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# Contents

<b>Section 1</b>	<b>1.0</b>	Introduction .....	7
	<b>1.1</b>	Clinical Pillar .....	10
	<b>1.2</b>	Education Pillar .....	11
	<b>1.3</b>	Leadership and Management Pillar.....	12
	<b>1.4</b>	Research Pillar .....	14
	<b>1.5</b>	Career Evolution .....	15
<b>Section 2</b>	<b>2.0</b>	Specialist Paramedic .....	16
	<b>2.1</b>	Clinical – Specialist Paramedic .....	17
	<b>2.2</b>	Education – Senior Lecturer .....	21
	<b>2.3</b>	Leadership and Management – Team Leader/Manager.....	21
	<b>2.4</b>	Research – Research Fellow .....	22
<b>Section 3</b>	<b>3.0</b>	Advanced Paramedic .....	24
	<b>3.1</b>	Clinical – Advanced Paramedic .....	25
	<b>3.2</b>	Education – Principal Lecturer .....	28
	<b>3.3</b>	Leadership and Management – Senior Manager.....	28
	<b>3.4</b>	Research – Reader .....	28
<b>Section 4</b>	<b>4.0</b>	Consultant Paramedic .....	30
<b>Section 5</b>	<b>5.0</b>	Standards for the Education and Training of Specialist and Advanced Paramedics .....	32
		<b>STANDARD 1</b> – Patient Safety .....	35
		<b>STANDARD 2</b> – Quality Management .....	37
		<b>STANDARD 3</b> – Equality, diversity and opportunity .....	38
		<b>STANDARD 4</b> – Recruitment, selection and appointment .....	39
		<b>STANDARD 5</b> – Delivery of approved curriculum including assessment ...	40
		<b>STANDARD 6</b> – Support and development of trainees, supervisors and local education faculty .....	41
		<b>STANDARD 7</b> – Management of education and training .....	44
		<b>STANDARD 8</b> – Educational resources and capacity .....	45
		<b>STANDARD 9</b> – Outcomes .....	46
		<b>References</b> .....	48
		<b>Appendix</b> .....	51

## Foreword

Paramedics became registered health care professionals just 16 years ago following a short, but notable history of service to the communities of the United Kingdom, primarily in the form of ambulance personnel with a variety of extended skills. Since the year 2000, rapid progress has been made in evolving the paramedic profession, with a number of milestones achieved by the College of Paramedics. These include development of the Paramedic Curriculum Guidance and more recently the Post Registration Paramedic Career Framework. Today sees the launch of the latest landmark publication by the College, the Paramedic Post-Graduate Curriculum Guidance. This guidance document once again emphasises the importance of education and training through systems that support patient safety whilst enabling continued professional growth within the context of ever changing demands, pressures and expectations as we strive to provide the very best care for the patients we serve.

Publication of the original Paramedic Curriculum Guidance, a document that is now in its third edition, brought together many strands of progress and development across the profession, providing a set of standards that could be used as a reference point for all; including paramedics, educational providers, patients, employers, policy makers and regulators as to what could be described as the 'DNA' of a paramedic. The Post Registration Paramedic Career Framework has also proved to be a success, acting as a point of reference and as a road map for career development. This has provided a wide range of stakeholders with a valuable tool in helping to understand the role of the paramedic and the importance of the profession. Such documents are incredibly important in promoting a shared understanding, across all stakeholder groups, as to the contribution currently made by paramedics to society and promoting a vision as to how paramedics are key to helping shape the health care landscape of the future. The publications also act as a key resource for paramedics themselves in clarifying standards and expectations around education and development, and providing a point of reference and structure for considering on-going career and professional development.

The clinical and professional practice of paramedics is evolving in response to constant and increasingly complex demands. Financial pressures are ever present, with the accompanying risk of compromised quality and safety. The production of this guidance for the education and development of paramedics throughout their career, and which underpins further professionalisation of the paramedic profession could not be more timely. It clearly articulates the high standards of education and development expected for post-graduate, specialist,

advanced and consultant level paramedic practice. This is irrespective of the organisation and environment in which the paramedic may be employed, or the area of health care in which they may be operating, and fully commensurate with what would be expected to be available for all other health care professionals. Education and development opportunities, when adequately resourced, delivered and assured contribute to the provision of high quality, safe and effective care, along with the continuous development of paramedic practice and the profession overall.

In summary, this document seeks to encourage common sense, translated into common practice and universal opportunities for paramedics to reach their full potential as individual practitioners and as members of the wider health care team.



*Professor Andy Newton, QAM. FCPara  
Chair of the College of Paramedics  
January 2017*

## Acknowledgement



*This publication is dedicated to the memory of Wayne Callow. The College of Paramedics places on record its sincere appreciation and gratitude for the contribution he made to this document. Prior to his sudden death in November 2015 following a short illness, Wayne was an inaugural member of the Paramedic Post-Graduate Curriculum Guidance Group.*

*Wayne was a highly accomplished paramedic who at the time of his death worked in both primary and acute care settings at an advanced level. He was an inspiration to his fellow professionals as a source of expert clinical guidance and also as a role model. Wayne was always happy to support and guide others wanting to follow in his footsteps and was keen to help his profession develop. He is sorely missed by his friends and work colleagues.*



# Section 1

## 1.0 Introduction

Since the origin of the professional body in 2001<sup>1</sup>, and the legislation<sup>2</sup> that brought about the protected title of ‘Paramedic’, paramedics have continued to develop and expand their scope of practice, their traditional boundaries of education, training and development, and ongoing professionalisation. Driven by wider changes in the healthcare environment, communities across the United Kingdom (UK) are increasingly benefiting from, and relying upon care and services delivered by paramedics. This professional group are now key providers of healthcare in the primary, acute, urgent and emergency care settings. They have a unique role that transcends traditional health care organisations and boundaries, which encompasses elements of public health, social care and public safety. The paramedic profession is increasingly becoming an integral part of the multi-professional workforce delivering primary, acute, urgent and emergency health and social related care, with paramedics that demonstrate the right skills and behaviours ensuring that; ‘*service users receive the right care, at the right time, and in the right place*’<sup>3</sup>.

The *Paramedic Post-Graduate Curriculum Guidance*<sup>4</sup> has been published by the College of Paramedics to further develop and expand the aspirations alluded to in the *Post Registration – Paramedic Career Framework*<sup>5</sup>. It has been prepared to provide information and guidance for the following stakeholders, which is not considered to be an exhaustive list:

- Paramedics;
- Employers;
- Ministry of Defence;
- Association of Ambulance Chief Executives (AACE);
- Health Education England (HEE);
- HEE Regional Offices & Sustainable Transformation Plans (STPs), or Devolved Nation equivalent;
- Higher Education Institutions (HEIs);
- Care Quality Commission (CQC), or Devolved Nation equivalent;
- Health and Care Professions Council (HCPC);
- NHS Education for Scotland (NES);

- NHS England;
- Department of Health, Northern Ireland. DH (NI);
- Workforce, Education and Development Services (WEDS);
- Quality Assurance Agency for Higher Education (QAA);
- Trade Unions
- Service users, and other stakeholders with further insight into the specialist, advanced and consultant paramedic curricula, roles and scope of practice.

It represents an important contribution, by the professional body in working towards achieving a national standard of post-graduate education and development throughout the UK that encompasses patient safety.

During the past decade considerable work has been undertaken regarding the education and training of specialist and advanced practitioners across the UK, with publications including the; Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales<sup>6</sup>, Advanced level nursing: a position statement<sup>7</sup>, Advanced Nursing Practice Toolkit<sup>8</sup>, Advanced Nursing Practice Framework<sup>9</sup>, and the Emergency Care Advanced Clinical Practitioner<sup>10</sup>. These and other documents<sup>11,12</sup>, encapsulate the four pillars of the Post Registration Paramedic Career Framework and demonstrate how across the UK, paramedics, allied health and non-medical professionals utilise and integrate these into their career development.

## **Background of Higher Education Development**

The past two decades have seen the role of the paramedic develop from a predominantly vocational role, for which an individual was trained, to one of the professions registered originally with the Council for Professions Supplementary to Medicine (CPSM)<sup>13</sup>. The CPSM was replaced by the Health Professions Council (HPC), which subsequently became the Health and Care Professions Council (HCPC) in 2012.

