and Northern Ireland, or SCQF level 12 in Scotland.

The College of Paramedics believes that all future Consultant Paramedics, should lead on areas such as the key themes identified in the respective allied health professional documents ^{10, 11}. Core responsibilities include the organisational development role in areas of new and innovative clinical practice. Working at Strategic-Executive level they will be responsible for developing new care pathways, whilst liaising with relevant stakeholders and central health policy makers.

Consultant Paramedics will apply a highly developed theoretical and practical knowledge over a wide range of clinical, scientific, technical and/or management functions, which include; clinical/professional leadership; expert practice; policy and service development, research and evaluation; and education and professional development.

See following spread.

B 3.1 HHigher Education (HE) Level 8 / SCQF12 – PhD/ProfD

Health and Care Professions Council – Standards of Proficiency – Paramedics¹²	Higher Education Credit Framework for England¹³	The Framework for Higher Education Qualifications in England, Wales and Northern Ireland¹⁴	The Education Outcomes Framework¹⁵	Skills for Health Career Framework¹⁶	The Framework for Qualifications of Higher Education Institutions in Scotland¹⁷
<ol style="list-style-type: none"> 1. Be able to practice safely and effectively within their scope of practice. 2. Be able to practice within the legal and ethical boundaries of their profession. 3. Be able to maintain fitness to practice. 4. Be able to practice as an autonomous professional, exercising their own professional judgment. 5. Be aware of the impact of culture, equality, and diversity on practice. 6. Be able to practice in a non-discriminatory manner. 7. Understand the importance of and be able to maintain confidentiality. 8. Be able to communicate effectively. 9. Be able to work appropriately with others. 10. Be able to maintain records appropriately. 11. Be able to reflect on and review practice. 12. Be able to assure the quality of their practice. 	<p>Make a significant and original contribution to a specialised field of inquiry, demonstrating a command of methodological issues and engaging in critical dialogue with peers and accepting full accountability for outcomes.</p>	<p>Doctoral degrees are awarded to students who have demonstrated:</p> <ol style="list-style-type: none"> 1. The creation and interpretation of new knowledge, through original research or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline and merit publication. 2. A systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice. 3. The general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems. 4. A detailed understanding of applicable techniques for research and advanced academic enquiry. 	<p>Domain 1 – Excellent Education Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.</p> <p>Domain 2 – Competent and Capable Staff There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs service needs, whilst working effectively in a team.</p>	<p>People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role.</p>	<p>Characteristic outcomes of doctoral degrees</p> <ol style="list-style-type: none"> 1. The creation and interpretation of new knowledge, through original research, or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication. 2. A systematic acquisition and understanding of a substantial body of knowledge which is at the forefront of an academic discipline or area of professional practice. 3. The general ability to conceptualise, design and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline, and to adjust the project design in the light of unforeseen problems. 4. A detailed understanding of applicable techniques for research and advanced academic enquiry.

<p>13. Understand the key concepts of the knowledge base relevant to their profession.</p> <p>14. Be able to draw on appropriate knowledge and skills to inform practice.</p> <p>15. Understand the need to establish and maintain a safe practice environment.</p>	<p>Typically, holders of the qualification will be able to:</p> <ol style="list-style-type: none"> 1. Make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. 2. Continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas or approaches. <p>And holders will have:</p> <ol style="list-style-type: none"> 1. The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional or equivalent environments. 	<p>Domain 3 – Flexible Workforce Receptive to Research and Innovation</p> <p>The workforce is educated to be responsive to changing service models and responsive to innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.</p> <p>Domain 4 – NHS Values and Behaviours</p> <p>Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.</p>	<p>Typically, holders of the qualification will be able to:</p> <ol style="list-style-type: none"> 1. Make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. 2. Continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas or approaches. <p>And holders will have:</p> <ol style="list-style-type: none"> 1. The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations in professional or equivalent environments. 	<p>Domain 3 – Flexible Workforce Receptive to Research and Innovation</p> <p>The workforce is educated to be responsive to changing service models and responsive to innovation, that promotes adoption and dissemination of better quality service delivery to reduce variability and poor practice.</p> <p>Domain 4 – NHS Values and Behaviours</p> <p>Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.</p>	<p>Typically, holders of the qualification will be able to:</p> <ol style="list-style-type: none"> 1. Make informed judgements on complex issues in specialist fields, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences. 2. Continue to undertake pure and/or applied research and development at an advanced level, contributing substantially to the development of new techniques, ideas, or approaches and will have: <ul style="list-style-type: none"> – The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional or equivalent environments.
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C1 Clinical

The College of Paramedics makes known that the education levels described in the Paramedic career framework diagram relate only to the clinical career pathway. The following section provides guidance and explanation on the clinical ability and career aspirations of the present day Paramedic. The needs of the 21st century UK population have developed beyond comparison to those of the population that saw the introduction of the National Health Service (NHS)¹⁸. These requirements have evolved due to a combination of technological, educational, sociological and legislative changes which now require the present day allied health professional including Paramedics, to deliver the appropriate care at the point of contact.