In 2005, *'Taking Healthcare to the Patient – Transforming NHS Ambulance Services'*<sup>14</sup>, recommended that models of paramedic training, education and development should transition to higher education.

Since that time, higher education for paramedics has expanded considerably, with pre-registration higher education courses now being responsible for approximately 80% of paramedics entering the profession. During this same period, opportunities for paramedics to undertake post-graduate level higher education has expanded and developed considerably. This has enabled paramedics to develop their knowledge, skills and expertise, which in turn underpins paramedic practice across all four pillars articulated in the *Post Registration – Paramedic Career Framework*<sup>5</sup>.



## Academic Qualifications and Role

The College of Paramedics makes known that the attainment and achievement of the academic qualifications referred to in the *Post Registration – Paramedic Career Framework*<sup>5</sup>, does not automatically entitle the award holder to utilise the title of; ***Specialist Paramedic; Advanced Paramedic;*** or ***Consultant Paramedic.*** These are roles that require the individual to have applied for specific posts with the corresponding title, and meet the professional, statutory, regulatory, educational and employing organisation’s requirements. Clinical roles require demonstration of competence and performance in practice, as well as academic attainment.

## The Four Pillars

It is recognised that there are many paramedics who may not be working explicitly in a clinical role. The *Post Registration – Paramedic Career Framework*<sup>5</sup>, includes those paramedics working in research, education or formal leadership/managerial roles, or a combination of these. The career framework articulates the different components of paramedic practice as the ‘four pillars’ – clinical practice, research, leadership/management and education. As paramedics develop throughout their careers, they may move into roles should they so wish to, such as specialist paramedic, advanced paramedic and consultant paramedic through a framework of professional development. Theoretical knowledge, skills and experience are developed through a continuous process of learning, enabling paramedics to operate in increasingly complex and challenging health care contexts and organisations, undertaking complex decision making and managing risk in often unpredictable and unfamiliar situations and settings. Paramedic roles, underpinned by post-graduate level education will contain elements of each ‘pillar’. The way in which roles are developed and to what degree they reflect components of the four pillars will be specific to the employing organisation.

## 1.1 Clinical Pillar

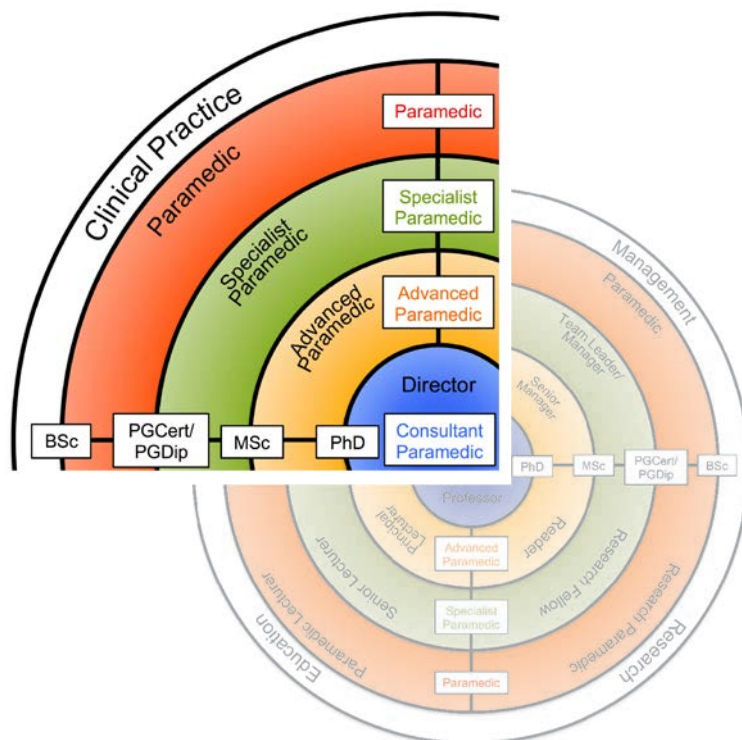
Post-graduate paramedics whose role focuses predominantly on the clinical pillar should consider the following aspects of practice: – safe, effective, person centred care, professional judgement and decision-making. The publication of key patient centred care documents has acted as a catalyst for the development of a multi-professional approach to the future provision of

urgent and emergency healthcare, which includes the skills and expertise of paramedics. Documents such as; the *Keogh Report*<sup>15</sup>, *Framework 15*, *Strategic Framework*<sup>16</sup>, *NHS Five Year Forward View*<sup>17</sup>, *Future of Primary Care*<sup>18</sup>, *NHS England*<sup>19</sup>, and the *2020 Vision*<sup>20</sup>, have highlighted the enhanced contribution that paramedics can make to the development and delivery of future models of care.

These documents illustrate the benefits of utilising the paramedic workforce to provide care as part of a multi-professional, mobile workforce, across primary, acute, urgent and emergency care settings including new and emerging models of care and service delivery that focus on ‘systems’ based approaches. In primary care, for example, the role of paramedics is championed to complement the work of general practitioners (GPs) in providing enhanced access to health care services for some of the most vulnerable patients, an approach which is already being implemented in some areas.

NHS England<sup>19</sup> recommends the use of good practice principles that should be used to help inform ambulance service development plans. Wherein they advise, “care delivered by senior clinical decision makers, such as specialist and advanced paramedics, produces better clinical outcomes and can reduce demand ... through ‘see & treat’, referral to community services or other pathways”.

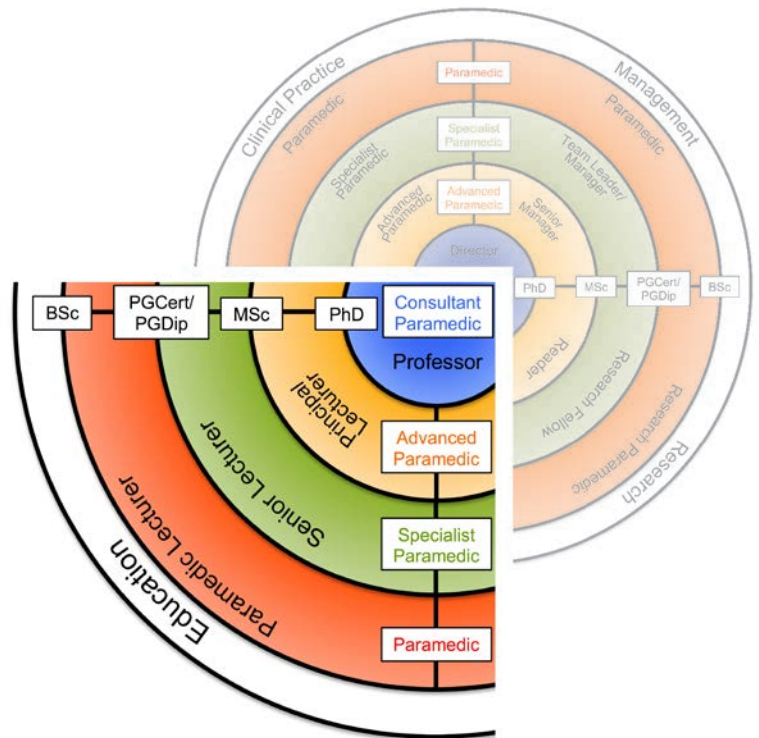
Supported by the College of Paramedics, NHS England<sup>19</sup> advises that; “paramedics have routine access to community health and social care services to enable them to safely manage more patients at scene, either through treating and discharging or referring onward to other appropriate services”.



## 1.2 Education Pillar

Post-graduate paramedics, whose role is predominantly focused upon the education pillar should consider the following aspects of practice: – learning, teaching and assessment, and creation of the learning environment.

The ‘Practice Educator’<sup>21</sup> is typically the first formal educational role that paramedics aspire to and obtain a formal qualification in, undertaking the practice based education of student paramedics. Throughout the UK, organisations develop staff as clinical tutors, who undertake in-house training. Such personnel may also hold honorary and/or associate lecturer posts with partner higher education institutions, teaching and assessing subject specific areas of paramedic practice. However, should these or other paramedics wish to develop along the educational or academic career pathway, they would typically undertake development to become a ‘paramedic lecturer’ which may be on a part or full-time basis. It is recommended that they undertake and attain a Post-Graduate Certificate in Education (PGCE) or equivalent post-graduate teaching qualification in Higher Education. Further development as an academic in higher education<sup>22</sup> (Senior Lecturer, Principal Lecturer) would require the acquisition of a relevant Master’s and/or Doctorate respectively, along with the relevant Fellowship of the Higher Education Academy professional recognition scheme<sup>23</sup>.