Paramedics are experienced autonomous allied health professionals who are patient-focused and are responsible and capable of delivering safe, effective and appropriate treatment to patients with urgent, emergency, and unscheduled healthcare requirements, including management at the scene, or in-hospital of critically ill and injured patients¹⁹. Their focus includes the care of acutely ill and/or injured patients at initial presentation, and those who present with an acute exacerbation of a chronic illness or disease.

Paramedics as described are required to provide care at the point of contact, implementing in collaboration with the service user, and/or carer, a care plan that meets their needs, assessing, diagnosing and administering drugs as appropriate, including those from the patient group directions (PGDs)^{20, 21}.

The clinical realm of paramedic practice throughout the UK has expanded dramatically with specific progress already made in the *Primary* and *Critical Care* pathways. For those paramedics who desire to develop along the clinical pathway through the *Specialist*, *Advanced* and *Consultant* paramedic levels will require them to further develop their knowledge, ability and clinical expertise through enhancement of the following²²:

- Assessment, diagnosis referral, and discharge;
- Assessing and managing risk;
- Clinical governance;
- Critical thinking and analytical skills incorporating critical reflection;

- Decision making/clinical judgement and problem solving;
- Developing higher levels of autonomy;
- Developing confidence;
- Developing therapeutic interventions to improve service user outcomes;
- Development of advanced psychomotor skills;
- Equality & diversity;
- Ethical decision-making;
- Higher level communication skills;
- Managing complexity;
- Non-medical prescribing in line with legislation;
- Promoting and influencing others to incorporate values based care into practice;
- Service user focus/public involvement.

Paramedics are already delivering patient care in the following settings:

- Primary Care;
- Urgent Care;
- Emergency Care;
- Emergency Departments;
- Urgent and Emergency Care Centre's;
- Minor Injury Centres;
- Walk-in Centres
- GP Out-of-Hours Services;
- 111 Systems;
- NHS Ambulance Trusts;
- Telephone Triage Systems;
- Mental Health;
- Community Settings;
- Higher Education;
- Military;
- Research;
- Management;
- Offshore & Remote;
- Hazardous Area Response Teams (HART);
- Special Operations Response Teams (SORT) (In Scotland);
- Helicopter Emergency Medical Services.

The College of Paramedics emphasises the importance and future potential of developing clinical paramedics through the acquisition of the relevant educational and clinical skill competency development, being integrated into the UK health service systems as an allied health professional capable of delivering patient focused healthcare.

C2 Education

The following section provides guidance and explains the expectations for paramedics considering the educational stream of the paramedic career pathway. The education and training of paramedics has evolved from a vocation into a professional perspective¹, this has resulted in significant developments for both pre and post registered paramedics, be it within clinical practice, or the education sector delivering higher education paramedic science programmes.

Paramedic education has developed throughout the UK in both clinical practice and the education sector, on pre and post registration programmes and courses. Student paramedics are mentored in clinical practice by Practice Educators, who are registered paramedics and have undertaken a programme of ‘appropriate’ practice education training¹, and are paramount to the educational and clinical development of pre-registered students. This role is usually the first educational characteristic that a paramedic aspires to and obtains a relevant qualification in. However, if they wish to develop along the education career pathway they could undertake and obtain a;

- PGCE teaching qualification,
- MA Education,
- Doctorate in Education EdD.

As paramedics develop they will also require to be supported and developed by other specialist, advanced and consultant paramedics with expertise of their particular subject specialism. There will also be as the profession develops an increased requirement in those who wish to aspire and develop along the education pathway to deliver the education of both the pre and post registered paramedic workforce. For those who wish to do so will be required to be competent and capable of providing the following abilities and attributes²²:

- Supporting others to develop knowledge and skills;
- Teaching, mentorship and coaching;
- Principles of teaching and learning;
- Promotion of learning/creation of learning environment;
- Developing service user/carer education materials;
- Service user/carer teaching and information giving.

There is already an increased requirement for paramedics to develop as educationalist in both the clinical practice environment, and education sector.

Management

The following section provides guidance and explains the expectations for paramedics considering the management stream of the paramedic career pathway. As paramedics develop from a student paramedic through the career framework they develop their clinical leadership abilities, however, individual paramedics may want to develop through first line management, middle management, and senior management positions. The Institute of Healthcare Management (IHM) offer and provide in-service management training courses at supervisory management level, which are designed to be undertaken whilst in employment, and include National Vocational Qualifications (NVQs) and Award for First Line Managers.

The IHM's Managing Health and Social Care Programme is another flexible In-service programme of management training which leads to NVQ level 4 and 5. For those paramedics who may be developing into management with little explicit management training may find the IHM Certificate in Managing in Health and Social Care (CertMHSC) particularly beneficial. The qualification is designed for:

- First Line Managers who want to dramatically develop or consolidate their management skills;
- Clinicians moving into Operational Management for the first time.

The NHS Leadership Academy provides executive programmes for senior clinicians who require to undertake Senior Management Training, as part of their development to Director level along the management career pathway. Paramedics throughout their career will need to develop and cultivate the following management abilities and attributes²²:

- Team development;
- Negotiating and influencing skills;
- Networking;
- Management and Leadership;
- Developing case for change;
- Identifying the need for change, leading innovation and managing change, including service development.

Paramedics are employed in the NHS, private and independent sectors at each level of the management career pathway.

C4 Research

The following section provides guidance and explains the expectations for paramedics considering the research stream of the paramedic career pathway. As student paramedics develop as part of their pre-registration programme they are introduced to and undertake a research project, providing them with the essential skills of appraisal and evaluation for future practice.

As part of the clinical career pathway to *Advanced Paramedic* they will need to undertake a research dissertation as part of the attainment of an MSc, and the undertaking of the PhD/Professional Doctorate will require the individual to develop; *“The creation and interpretation of new knowledge, through original research, or other advanced scholarship, of a quality to satisfy peer review, extend the forefront of the discipline, and merit publication”*¹⁷.

From March 2015 Health Education England (HEE) and The National Institute for Health Research (NIHR) will be launching the Integrated Clinical Academic (ICA) Programme which provides personal research training awards for non-medical/dental healthcare professionals, including paramedics, who aspire to develop their career which combines clinical research and research leadership along with clinical practice and clinical development. The programme provides four levels of awards which form a career pathway; *Masters in Clinical research Studentships; Clinical Doctorate Research Fellowships; Clinical Lectureship and, Senior Clinical Lectureship*, each of which requires the support of the clinical and academic host organisations. Further information regarding the entry requirements and application processes for these programmes is available at; <http://www.nihr.ac.uk/funding/nihr-hee-cat-programme.htm>

Paramedics throughout their career will need to develop and cultivate the following research abilities and attributes²²:

- Ability to access research/use information systems;
- Critical appraisal/evaluation skills;
- Involvement in audit and service evaluation;
- Involvement in research;
- Conference presentations;
- Publications.

Ability to implement research findings into practice – including use of and development of policies/protocols and guidelines.

Section D

Paramedic Independent Prescribing

D1 Ministerial Approval Consultation

At the time of publication Ministerial approval for the commencement of preparatory work to take paramedic independent prescribing proposals forward to public consultation had been agreed. Following public consultation, there will be significant further work to be undertaken, including submission of consultation findings for consideration by the Commission on Human Medicines, who will make recommendations to ministers regarding any potential changes to medicines legislation in line with the above proposals.

The Allied Health Professions (AHP) Medicines project is a joint initiative by NHS England and the Department of Health to extend prescribing, supply and administration of medicines to Allied Health Professions, with the aim of facilitating service re-designs; increasing patient choice; improving access to medicines; and making the best use of allied health professionals' skills, whilst maintaining patient safety.

Current proposals that the NHS England AHP Medicines team are focusing on are:

- Independent prescribing by paramedics;
- Independent prescribing by therapeutic and diagnostic radiographers;
- Supplementary prescribing by dietitians;
- Use of exemptions from Medicines Act Regulations by orthoptists.

D2 Education Level

To ensure equity across all Allied Health Professionals and non-medical professions, Independent prescribing by paramedics will be at the Advanced Paramedic level, and will be required to undertake an HCPC approved Non-Medical Prescribing (V300) Course which successful completion will enable them to prescribe safely and competently as Independent Prescribers.

Supportive Areas of Practice

As previously stated paramedics are now employed and practicing in a variety of supportive roles. The following list is not inclusive and will continue to develop in response to demand and the changes in both technology and legislation. This section endeavours to provide as applicable the current best practice standards for paramedics who wish to develop into the respective supportive role. Where applicable the appropriate national and legislative requirements are referred to.