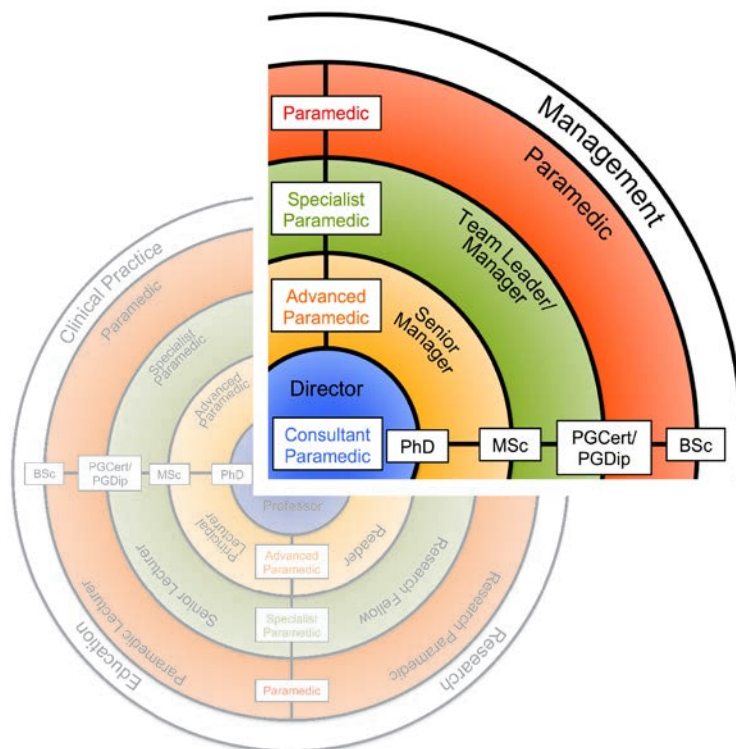


## 1.3 Leadership and Management Pillar

Post-graduate paramedics whose role focuses on the leadership/management pillar should consider the following aspects of practice: – team work and development, and professional and organisational leadership. Paramedics, as health care professionals, are clinical leaders. They make decisions. They use and manage resources. They lead, support and mentor others, either informally or formally. As paramedics develop themselves and move through their career, they develop their knowledge, expertise and experience of leadership in much the same way as they do their clinical practice.

Some paramedics may wish to undertake development in order to move in to formal leadership and management roles within organisations. Roles may include first line management posts such as team leader positions, which may then lead on to more senior management roles. Leadership and management development can be viewed in a similar way to the development of specialist and advanced clinical practice. Competence, technical skill, behaviours and decision-making must be developed through the acquisition of new knowledge, which underpins practice. Practical experience of applying new knowledge and skills must be acquired, which in turn informs further learning and development. As such, as within clinical practice, there are a diverse range of options open to paramedics wishing to undertake leadership and management development.

The *NHS Clinical Leadership Competency Framework*<sup>24</sup> provides a useful resource for all clinicians who are interested in developing their knowledge of clinical leadership further, and how this informs both clinical practice and underpins their role as health care professionals. The framework (which is intrinsic to the College of Paramedics' *Post Registration – Paramedic Career Framework*<sup>5</sup>) illustrates the competencies, behaviours, skills and underpinning knowledge required to effectively undertake formal positions of leadership and management at different levels within organisations and in relation to the career framework. For paramedics



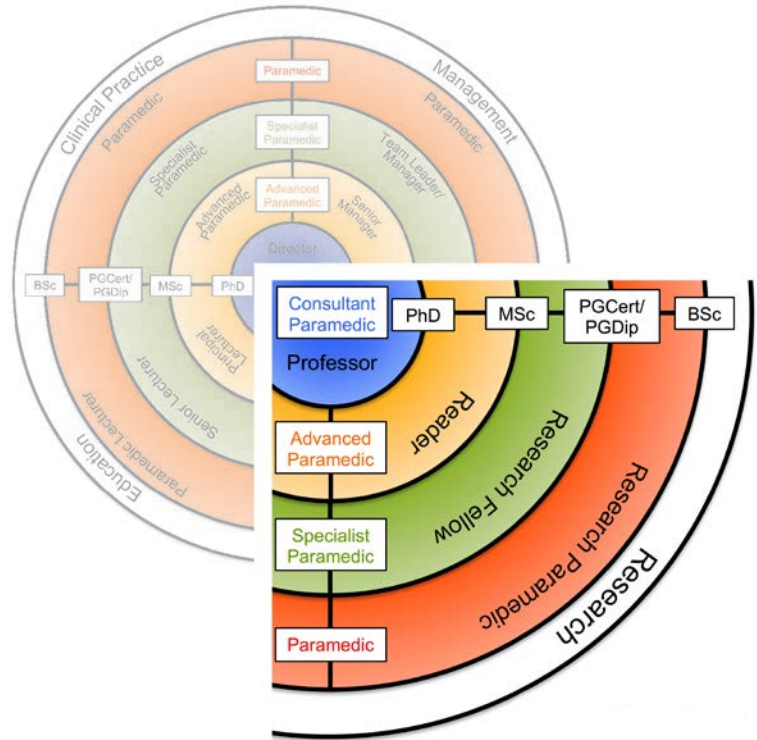
interested in moving into formal positions of operational management, undertaking a programme of education that provides an introductory level of underpinning knowledge should be considered.

Having the opportunity to put theory in to practice is of equal, if not greater importance than the pure acquisition of new knowledge. As such, vocational/ practice based opportunities that enable aspiring paramedic managers to gain practical experience of formal leadership and management should be encouraged. For example, through undertaking secondment roles and the development of 'hybrid' roles – which combine clinical practice with elements of management, and as such enable the development of new skills and experience. As paramedics develop through different formal leadership and management roles, they should undertake further post-graduate study, at Post-Graduate Diploma and/or Master's level education in management, leadership or business administration.



## 1.4 Research Pillar

Post-graduate paramedics whose role focuses on the research pillar should consider the following aspects of practice: – evidence into practice, and how research can benefit practice and patient care. Paramedics who aspire to develop through the research career pathway would typically have a paramedic background in the first instance, and combine research with elements of clinical practice. Knowledge, skills and experience developed would include:



- Independent and informed critical appraisal of published research including methodology;
- Involvement in writing research proposals and producing applications for research funding;
- Depending on their level of employment from ‘Research Paramedic’ through to ‘Professor’, there will be differing degrees of involvement in research processes including, for example, elements of data collection, data storage and management of documentation (as a first level research paramedic), through to increased involvement in these activities plus leading on the management, co-ordination and facilitation of research studies/projects as individuals progress through the levels in the research pillar;
- Dissemination of research findings and promotion of evidence-based practice through a variety of means, such as, publication in peer-reviewed journals, presentations at national/international conferences, networking, collaboration and appropriate, integrated use of social media etc;
- Engagement in (strategic) development of research policies and practice within health and social care organisations.

Research paramedics should be encouraged to consider the Integrated Clinical Academic Programme to advance their career development as promoted by Health Education England and the National Institute of Health Research. Research



paramedics should engage with the wider healthcare research community and they should look to build partnerships to promote paramedic research between higher education institutions and ambulance services, as well as acute Trusts and other healthcare settings where paramedics are employed. Research paramedics should work to develop and embed a research culture within these organisations, building both capacity and capability amongst ambulance staff whilst supporting other paramedics who want research to form the core of their career pathway.

As paramedics develop in different research roles, they should undertake further post-graduate study at Master's level and above. Doctoral awards can be achieved via different routes such as the PhD route (empirical study or by publication), or the professional doctorate. Further progression in to academic roles such as Research Fellow, Reader and Professor would usually require the acquisition of a Post-Graduate Diploma, a Master's degree and a Doctorate. Although there is currently no minimum requirement for achieving professorial status, there is an expectation that, at the very least, the individual will be expert in their field with a significant academic publication record and that they should hold a higher professional/education qualification, normally a doctoral degree or equivalent. As within the other three pillars, there are a diverse range of options open to paramedics wishing to develop in research as a career and, by the very nature of research and its inherent flexibility, this pillar lends itself to an almost natural integration with some (or all) of the other pillars, culminating in an exciting and challenging career pathway with clear contributions to the provision of evidence-based patient treatment and management.