E1 Hazardous Area Response Teams (HART)

This section provides guidance on the standards and skill competencies of paramedics employed and working in HART* units. These units were implemented by the NHS to provide a response to unconventional incidents within the UK. Their main aim is to attend such incidents and provide patients with immediate triage, execute life-saving treatment and advance the health outcomes as required, 24 hours a day, and 365 days a year, in accordance with the standards and requirements of the National Ambulance Resilience Unit (NARU)²³, and current legislation^{24, 25}. The following sub-sections relate to the capability of HART operatives, and the extended capabilities of paramedics within specific environments. As stated the information provided is not holistic regarding skills and competencies, but identifies reference to the current best practice standards, those paramedics who wish to develop into these respective supportive roles should research and undertake the appropriate training courses in accordance with current NARU standards, available at www.naru.org.uk.

** Scotland has its own equivalent of HART, they are known as Special Operations Response Teams (SORT).*

E 1.1 Incident Response Unit Capability (IRU)

All HART operatives and team leaders are required to hold current registration as paramedics with the HCPC²³, and all personnel are trained and equipped to provide IRU capabilities. IRU capability forms the origin of enhanced responses to incidents that have or may have contamination, or alternatively there are hazardous substances or environments present, this includes operating within the 'Hot Zone'

or Inner cordon areas of the incident. This enables early access and provides the facility for patients to be assessed, triaged and treated at the earliest opportunity. Further to the Hazardous Materials – (HAZMAT) and Chemical, Biological, Radiological, Nuclear and Enhanced Conventional Weapons (CBRNE) decontamination capabilities of HART units, their IRU capability permits them to work safely on scene and within inner cordons undertaking numerous functions and providing emergency medical assistance and treatment in accordance with the current Service Specification for NHS Ambulance Services Hazardous Area Response Teams²³.

E 1.2 Urban Search and Rescue Capability (USAR)

The capability of USAR units extends the scope of environments that HART paramedics safely operate in, and includes incidents where the access and egress to the casualty is either complex, or involves prolonged entrapments, and therefore requires specialist equipment. USAR paramedics are trained and equipped to operate and function in the following²⁵:

- Incidents where casualties require care in either a confined space or where there is a prolonged entrapment;
- Incidents where casualties require care in which the Health and Safety Legislation Safe Working at Height applies;
- Incidents where casualties require care and the access/egress requires the use of USAR skills and equipment to reach, treat and extricate them safely;
- Incidents that the Fire and Rescue Service (FRS) either requires to or intends to deploy their USAR resources.

USAR paramedics are trained to access, triage, and deliver patient care, and offer advice on the extrication of casualties, their role is to provide²⁵:

- Health input regarding the preliminary scene assessment;
- Scene assessment as well as undertaking dynamic risk assessments which directly relate to the needs of ambulance and other health professionals;
- Joint identification of the Inner Cordon, and, if required, the 'Hot Zone';
- Preliminary triage and immediate life-saving treatment;
- Hazard identification;
- Estimation of the Ambulance Service and Clinical resources requirements, including ongoing requests;
- Command and Control in the inner cordon overseeing;
- Ambulance/Health resource management;
- Casualty management;
- Casualty extrication.

E 1.3 Inland Water Operations (IWO)

The capability of IWO units extends from basic water awareness skills, to functioning more extensively, alongside Fire and Rescue Services dealing with incidents occurring on inland waterways or on other incidents such as flooding. Paramedic IWO operatives are trained to access patients in such incidents, provide triage and appropriate clinical interventions as required, and give advice on the extrication of such patients as part of the multi-agency response. HART Operatives have now been trained to Swift Water Technician Level 3 which enables them to provide an enhanced capability in water. This level of training includes the ability to provide safe systems of work in an around water both still and fast flowing and also the ability to undertake rescue swims in certain circumstances.

A number of HART teams are now training in the use of small inflatable boats in order to provide a more flexible response in severe flooding incidents.

E 1.4 Tactical Medicine Operations (TMO)

The capability of TMO units permits the facility for HART paramedics to work collaboratively with Police Services and other specialist agencies to deliver a tactical medicine capability. TMO paramedics are trained to function alongside Authorised Firearms Officers (AFOs) within a ballistic cordon. Their tactical decisions include access, assessment, treatment and extrication of patients who find themselves caught inside the inner cordon of specialist security operations. The tactics utilised by HART operatives within this capability group are protected under a 'restrictive' marking²⁴.

As with all areas of paramedic practice, any further capability for HART will be considered using an evidence-based approach, and in collaboration of future commissioning arrangements. However, this will occur only where there are sufficient capacity and resources to provide an appropriate level of response.

E 1.5 Public Disorder

In response to a number of incidents during the past few years including serious disorder and protests in the capital and other cities throughout England, HART teams have developed the capability for delivering pre-hospital care in areas where public disorder is taking place. Operatives are trained in the use of specialist Personal Protective Equipment (PPE), and tactics around the movement and

casualty care in hostile environments and extrication of those casualties to a safe environment. This may include patients who are not directly involved in the incident itself. Operatives work in close cooperation with local police forces around the level of risk and the tactics to be deployed whilst in an incident involving Public Disorder.

In most circumstances the HART Operatives will be deployed within a disorder incident separately from the police in order to maintain neutrality. However, if the intelligence suggests that the disorder may risk the HART team then they may be deployed with the police resources.

Further development work around this capability continues and will be evidenced based to ensure the capability is of value in treating patients involved in such incidents. HART Operatives engaged on Public Disorder incidents are trained in accordance with HMIC guidelines (2011) and are trained to police level 2 in Public Order Policing Standards.

E 1.6 Transport of Patients with Category 4 Infectious Diseases

HART Teams are normally based around Home Office Model Response Sites (MRS) these are designated due to being high risk of disruption and are usually some form of major infra-structure or transport hubs.

Because of the ease of world travel and the recent out breaks of Viral Haemorrhagic Fevers/Diseases, (VHF) the spread of such diseases needs to be minimised to prevent any risk of spreading within the UK. HART Operatives will operate a system to transport patients who have been confirmed or suspected of suffering from such diseases to specialist hospitals.

HART staff have been trained in the procedures and PPE to undertake this role. HART staff have experience in working in both PPE and in Hazardous environments and as they work in teams of 6 have sufficient numbers to enable them to provide the appropriate levels of resources needed for the transport of such patients.

HART staff operate under guidance from Public Health England and the National Ambulance Resilience Unit (NARU) when undertaking these operations.

E2 Offshore & Remote Practice

The following section provides guidance on the evidence based aspect for paramedics who work in the Offshore & Remote practice arena. Paramedics who wish to undertake employment in the Offshore Medic Role will benefit from being responsive to the requirements of the Health and Safety Executive (HSE) Approved Code of Practice and Guidance²⁶, and will be required to obtain the HSE standard qualification 'Offshore Medic Certificate', valid for a three (3) year period. This is awarded after successful completion of an offshore medic course, which has been delivered by an organisation approved by the HSE²⁶. Paramedic offshore medics who wish to remain working in the offshore environment are required to complete an offshore medic requalification course before the expiry of the original three year certificate period. The content of an approved offshore medic course should include the appropriate training objectives, and the course of instruction should enable offshore medics to carry out their duties competently in respect of the following subjects²⁷:

- Airway maintenance, artificial ventilation;
- Intravenous (IV) Infusions;
- Urinary bladder catheterisation;
- Endotracheal intubation;
- Communicable (including sexually transmitted diseases (STDs) and infectious conditions);
- Common eye conditions;
- Common ear conditions;
- Common skin conditions;
- Common dental conditions;
- Hyperbaric environment;
- Decompression and its complications;
- Individual clinical instruction as required;
- Emergency medical services;
- Communications, installation/vessel to shore;
- Offshore occupational hazards and the prevention of risks to health;
- Offshore hygiene requirements;
- Psychiatric conditions;
- Background to the offshore industry and offshore activities;
- Standing orders and emergency plans;
- Use and administration of drugs;
- Stores and equipment;

- Statutory requirements;
- Keeping of detailed records.

Regarding the field of Remote practice there are organisations that provide the acquisition of formal academic qualifications²⁸. As remote practice covers diverse areas and extremes of both geographical and temperature extremes, including, expedition and wilderness medicine; diving medicine, tropical medicine, and disaster medicine, it is extremely important that paramedics who work in these remote areas, undertake the appropriate learning and have the relevant skills and expertise to practice in the particular environment, whether this is in the Arctic circle or the Sahara desert.

E3 Search & Rescue (SAR)

The following section provides guidance on the evidence based aspect of the paramedics who work in the Search & Rescue (SAR) arena, which for the previous seventy (70) years in the UK has been provided by the Royal Air Force and Royal Navy, but was announced in 2013 would be undertaken by the private sector²⁹. Paramedics throughout the UK are seconded or employed on Helicopter Emergency Services (HEMS) in collaboration with respective Ambulance Service Trusts³⁰, and undertake roles which are dissimilar to that of a paramedic search and rescue operative. Regarding the latter positions individuals would normally apply for a seconded position through their employing Trust, and following a selection process undertake a training course appropriate to the role.

The search and rescue operative requires further skills sets due to the nature of the role, an example of a SAR Technical Crewmember Training course should include:

Search and Rescue (SAR) – Role Ground Training Syllabus

- Module 1 – General,
- Module 2 – Aircraft Overview,
- Module 3 – AFCS SAR Modes & Malfunction Handling,
- Module 4 – SAR Role procedures.