## **1.5 Career Evolution**

It is recognised that as paramedics evolve and move through their individual careers, they may undertake a variety of different roles, in different employing organisations. Indeed, they may undertake more than one role, in more than one organisation at any one point in time. This is likely to be the case for increasing numbers of paramedics. As such, paramedics may undertake numerous roles, each comprising components of each pillar. It is likely that most paramedics will retain elements of each pillar – developing the underpinning knowledge, skills and experience required and obtaining the necessary post-graduate qualifications to inform their practice.

## 2.0 Specialist Paramedic

**Specialist Paramedic** is the term used by the College of Paramedics *Post-Registration Paramedic Career Framework*<sup>5</sup> and the *Careers in the Allied Health Professions*<sup>12</sup>. It provides greater clarity for the public as to which profession is providing treatment. The title is also recommended by the UK statutory regulator, the HCPC, which prefers to see those with an extended scope of practice continue to use a designation which contains the professional title that is protected by law.

Specialist paramedics will have significantly extended their scope of practice, knowledge, and skills, in an area and/or subject relevant to their practice and will continue to show both competence and performance within these. They function, are employed and are utilised at a higher level of practice than paramedics. This section endeavours to provide further insight into the expectation of the Specialist Paramedic curricula, roles and scope of practice. During the transitional period which will be defined by the Paramedic Steering Group recommendations on the *Paramedic Evidenced-Based Education Project*<sup>25</sup>. The College of Paramedics defines a 'Specialist Paramedic' as;

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

Following the transitional period as described above, The College of Paramedics then defines a 'Specialist Paramedic' as;

*A Specialist Paramedic is a paramedic holding a minimum of Post-Graduate Diploma (PGDip) in a subject relevant to their practice. They will have acquired and continue to demonstrate an enhanced knowledge base, complex decision making skills, competence and judgement in their area of specialist practice.*

The role of a Specialist Paramedic includes aspects of all of the four pillars of the paramedic career framework.

## 2.1 Clinical – Specialist Paramedic

Specialist paramedics working in primary, acute, urgent and emergency care and other emerging roles, provide care at the point of contact. They initiate and implement care pathways in collaboration with the service user, which meet their requirements, assessing, diagnosing, managing and administering relevant medication, in accordance with current legislative frameworks<sup>26, 27, 28, 29</sup> which exceeds the scope of paramedic exemption drugs<sup>30</sup> and the current Clinical Practice Guidelines<sup>31</sup>. Building on their knowledge base and skills developed since registering as a paramedic, specialist paramedics will have increased their proficiency through developing a portfolio of evidence. This is supported by having undertaken or be actively working towards post-graduate diploma FHEQ level 7/ SCQF level 11 studies that further develops their knowledge, abilities and skills in a subject relevant to practice, and may include the following, but not exclusive of:

- Assessment, diagnosis, treatment, referral, and discharge;
- Assessing and managing risk;
- 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 enhanced motor skills;
- Higher level communication skills;
- Managing complexity;
- Promoting and influencing others to incorporate values based care into practice.

The benefits of utilising clinical specialist paramedics to offer ‘*hear & treat*’ care to service users, as well as providing clinical support and leadership for clinicians on scene are being implemented, and are seen as beneficial by many of the UK NHS ambulance services.

*“In the urgent and emergency care review we looked at the role of paramedics with enhanced skills, retraining people in the community outside of primary care. If you look at, for example, investing in paramedics, the evidence suggests after some investment you do get a financial yield. Within five years you should release hundreds of millions of pounds a year”.*

(Professor Keith Willett, Director for Acute Episodes of Care, NHS England)<sup>32</sup>.

The following examples demonstrate how specialist paramedics are being utilised as part of the multi-professional workforce in providing care to the communities they serve.

### **Yorkshire Ambulance Service NHS Trust – Primary Care Based Specialist Paramedics**

The Yorkshire Ambulance Service NHS Trust has been utilising specialist paramedics in a rural GP surgery for the past decade. The specialist paramedic works as a key member of the multi-professional team, providing holistic care to the practice's service users. This often negates the need for patients and their family members to travel to the District General Hospital, which is located a considerable distance away. This provides a clear example of how specialist paramedics can support the delivery of care responsive to patient need, in the right place and at the right time. Benefits of having the specialist paramedic role embedded within the surgery include:

- Ability to respond to life threatening calls within the local area;
- Acceptance of direct referrals of patients from ambulance based clinicians;
- Carrying out of home visits for patients;
- Direct referral of appropriate patients to the specialist paramedic from the GP;
- Responding rapidly to patients who present as acutely unwell without an appointment;
- Assessment and treatment of minor injuries and closure of minor wounds;
- Supporting case management of frequent callers to 999/those with long term conditions;
- Provision of 'welfare checks' for patients whom the GP has been unable to contact;
- Supporting community midwives with home assessments for home delivery patients;
- Multi-professional/organisation liaison for patients with clinical/social/welfare issues;
- Provision of health promotion and education presentations within the local community;
- Schools/parish council liaison.

### **Yorkshire Ambulance Service NHS Trust – Red Arrest Team (RAT) Specialist Paramedics**

A recent development within Yorkshire Ambulance Service has been the introduction of Red Arrest Teams to enhance the clinical care, decision making and leadership approach surrounding the management of patients in cardiac arrest.

Specialist paramedics attend cardiac arrests and assume the role of team leader, co-ordinating the team of attending clinicians and providing enhanced decision making regarding patient and scene management. The specialist paramedics also have advanced clinical skills including:

- Transcutaneous pacing;
- Administration of midazolam;
- Administration of flumazenil;
- Provision of adrenaline post-ROSC;
- Administration of ketamine.

The role of the specialist paramedic in the provision of emergency care continues to evolve at pace, and it is likely that future developments will see the role enhancing the care of traumatically injured patients.

### **South West Ambulance Service NHS Foundation Trust (SWASFT) Urgent Care Car Pilot**

In 2014, SWASFT collaborated with the Kernow Commissioning Group to develop the 'Urgent Care Car' concept. Funding was successfully obtained and the pilot scheme implemented. The pilot involved specialist paramedics (SPs) operating two urgent care cars, one in the east and one in the west of the county. In addition, a SP was also available to ambulance based clinicians via a Clinical Support Desk. Specialist paramedics worked with local GP practices to manage caseloads more effectively. Each SP was allocated a residential care home, which they would visit regularly. This enabled them to get to know the residents and care staff. The SP was able to intervene early with residents presenting as unwell; providing assessment and diagnostic testing. This often avoided the need for admission to an acute hospital. Of the 700 patients seen during the pilot, 89.2% were effectively treated or referred by the SP without the involvement of the local emergency department. This was achieved by the development of close working relationships with other health and social care agencies and SPs being able to utilise these agencies and established pathways when patients needed them, including:

- Social services early intervention team;
- Falls team;
- Transient Ischaemic Attack (TIA) clinics;
- Acute care at home team;
- Mental Health Crisis team;
- District Nursing team;
- Access to surgical and medical admissions units;
- Access to community beds via local acute GPs.

Following the successful urgent Care Car pilot, SWASFT has introduced a specialist paramedic education programme focusing upon the skills, competencies and capabilities needed to extend the specialist paramedic scope of practice in line with the needs of patients.