Search and Rescue (SAR) – Role Flying Training Syllabus

- General,
- Flying Training Courses,
- Logbooks,
- SAR Winch Operator Course,
- SAR Winch Operator Conversion Course,

- SAR Winchman Course,
- CAT Winch Operator Course (Basic).

Search and Rescue (SAR) – Role Competency Check

- General,
- SAR Role Competency Check Content,
- Periods of Validity,
- Procedures to be applied in the event that an individual does not reach the required standard.

Search and Rescue (SAR) – Role Competency Questionnaire

Search and Rescue (SAR) – Role Standards Report

Search and Rescue (SAR) – Role Currency

- Winch Currency Requirements,
- Currency Renewal,
- SAR Operational Evaluation,
- Jigsaw Standardisation.

Search and Rescue (SAR) – Technical Crewmember Career Development Portfolio

- General,
- CDP Content,
- CDP Assessment.

Search and Rescue (SAR) – Winch Familiarisation Training

- General,
- Operating Restrictions,
- Levels of Supervision,
- Operational Tasking.

Search and Rescue (SAR) – Probationary Winch Operators

- General,
- Training Flights,
- Operational Flights.

Search and Rescue (SAR) – Winch Operator Selection Panel

Search and Rescue (SAR) – Supervisory SAR Technical Crewmember

Search and Rescue (SAR) – Medical Skills Training

- General.

Search and Rescue (SAR) – Medicals

- General,
- Initial Assessment,
- Review Assessment.

Search and Rescue (SAR) – Fitness Testing

- General,
- Initial Assessment,
- Review Assessment,
- Fitness Test Requirements,
- Swim Assessment.

E4 Defence Medical Personnel

The following section provides guidance on the evidence based aspect of the paramedics who work in the Armed Forces arena; Royal Navy/Royal Marines, British Army, or Royal Air Force. Paramedics throughout the Armed Forces are deployed on Military and Humanitarian operations by land, sea and air as dictated by Government or International requirements.

Defence medical personnel Paramedics include both regular serving and reserve personnel. They are required by legislation to be registered by the regulatory body [Health and Care Professions Council] similar to their civilian counterparts, and are required to maintain registration through continuing professional development. Due to the nature of recent military operations defence medical personnel paramedics have gained considerable expertise in dealing with the critically injured person as part of the Medical Emergency Response Teams (MERT) operating within these theatres of operation.

Research undertaken by Military personnel³¹ has expanded the evidence base of paramedic practice and includes in certain trauma incidents the introduction of the 'C' ABC algorithm utilised throughout the pre-hospital arena.

Medical Defence personnel trained Paramedics on completion of service continue to work as Paramedics in civilian organisations, both in the public (NHS) and private sectors, transferring with them the wealth of expertise gained, and utilised to enhance patient care.

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Glossary

Advanced Paramedic

Advanced Paramedics are experienced autonomous allied health professionals who have undertaken further study and skill acquisition to enable them to be able to deliver a more appropriate level of assessment and indeed care to patients in the community and access many more referral pathways. Advanced Paramedics – Urgent & Emergency Care are patient-focused and are responsible and capable of delivering safe and appropriate treatment to patients with urgent, emergency, and unscheduled healthcare requirements. Their focus includes the care of acutely ill patients at initial presentation, and those who present with an acute exacerbation of a chronic illness or disease, all of which can potentially be managed in the primary care setting, and potentially fifty per-cent (50%) could be managed at the point of contact. Advanced Paramedics – Critical Care are experienced autonomous allied health professionals who have undertaken further education and training enabling them to provide a wider range of care and treatment at the scene for critically ill and injured patients. The College of Paramedics emphasises the aspiration of future Advanced Paramedics obtaining the relevant skills and competencies through appropriate periods of expertise portfolio's of evidence, and the acquisition of a Master's degree.

Allied Health Professionals (AHP's)

Paramedics make up one of 12 groups of health professionals. Sometimes this collective group is known as Allied Health Professionals (AHP's) as they are referred to when discussing all health workers, but generally it excludes Doctors, Nurses and Midwives.

Association of Ambulance Chief Executives (AACE)

The Association of Ambulance Chief Executives (AACE) provides ambulance services 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.

SCQF Level 10

The Scottish Bachelors degree with Honours is normally achieved after the equivalent of four years of full-time higher education. However, to ensure parity across the devolved nations this would require the programme to be completed in a three year period of full time education.

BSc (Hons)

This level of education is higher education level six (6) on the academic pathway in England, Wales and Northern Ireland and is typically representative of three years of full time education, and achievement of 360 credits, individuals are awarded a Bachelor of Science (Hons).