### **South East Coast Ambulance Service NHS Foundation Trust (SECamb) ‘Paramedics at Home’ (Community Paramedics)**

In January 2016, the SECamb Community Paramedic Programme was launched in the Whitstable, Canterbury, Faversham and Sandwich areas of Kent. The programme aims to deliver urgent and emergency care in a new and innovative way. Teams of paramedics and specialist paramedics respond to emergency 999 calls in these areas, while also undertaking home visits on behalf of GPs. This new model of care builds upon a pilot that took place in Whitstable, one of the NHS Vanguard sites. Whitstable Medical Practice, at Estuary Park, was one of the GP practices involved. Senior Partner Dr John Ribchester from the practice; has highlighted how the programme is a very important development, and one which reflects how under the Vanguard initiative, models of care can be transformed to deliver services for patients more locally. Dr Ribchester said;

*“In our first week, we referred 32 patients to be assessed and 20 of them were dealt with by the SECamb specialist paramedics at home in liaison with the doctor, and only two needed to be referred on for admission. The team also dealt with the referred 999 calls in the area, and the transfers to A&E were also down, so it has been an excellent start. The figures have been impressive, and we expect it (the programme) will prove very successful.”*

Dr Ribchester goes on to explain;

*“In addition to the ‘Paramedics at Home’ initiative we ran an over 75, residential/nursing home project within the same operational area. We linked 22 homes and attached a specialist paramedic out of hours to proactively review all patients over 75 in conjunction with their own GP practices. The staff within the homes were given training and diagnostic equipment by their supporting GP practices, along with an escalation of care tool. This helped the specialist paramedics to reduce the conveyance of patients to an acute hospital by 33% in the first year. Patients were proactively assessed, treated and referred safely and appropriately – in the right place, at the right time, in-time, every time.”*

Benefits of the Community Paramedic Programme include:

- Patients receiving a more timely response to their need/request for a home visit. On average patients are seen within one (1) hour;
- GPs are able to focus their time on seeing more patients in surgery;
- Paramedics have remote access to the patient’s electronic record when seeing a patient at home;



- Since the programme launched, hospital conveyance rates have been reduced by 20%;
- A community based response is made to almost all 999 calls;
- The development of locally based, closer working relationships between health care professionals and patients, enabling the provision of responsive, effective and safer care in patient's own homes.

Speaking about the development, Regional Operations Manager for SECAmb, Chris Stamp said:

*"We are looking forward to the further roll out of the scheme across our region. SECAmb is committed to innovation, and to improving care and the experience for our patients, and to increasing local ties with GPs and other community services."*

The following link provides access to case studies which demonstrate the roles of Urgent & Emergency Care and Critical Care Specialist Paramedics.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## 2.2 Education – Senior Lecturer

There are a number of Higher Education Institutes (HEIs) – universities across the UK<sup>33</sup> delivering pre- and post-registered paramedic programmes. The increase in the number of HEIs delivering paramedic higher education programmes has resulted in a number of paramedics diversifying their career into academia in positions that range across the spectrum of the education pathway of the *Post Registration – Paramedic Career Framework*<sup>5</sup>, from Paramedic Lecturer to Professor. A considerable number of these positions are employed as senior lecturers who have also been appointed as programme leaders, responsible for the co-ordination and management of the professional development and delivery of the programme including the strategic overview. Some institutions refer to senior lecturers by different titles, however, the role they undertake is the same. Senior lecturers may also be a Fellow of the professional recognition scheme<sup>23</sup>.

The following link provides access to a case study which demonstrates the role of senior lecturer.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## 2.3 Leadership and Management – Team Leader/Manager

Within the context of health care, high profile reports such as the Francis Report<sup>34</sup>, have highlighted the key role leadership and management has in ensuring the safety, quality and advancement of health care provision. For paramedics, providing clinical leadership is a key component of practicing as a health care professional. For many paramedics, the first formal position of leadership and management they may

consider undertaking is that of team leader. This position is referred to and considered to be, in many organisations, the '*first line manager*'. This role, often involves the continued provision of clinical care in the operational environment, coupled with the duties and responsibilities often associated with the formal management or supervision of people, resources, ensuring organisational policies and procedures are implemented. As examples, this may include undertaking tasks associated with:

- Recruitment and selection of personnel;
- Undertaking personal development and performance reviews with staff;
- Performance management – of people, and key performance indicators;
- Budget management;
- Project management;
- Health & Safety;
- General business administration;
- Risk management;
- Quality improvement.

Team leader and service manager roles may also require them to provide decision-making support to other clinicians, and taking formal command of larger or more complex incidents. Leadership, management skills and experience may be developed in alternative roles at a similar level. For example, project management skills may be developed by paramedics undertaking service and quality improvement related projects that aim to improve the quality of care, or implement new evidence based guidelines into clinical practice.

The following link provides access to a case study which demonstrates the role of team leader/manager.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## 2.4 Research – Research Fellow

The research fellow undertakes the development and leadership of original research projects to contribute to the body of knowledge within the profession, enhancing and promoting evidence-based practice. They will identify potential research opportunities in the paramedic field via literature searching and reviewing current evidence with the intention to gain funding, or establish the research question and how best to answer it. They will also be involved in systematic reviews and publishing in academic journals. The role of the research fellow is pivotal in broadening the research agenda for the paramedic profession, along with the wider healthcare arena.

The following link provides access to a case study which demonstrates the role of a research fellow.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

### 3.0 Advanced Paramedic

Advanced Paramedic is the term used by the College of Paramedics *Post Registration- Paramedic Career Framework*<sup>5</sup> and the *Careers in the Allied Health Profession*<sup>12</sup>. It provides greater clarity for the public as to which profession is providing treatment. The title is also preferred by the UK statutory regulator, the Health and Care Professions Council (HCPC), which prefers to see those with an extended scope of practice continue to use a designation which contains the professional title that is protected by law.

Advanced paramedics demonstrate a critical understanding and evaluation of their area of expertise. They will have their own work area ‘responsibilities’, which may include professional leadership, management, teaching, research and audit relating to patient care. They will have significantly extended their scope of practice, knowledge, and skills, and function at a higher level of practice than specialist paramedics. This section endeavours to provide further insight into the expectation of the advanced paramedic curricula, roles and scope of practice. During the transitional period which will be defined by the Paramedic Steering Group recommendations on the *Paramedic Evidenced-Based Education Project*<sup>25</sup>. The College of Paramedics defines an ‘Advanced Paramedic’ as;

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

Following the transitional period as described above, the College of Paramedics then defines an ‘Advanced Paramedic’ as;

*An Advanced Paramedic is an experienced paramedic holding a minimum of a Master’s Degree in a subject relevant to their practice. They will have acquired and continue to demonstrate an expert knowledge base, complex decision making skills, competence and judgement in their area of advanced practice.*

The role of an advanced paramedic includes aspects of all of the four pillars of the paramedic career framework.

## 3.1 Clinical – Advanced Paramedic

Advanced paramedics are experienced professionals who have the skills, competencies and expertise to undertake complex decision making and manage risk in often unpredictable and unfamiliar situations and settings. They work in primary, acute, urgent and emergency care and other emerging roles, providing expert care and clinical leadership. They have developed their expertise over a period of years undertaking comprehensive physical and/or psychological assessments of service users across the lifespan, incorporating and utilising history-taking and critical clinical decision-making skills. They have extensive knowledge of applied pharmacology, evidenced-based practice, public health and health promotion. Accountable for the management of service user care, they have responsibility for quality assurance and are cognisant of the benefits of research in changing practice. They undertake the clinical supervision of developing specialist and advanced paramedics, and other health professionals in their area of expertise.

Throughout the UK, across a range of professional backgrounds, there are non-medical and allied health professionals undertaking advance practice roles, and are known as advanced clinical practitioners (ACPs). “*We called [advanced clinical practitioners] that [because] ... we wanted people from a number of disciplines*”<sup>32</sup>. ‘Advanced roles’ refer to those roles that require registered professionals to undertake additional training at Master’s level or above. The College of Paramedics career pathway defines the title as; ‘Advanced Paramedic’. For those advanced paramedics working in an emergency medicine environment, credentialing is offered by the Royal College of Emergency Medicine (RCEM), in partnership with the College of Paramedics and the Royal College of Nursing. Those ACPs from a paramedic background may use the title; ‘Advanced Clinical Practitioner’ – Paramedic.

<http://www.rcem.ac.uk/Training-Exams/Emergency%20Care%20ACP>

The following link provides access to case studies which demonstrate the roles of Advanced Paramedics, Advanced Clinical Practitioner – Paramedic and Advanced Paramedic Critical Care.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

The following examples demonstrate how advanced paramedics are being utilised as part of the multi-professional workforce in primary and acute care to the communities they serve.

### **Cornwall Out-Of-Hours (OOH) General Practitioner (GP) Service**

The Cornwall OOH GP Service employs advanced paramedics who undertake the role of proxy (substitute) GP, in principle undertaking and doing the same as GPs. Their role and work profile includes and incorporates the following;

- Autonomous telephone triage, including triage advice to Health Care Professionals (HCPs) including, nurse practitioners, district nurses, minor injury unit nurses, paramedics, and midwives;
- Manage treatment centres (clinics) and have no clinical limitations on patient demographic or condition. Utilise 60 Patient Group Directions (PGDs) including midazolam, and levomepromazine;
- Undertake home visits on GP car, again no limitations. Mental health cases, all palliative cases and carry out ward visits in community hospitals and clerk in new admissions from District General Hospitals (DGHS);
- Catheterise male, female patients (primary if needed); Replace suprapubic; deal with percutaneous endoscopic gastrostomy (PEG) tube emergencies;
- Manage blood results from biochemistry;

The advanced paramedics also undertake the same triage and Royal College of General Practitioners (RCGP) update sessions as GPs, which incorporates;

- Diabetes care in primary care;
- Blood result course;
- Attending medical OOHs GP course;
- Attending RCGP study days with local deanery;
- Supervising medical students.

### **East Surrey Hospital – Redhill – Emergency Department (ED)**

East Surrey Hospital in Redhill Surrey is currently educating and training as part of the Royal College of Emergency Medicine (RCEM) MSc programme in Emergency Medicine, trainee advanced clinical practitioners, including paramedics. The job outline and work profile includes and incorporates the following:

- Working as a junior doctor in the Emergency Department (ED) Trauma Unit;
- Clerking, assessing undifferentiated patients who present to the department including, (resuscitation, majors, paediatrics, minors);
- Formulating clinical care plans +/- discussing with consultant;
- Discharge and/or refer patients to GP services, hospital specialist teams, tertiary centres.



The scope of individual practice would include expertise in the following roles; paramedic and specialist paramedic – urgent & emergency care, and includes the development and attainment of the following skills, competencies and clinical expertise;

- Utilisation of all JRCALC approved drugs;
- Utilisation of 30 PGD medications;
- Local and regional anaesthetics;
- Reduction of all dislocations and fractures including (colles with haematoma block);
- Order and interpret X-rays, ultrasound (US) scans, and computerised tomography (CT) scans;
- Order and interpret blood tests;
- Perform US scans (supervised until signed off) – chest, eFAST, venous access;
- Bladder scanning and urinary catheterisation;
- Arterial and Venous Blood Gases ABG/VBG acquisition and interpreting;
- Chest drains;
- Lead resuscitation teams;
- Advanced Life Support (ALS) skills (transcutaneous pacing, electrical and chemical cardioversion);
- Procedural Sedation (under supervision);
- Discussions with patients and their families.
- Undertake home visits on GP car, again no limitations. Mental health cases, all palliative cases and carry out ward visits in community hospitals and clerk in new admissions from District General Hospitals (DGHs);
- Catheterise male, female patients (primary if needed); Replace suprapubic; deal with percutaneous endoscopic gastrostomy (PEG) tube emergencies;
- Manage blood results from biochemistry;

Other elements of the role includes;

- Feedback on role to consultants and Lead ACP;
- Developing the role of the ACP;
- Encouraging and educating junior staff;
- Attending registrar teaching sessions (student and faculty);
- Remaining current with best evidence-based practice guidelines;
- Teaching junior doctors.

## 3.2 Educational – Principal Lecturer

Development along the educational pathway, provides senior lecturers an opportunity to develop into positions such as ‘Principal Lecturer’. This may result in development into the role of ‘Professional Lead’. The professional lead often has overall responsibility for managing the paramedic team and is responsible for the development of the paramedic team/department. The professional lead is the conduit between the various HEIs and externally facing partnerships. Due to their senior position, a principal lecturer could apply to be a senior fellow of the professional recognition scheme<sup>22</sup>, which represents significant leadership in the promotion of teaching excellence. Some institutions refer to principal lecturers by different titles; however, the role they undertake is the same.

The following link provides access to a case study which demonstrates the role of a principle lecturer.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## 3.3 Leadership and Management – Senior Manager

Within all organisations there are opportunities for appropriately qualified and experienced paramedics to move to more senior positions of leadership and management. These more senior roles are often characterised by greater levels of complexity, responsibility and accountability in relation to management practice and decision-making. Working at this expert level, they may remain within operational or general management. In addition to this, they may develop specific/technical management knowledge, skill and experience relating to quality improvement, project management, education, finance, governance, risk or research. It must be remembered that the role and responsibility is context specific, and will vary widely depending upon the type of organisation.

The following link provides access to a case study which demonstrates the role of a senior manager.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## 3.4 Research – Reader

Progression along the research pathway for individuals above research fellow would lead to position of ‘Reader’. Paramedic readers are established researchers with demonstrable expertise in paramedic practice and research. They would normally have completed a doctoral qualification and can evidence successful post-doctoral progress including successful grant applications, completed research studies, and peer reviewed journal publications/conference outputs at national/international level. Paramedic readers initiate and undertake significant research, collaborating

with other researchers to develop a programme of relevant research, and support less experienced researchers to progress in their research career.

The following link provides access to a case study which demonstrates the role of a reader.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## Section 4

### 4.0 Consultant Paramedic

**Consultant Paramedic** is the term used by the College of Paramedics *Post Registration – Paramedic Career Framework*<sup>5</sup> and the *Careers in the Allied Health Professions*<sup>12</sup>. It provides greater clarity for the public as to which profession is providing treatment. The title is also preferred by the UK statutory regulator, the Health and Care Professions Council (HCPC), which prefers to see those with an extended scope of practice continue to use a designation which contains the professional title that is protected by law.

The role of a consultant paramedic, utilises the four pillars illustrated in the *Post Registration – Paramedic Career Framework*<sup>5</sup>. These consist of Clinical, Leadership/Management, Research and Education. The aim of drawing these four elements together is to produce a practitioner who is able to develop and expand their scope of practice, beyond that required as an advanced paramedic. Consultant paramedics are typically able to demonstrate a broad range of knowledge and skills to a higher level of autonomy and criticality in all areas of paramedic practice.

The key factors that articulate the different level between consultant and advanced paramedic levels include:

- Consultants demonstrate high levels of strategic thinking, knowledge and skills, commensurate with expert practice;
- Clear distinctions regarding levels of accountability, with consultant roles accountable preferably at Board level, and senior leadership and management level as a minimum;
- Consultants undertaking and integrating research into clinical practice;
- Consultants working strategically across a range of models of service delivery;
- Consultants influencing policy and decision making.

The consultant paramedic sits within the centre of the *Post Registration – Paramedic Career Framework*<sup>5</sup>, along with the positions of ‘Director’ and ‘Professor’. The consultant paramedic role demonstrates expert knowledge and understanding of clinical practice, along with an experiential knowledge of research methodologies and evidence-based practice, supporting enhanced and expert clinical care. In addition, the role of the consultant paramedic requires individuals to have both strategic insight and global overview in all areas of the profession, incorporating a

substantial understanding of educational models of paramedic development, clinical governance strategies and an in-depth insight into where the paramedic profession fits within the wider health economy. Consultant paramedics should have undertaken, or be actively working towards a PhD or Professional Doctorate in a subject relevant to their practice. They should lead on areas such as the key themes identified in the respective allied health professional documents<sup>35, 36</sup>.

Consultant paramedics are strategic leaders who act as role models for paramedics and the healthcare community. Typically, the role of consultant paramedic is underpinned by a philosophical position which places patient centred care at the forefront of their role. Consultant paramedics work autonomously to a high degree, are leaders in the field of paramedic practice, and have the ability to evaluate and critically analyse various forms of data, along with a strong leadership and managerial presence within their area of practice.

The following link provides access to case studies which demonstrate the roles of Consultant Paramedic, Director and Professor.