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

Different NHS Trusts utilise paramedics who work in emergency operation centre's to ensure that patients receive the right response at the right time and in the right place for them. Patients 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 GP or social workers, and provide patients with simple first aid advice or refer them to a local Walk-in Centre or pharmacy 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.

Centre for Workforce Intelligence (CfWI)

The Centre for Workforce Intelligence is the national authority on workforce planning and development, providing advice and information to the health and social care system. They produce quality intelligence to inform better workforce planning, in order to improve people's lives, including the report on Paramedics in 2012.

Chemical Biological Radiological and Nuclear (CBRN)

Often described as weapons of mass destruction. Protective measures 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. Hazardous Area Response Teams (HART) have been developed to provide specialist responses to these threats to our society.

Chronic Obstructive Pulmonary Disease (COPD)

The World Health Organisation defines COPD as; Chronic obstructive pulmonary disease 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

The professional body for the Paramedic Profession founded in the year 2000. It is responsible for leading the development of the Paramedic profession including producing the paramedic curriculum guidance and the paramedic post registration – career framework. In 2009 the formal title was changed from The British Paramedic Association.

Consultant Paramedic

The Consultant Paramedic will usually hold or be working towards a doctorate award and will practice within the Department of Health guidance for Allied Health Professional Consultant appointments. Core responsibilities include an organisational development role in areas of new and innovative clinical practice for paramedics delivering patient care. Working at Strategic – Executive level they will be developing new care pathways, whilst liaising with central health policy makers. Connected to the Trusts medical directorate and research and audit teams (through primary research) they will be instigating and reviewing care pathways.

Continuing Personal & Professional Development (CPPD)

The Health and Care Professions Council define CPPD 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, CPPD is the method paramedics continue to learn and develop throughout their careers to enable them to keep their skills and knowledge up to date and are able to work safely, legally and effectively.

Department of Health (DH)

The official Government department that oversees all aspects of the running of the health economy in the United Kingdom.

End of Life Care (EoLC)

For allied health and medical professionals end-of-life care refers to the health care 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.

End Tidal CO₂ (EtCO₂)

Is the monitoring of the concentration or partial pressure of carbon dioxide (CO₂) in the respiratory gases. It is usually presented as a graph of expiratory CO₂ plotted against time, or, less commonly, but more usefully, expired volume. The plot may also show the inspired CO₂, which is of interest when rebreathing systems are being used.

Hazardous Area Response Teams (HART*)

Seeks to provide medical care to patients in; hazardous or a 'Hot' environment. They utilise special vehicles and equipment. Hazardous Area Response Teams 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 various incidents, such as, explosions, building collapses and chemical incidents. *As stated Scotland has its own equivalent, known as Special Operations Response Teams (SORT).

Health and Care Professions Council (HCPC)

The HCPC is the regulatory body for Paramedics and the use of the name 'Paramedic' is a protected title. They are the protectors of the public and maintain the registers of all practitioners who practice under these protected titles. 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 practice.

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 Continuing Personal & Professional Development. Some programmes are currently commissioned.

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 National Ambulance Resilience Unit (NARU). NARU is a dedicated resource funded by the Department of Health.

National Health Service (NHS)

Founded in the UK in 1948, and is the healthcare system that provides free medical care at the point of access and is paid for through taxes.

NHS England

NHS England is the operating name of the NHS Commissioning Board and, before that, the NHS Commissioning Board Authority. It was set up as a special health authority of the NHS in 2011. This was prior to becoming a non-departmental public body (NDPB) on the 1st April 2013, after it was renamed NHS England on 26 Mar 2013. Its legal name remains the NHS Commissioning Board.

Post Graduate Certificate (PGCert)

This level of education is at level 7 in England, Wales and Northern Ireland, and SCQF Level 11 in Scotland on the respective academic pathway and is typically representative of one year's part-time education and achievement of the respective credits towards a Master's Degree (MSc).

Post Graduate Diploma (PGDip)

This level of education is at level 7 in England, Wales and Northern Ireland, and SCQF Level 11 in Scotland on the respective academic pathway and is typically representative of two year's part-time education and achievement of the respective credits towards a Master's Degree (MSc).

Professional, Statutory and Regulatory Bodies (PSRBs)

The College of Paramedics is the professional body for the paramedic profession in the UK. The Universities are statutory bodies responsible for delivering and awarding higher education qualifications. The regulatory body is the Health and Care Professions Council who regulate all Allied Health Professionals including Paramedics.

Quality Assurance Agency (QAA)

The role of the Quality Assurance Agency for Higher Education is to safeguard public interest in sound quality and standards in UK universities and colleges, so that students have the best possible learning experience, and encourage continuous improvement in the management of the quality of higher education.

Recognition of Life Extinct (ROLE)

The procedure undertaken when resuscitation attempts are considered futile or there is either a; Do Not Attempt Resuscitation (DNAR), Advanced Decision (Living Will) in place, or despite a period of 20 minutes of Advanced Life Support being undertaken the patient remains asystolic.

Recognition of Prior Learning (RPL)

Recognised Prior Learning (RPL), is the collective term given for the application of Accreditation of Prior Learning (APL) and/or Accreditation of Prior Experiential Learning (APEL), usually up to a maximum of 50%, pending on the academic level of the programme. Accreditation of prior learning (APL) is used in higher education for the purpose of entry onto a course, or obtain credit against some of the learner outcomes of the course or programme. It is a process that enables people of all ages, backgrounds and attitudes to receive formal recognition for skills and knowledge they already possess. Accreditation of prior experiential learning (APEL) is an extension of (APL) and 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 give exemption from certain parts of a new course of study or qualify for an award in an appropriate subject in higher education. Whilst this may differ between universities, current regulations only permits a maximum of fifty percent (50%) of a course/programme to be awarded against either APL or APEL.

Specialist Paramedic

Specialist Paramedics are experienced autonomous allied health professionals who have undertaken further study and skill acquisition to enable them to be able to deliver a more enhanced level of assessment and indeed care to patients in the community and access many more referral pathways. Specialist Paramedics – Urgent & Emergency Care are allied health professionals who are patient-focused and are responsible and capable of delivering safe and appropriate treatment to patients with urgent, emergency, and unscheduled healthcare requirements.

Their focus includes the care of acutely ill patients at initial presentation, and those who present with an acute exacerbation of a chronic illness or disease, all of which can potentially be managed in the primary care setting, and potentially fifty per-cent (50%) could be managed at the point of contact. Specialist Paramedics – Critical Care are experienced autonomous allied health professionals who have undergone further training enabling them to provide a wider range of care and treatment at the scene for critically ill and injured patients. The College of Paramedics emphasises the aspiration of future Specialist Paramedics obtaining the relevant skills and competencies through programmes of education at PGCert/PGDip level, or SQCF level 11 in Scotland.

Unscheduled care

Unscheduled care is any unplanned contact with the NHS by a person (patient) requiring or seeking help, care or advice. It follows that such demand can occur at any time, and that services must be available to meet this demand 24 hours a day, it includes urgent care and emergency care.

Appendix A

Recognised Prior Learning (RPL) – Paramedic Higher Education (HE) Programmes

Registered – Health and Care Professions Council – Paramedics – (Without an HE qualification)

For registered Paramedics without a higher educational qualification, Higher Education Institutions throughout the UK provide a range of professional continuing professional development programmes; including BSc (Hons) degrees. As part of the application for Recognised Prior Learning (RPL), individuals can apply for Accreditation of Prior Learning (APL) and/or Accreditation of Prior Experiential Learning (APEL), usually up to a maximum of 50%, pending on the academic level of the programme. An example of this in England, Wales and Northern would be an HCPC registered Paramedic who applies for APL/APEL and is awarded 120 credits at level 4 and 60 credits at Level 5, and in Scotland (120 credits at SHE level 8 and 60 SHE level 9 credits). They register and commence a BSc (Hons) degree or SHE BSc (Hons) degree undertaking 60 academic credits at level 5/SCQF level 8, then continue on to achieve 120 credits at level 6/SCQF level 9/10. These programmes are usually part-time and are ‘approved’ by the University; on successful completion individuals are awarded the appropriate HE qualification.

Registered – Health and Care Professions Council – Paramedics – (With an HE qualification)

For registered Paramedics with a higher educational qualification, Higher Education Institutions throughout the UK provide a range of professional continuing professional development programmes; including BSc (Hons) degrees, Master’s Degree (MSc), and professional doctorates (PhD). An example of this would be a student who has graduated with either a Paramedic Foundation Degree / Diploma in Higher Education. To continue their CPD they undertake an appropriate BSc or BSc (Hons) degree, studying part-time to achieve the 120 credits at level 6 or SCQF level 9/10. Alternatively someone who has graduated from a pre-registration BSc (Hons) or SHE BSc programme may decide to continue their CPD by undertaking an appropriate MSc degree in a particular are of practice, (E.g. MSc in Cardiology, or MSc Research.

Appendix B

Paramedic Post Registration – Career Framework Team

The College of Paramedics wishes to thank the following members, who have contributed to the development, editing and final production of the 3rd edition of the College of Paramedics – Paramedic Post Registration – Career Framework.

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