<https://www.collegeofparamedics.co.uk/publications/digital-career-framework>

## **5.0 Standards for the Education and Training of Specialist and Advanced Paramedics**

The following standards were designed and implemented to provide guidance for the education and training of specialist and advanced paramedics. They are intended to be utilised by and inform all stakeholders, such as but not limited to:

- College of Paramedics;
- Health Education England;
- Department of Health, Northern Ireland;
- NHS Education for Scotland;
- Workforce, Education and Development Services;
- NHS England;
- HEE Regional Officers & Sustainable Transformation Plans (STPs), or devolved nation equivalent;
- Council of Deans of Health (CoDH), or devolved nation equivalent;
- Employing Organisation;
- Education Providers – Higher Education Institutes (HEIs);
- Educational Supervisor;
- Placement Providers;
- Named Supervisors;
- Trainee Specialist Paramedic;
- Trainee Advanced Paramedic.

This document is not designed to be a prescription for education, rather to serve as guidance and clarity for all stakeholders involved in the specialist and advanced paramedic education programmes in relation to educational governance.

For clarity, key questions in relation to the standards are answered below:

### **1: Who is responsible for meeting the standards?**

Under each standard in this document an indication is given of where responsibility lies for meeting the standard and how it will be achieved.



**2: What evidence will be used to determine whether the standards have been met?**

Evidence will be needed from several sources to determine whether the standards have been met. These sources include:

- a) Data collected by commissioned HEIs through established quality management processes;
- b) Survey of mentors and trainees to establish key issues identified in terms of meeting educational learning objectives;
- c) Data collected in response to patient safety and patient care issues;
- d) Data collected from competence and performance testing.

**3: How will the standards be evaluated and who decides whether they have been met or not?**

On an annual basis the College of Paramedics' Education and Advisory Committee (EAC) will draw together and analyse evidence from these sources to draw a picture of the effectiveness of the specialist and advanced paramedic education and training programmes. This will show performance against the standards and identify factors that are most significant in producing good and poor educational outcomes. This benchmarking will be the basis for the development of these standards and the education curriculum.

Specialist and Advanced Paramedics have a responsibility regarding their *Standards of Proficiency – Paramedics*<sup>37</sup> and their duties concerning the *Standards of Conduct, performance and ethics*<sup>38</sup> as a registrant with the Health and Care Professions Council (HCPC).

The list of standards have been encapsulated from the General Medical Council<sup>39</sup> (GMC) generic standards for specialty including GP training. The definition of a standard is considered as:

*“A standard is a means of describing the level of quality that organisations involved in the delivery of specialist and advanced paramedic education and training are expected to meet. The performance of organisations must be assessed for the standards to be met.”*

This document also sets out the requirements which underpin the standards and are defined as: *“The minimum requirements considered by Health Education England (HEE), Department of Health, Northern Ireland (DH, NI), NHS Education for Scotland (NES), and the Workforce, Education and Development Services (WEDS), to be achievable in today's NHS”.*

The College of Paramedics' Head of Endorsements and the College's Education Visitors will use these standards to ascertain if future post-graduate programmes of education and training for specialist and advanced paramedics meet and adhere to them. They will use this document in collaboration with

the education provider to judge whether the standards have been met and therefore, whether the respective programme of education and training of specialist and advanced paramedics meets these standards.

### **List of Standards**

**STANDARD 1** – Patient Safety.

**STANDARD 2** – Quality Management.

**STANDARD 3** – Equality, diversity and opportunity.

**STANDARD 4** – Recruitment, selection and appointment.

**STANDARD 5** – Delivery of approved curriculum including assessment.

**STANDARD 6** – Support and development of trainees, supervisors, and local education faculty.

**STANDARD 7** – Management of education and training.

**STANDARD 8** – Educational resources and capacity.

**STANDARD 9** – Outcomes.

## STANDARD 1 – Patient Safety

### Purpose:

This standard is concerned with the essential safeguards on any action by trainee specialist and advanced paramedics that affect the safety and well-being of patients.

### Standard:

The duties and supervision of trainee specialist and advanced paramedics must be consistent with safe patient care<sup>40, 41, 42</sup>. There must be clear procedures to address any concerns about patient safety (including safeguarding), for the training of specialist and advanced paramedics.

### Responsibility:

- Trainee specialist paramedic;
- Trainee advanced paramedic;
- Named supervisors.

### Evidence:

- Skills records;
- Named supervisor reports;
- Serious incident reports;
- Compliments;
- Complaints;
- Service-user feedback.

### Requirements:

- The trainee and named supervisor must make the needs of the patient their first concern.
- The trainee and named supervisor must be aware of their professional obligation, under the duty of candour, in particular the duty to report incidents of harm or potential harm.
- Trainee specialist and advanced paramedics must ensure that they practice within the bounds of their professional registration, scope of practice, and their clinical and competency ability at all times.
- Trainee specialist and advanced paramedics are accountable for the standard of care that they deliver at all times.
- Trainee specialist and advanced paramedics must be appropriately supervised according to their level of experience and competence.

- Those who supervise the clinical care provided by trainee specialist and advanced paramedics should be clearly identified, be competent to supervise, be accessible and approachable, and should have time allocated for these responsibilities within their working roster.
- Prior to undertaking an intervention or procedure the named supervisor must ensure that the trainee (specialist or advanced) understands the risks and can answer any associated questions the patient may have.

## **STANDARD 2 – Quality Management**

### **Purpose:**

This standard deals with the governance and the quality assurance of specialist and advanced paramedic education.

### **Standard:**

Specialist and advanced paramedic training and education must be quality managed reviewed and evaluated<sup>43, 44, 45</sup>.

### **Responsibility:**

- Education providers;
- Placement providers.

### **Evidence:**

- Data from the education provider;
- Data from the placement provider;
- Data from service-user surveys;
- Service-user feedback.

### **Requirements:**

The education providers will ensure through quality assurance management systems that the programme of education meets the required quality standards. Education providers must have processes for educational quality assurance and quality control for all placement periods throughout the post registration/graduate programme of education.

## **STANDARD 3 – Equality, diversity and opportunity**

### **Purpose:**

This standard deals with equality and diversity matters, widening access and participation, fair recruitment, the provision of information, programme design and employment adjustment.

### **Standard:**

Specialist and advanced paramedic education and training must be fair and based on principles of equality<sup>46, 47</sup>.

### **Responsibility:**

- Education providers;
- Placement providers;
- Employing organisation.

### **Evidence:**

- Surveys;
- Demographic data.

### **Requirements:**

The employing organisation should ensure that information about specialist and advanced paramedic education and training programmes is available to all staff, for example, either via links or on the internal website.

The employing organisation should take all reasonable steps to ensure that programmes can be adjusted for trainees (specialist and advanced), with well-founded individual reasons for being unable to work full-time.

Education providers, employing organisations and placement providers should make reasonable adjustments for trainees (special and advanced) with disabilities, special educational or other needs.



## **STANDARD 4 – Recruitment, selection and appointment**

### **Purpose:**

The purpose of this standard is to ensure that the processes for entry onto a specialist or advanced paramedic education and training programme is fair and transparent.

### **Standard:**

The process for recruitment, selection and appointment must be open, fair and effective<sup>48</sup>.

### **Responsibility:**

- Education providers;
- Employing organisation.

### **Evidence:**

- Human Resources (HR) data;
- Applicant and trainee surveys.

### **Requirements:**

Applicants will be eligible for consideration for entry into specialist or advanced education and training if they:

- Are registered with the (HCPC)<sup>49</sup>, and have no restrictions placed upon their practice.
- Are able to demonstrate appropriate skills, competence and values by means of a portfolio of evidence<sup>50</sup>.

The selection process should:

- Use criteria and processes that treat eligible candidates fairly;
- Select candidates on the basis of open competition;
- Seek from candidates only such information as is relevant to the published application criteria;
- Include a lay person;
- Include a person who is a specialist, advanced or consultant paramedic.

## **STANDARD 5 – Delivery of approved curriculum including assessment**

### **Purpose:**

This standard is concerned with assurances that the requirements of the curricula approved by the education provider is being met at all levels, and that each trainee (specialist or advanced) is attaining the skills, knowledge and behaviours as envisaged in the given approved curriculum.

### **Standard:**

The requirements as set out in the appropriate education provider approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose<sup>51</sup>.

### **Responsibility:**

- Education providers;
- Placement providers / named supervisors;
- Employing organisation.

### **Evidence:**

- Assessment results;
- Audits / visits of placement areas;
- Student placement feedback.

### **Requirements:**

To meet the outcomes;

### **Education and training:**

Sufficient periods of practical experience must be available within the programme to support the acquisition of skills, competencies, knowledge and behaviours as set out in the approved curriculum, and meet standard 9 (Outcomes).

Trainees must be able to access and be free to attend agreed learning opportunities that form a part of their programme of education and training.

### **Assessment:**

Individual assessment within the curricula should add unique information and build on previous assessments.

### **Appraisal:**

Trainees (specialist and advanced) must receive regular feedback on their performance.

## **STANDARD 6 – Support and development of trainees (Specialist and Advanced), supervisors and local education faculty**

### **Purpose:**

This standard is concerned with the structures and support available to trainees (specialist and advanced), and those who mentor and supervise them.

### **Standard (Trainee):**

Trainees (specialist and advanced) must be supported to acquire the necessary skills and expertise through effective educational and placement supervision, an appropriate workload, personal support and time to learn.

### **Standard (Educational & Named Supervisors):**

Educational and named supervisors must provide a level of mentoring and supervision appropriate to the competence and expertise of the trainee<sup>52</sup>.

### **Responsibility:**

- Education providers;
- Placement providers / named supervisors;
- Employing organisation.

### **Evidence:**

- Surveys;
- Audits / visits of placement areas;
- Student placement feedback.

### **Requirements (Trainee): (herein known as specialist and advanced paramedic) Induction:**

Every trainee commencing an education and training programme must have access to an induction process that ensures that they understand the curriculum, how they fit within the overall programme, their duties and reporting arrangements.

At the start of the programme the educational supervisor must discuss with the trainee, the educational framework and support systems available and the respective responsibilities of the trainee and supervisor for learning. This should involve setting aims and objectives that the trainee is expected to achieve whilst in education.

### **Educational supervisor:**

- Trainees must have a named educational supervisor (personal tutor).
- Trainees must sign a learning contract/agreement at the commencement of the education and training programme.

- Trainees must keep a record of significant learning events which they will discuss with their educational supervisor (personal tutor).
- Trainees must have regular contact with their educational supervisor (personal tutor), to discuss their progress, outstanding learning outcomes and how to meet them.
- Trainees must have a means of feeding back in confidence, their concerns and views about their education and training experience to an appropriate member of the academic team.

### **Training: Trainees must:**

- be able to learn and develop new skills under supervision.
- not be subjected to, or subject others to, behaviours that undermines their professional confidence or self-esteem.
- be involved in the audit process, including planning, data collection and analysis.
- be assured access to occupational health services.
- be able to attend agreed relevant, timetabled, organised educational meetings, or other events of educational value.
- have the opportunity to learn with, and from other healthcare professionals.
- have access to confidential counselling services if needed.

### **Requirements (Named Supervisor):**

**Named supervisors must be involved in, and contribute to, the learning culture in which patient care occurs. Named supervisors;**

- must enable trainees to learn by taking responsibility for patient management within the context of patient safety.
- must understand and demonstrate ability in the use of the approved clinical assessment tools and be clear as to what is deemed acceptable progress.
- must regularly review the trainee's progress throughout the placement and adopt a constructive approach to giving feedback on performance and understand the process for dealing with a trainee whose progress gives cause for concern.
- must ensure that clinical care is valued for its learning opportunities, and that learning and teaching must be integrated into patient care service provision.
- must liaise with other supervisors both in their department, and with the respective education provider to ensure a consistent approach to the education and training of trainees, and the sharing of good practice.

**Named supervisors must be supported in their role by the academic team and placement provider.**

Organisations must ensure that named supervisors have adequate support and resources to undertake their supervisory role. Ideally, supervisors should hold a recognised practice educator/mentoring qualification.

Named supervisors should be selected and trained in accordance with the relevant professional, statutory and regulatory bodies (PSRBs) [College of Paramedics; Nursing & Midwifery Council, Health and Care Professions Council], or appropriately registered practitioner standards.

Named supervisors must understand the structure and purpose of, and their role in the education and training programme of their designated trainees.

Education providers must ensure that all named supervisors involved in the supervision and assessment of trainees understand the requirements of the placement and the programme.

## **STANDARD 7 – Management of education and training**

### **Purpose:**

This standard covers the organisational management of educational and training programmes at local (HEE Regional Officers & Sustainable Transformation Plans [STPs]) or devolved nation equivalent, and national (Health Education England, Department of Health, Northern Ireland, NHS Education for Scotland, and Workforce, Education and Development Services).

### **Standard:**

Education and training programmes must be planned and maintained through transparent processes which shows who is responsible at each stage.

### **Responsibility:**

- Education providers;
- HEE Regional Officers & Sustainable Transformation Plans (STPs), or devolved nation equivalent;
- Placement providers;
- Employing organisation.

### **Evidence:**

- HEI data;
- Education Commissioning for Quality – Contract Performance Indicators<sup>53</sup>;
- Surveys.

### **Requirements:**

Post registration/graduate education and training programmes for specialist and advanced paramedics must be supported by a management plan with a schedule of responsibilities and defined processes to ensure the maintenance of professional, statutory, and regulatory bodies (PSRBs) standards in the arrangement and content of the commissioned programme.

The schedule must set out the responsibilities and accountabilities of the education provider, the placement provider, the named supervisor, the employer, and the commissioners of health services and educational programmes.

There must be robust processes for identifying, supporting and managing trainees whose conduct, health, progress or performance is giving rise to concern.



## **STANDARD 8 – Educational resources and capacity**

### **Purpose:**

This standard addresses both the physical requirements for placement areas to support specialist and advanced paramedic education and training, and also the service, workload, management, and the educational subject specialist capacity of the education provider delivering the programme.

### **Standard:**

The educational and placement facilities, infrastructure and leadership must be adequate to deliver the curriculum<sup>54</sup>.

### **Responsibility:**

- Education providers;
- Placement providers;
- Employing organisation.

### **Evidence:**

- HEI data;
- Visits / audits;
- Surveys.

### **Requirements:**

The overall educational capacity of the education provider and associated placement provider must be adequate to accommodate the practical experiences required by the curriculum, along with the educational requirements of all healthcare professionals in the same unit.

There should be access to educational and resource facilities, including; library, procedural manikins, assessment skill and simulation facilities, internet, information computer technology (ICT), and, all be of a standard to enable trainees to achieve the outcomes of the programme as specified in the approved curriculum.

There should be a suitable ratio of named supervisors to trainees. In order to meet standard 9 the educational capacity in the placement unit must take account of the impact of the training needs of others (for example, other undergraduate and post-graduate healthcare professionals). With regard to named supervisors, adequate time for supervising should be offered (see also standard 1).

Relevant specialty-specific clinical placement facilities must be available and accessible where these are stipulated in the approved curricula, for example, minor injury units (MIUs), GP surgeries, community health clinics, urgent and emergency care centres, theatres.

## **STANDARD 9 – Outcomes**

### **Purpose:**

This standard will track the effects of meeting or exceeding these standards on the outcomes achieved by the trainee specialist and advanced paramedic.

### **Standard:**

The impact of the standards must be tracked against trainee (specialist and advanced paramedic) outcomes and clear linkages should be reflected in developing standards<sup>55</sup>.

### **Responsibility:**

- Education providers;
- Placement providers;
- Employing organisation;
- STPs, or devolved nation equivalent;
- Health Education England;
- Department of Health, Northern Ireland;
- NHS Education for Scotland;
- Workforce, Education and Development Services;
- Named supervisor;
- Trainee specialist paramedic;
- Trainee advanced paramedic.

### **Evidence:**

- HEI data (assessment and examination results);
- Graduations;
- Practice portfolio evidence;
- Appraisals;
- Service-users.

### **Requirements:**

Trainees must have access to analysis of outcomes of assessments and exams for each module within the programme, including those with placements benchmarked against the programme.

To request further information on the paramedic post-graduate endorsement agreement and application process, please contact the following;

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# Appendix

## Paramedic Post Graduate Curriculum Development Guidance Group

The Board of Trustees of the College of Paramedics wishes to thank the members of the *Paramedic Post-Graduate Curriculum Development Guidance Group* for their contribution to the development, editing and final production of the College of Paramedics Paramedic Post-Graduate Curriculum Guidance.

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