NHS
Fareham and Gosport
and South Eastern Hampshire
Clinical Commissioning Groups

A Guide for General Practice Employing a Paramedic

June 2018

2nd Edition

Contents

Forward

There is a mounting workforce crisis in general practice threatening patient care; a changing population and an increase in demand, workload and financial challenges facing general practice are all increasing the pressure on frontline general practice. There is a national strategy to support general practice services by 2020/21 and invest in new ways of providing primary care that is committed to investing in the general practice workforce. Roles included in this strategy include Allied Health Professions, clinical pharmacists, mental health therapists, physician associates and the general practice nursing workforce. Across general practice an informal workforce strategy of the primary care paramedic has emerged. Clinical Commissioning Groups have become aware of a number of practices asking for help, guidance and support in the employment of paramedics. In January 2018 a task and finish group met to take a stock take of how the role is working, understand what the scope of practice of the paramedic in primary care is, and identify any gaps between the paramedic training curriculum, standards of registration and the professions scope of practice. The outcome of this task and finish group was a recommendation that a toolkit be prepared to support general practice seeking to employ a paramedic.

Introduction

The purpose of this guide is to enable general practice to understand the role of paramedics, how they work, where they fit into general practice and their scope of practice.

It is a resource intended to advise general practice on:

- The current education and regularity framework for paramedics
- Employment and supervision
- Tools to help guide appraisal, career and salary progression
- Recommendations for continuing professional development – as a registered and regulated profession paramedics will have continuing professional development (CPD) requirements

Paramedics as a profession are regulated and registered through the Health and Care Professions Council (HCPC) and have their own professional body – the College of Paramedics. This toolkit draws from both these sources.

College of Paramedics

The College of Paramedics is the recognised professional body for paramedics and the ambulance profession in the UK.

Scope of Practice

A Scope of Practice sets out sets out the skills and abilities a registered group of staff should have and describes the processes, procedures and actions that this group can undertake within their scope of practice.
The College of Paramedic Scope of Practice can be found here.

Digital Career Framework

The College of Paramedic Digital Career Framework will support General Practice to understand the current level of paramedic you may be seeking to employ or to develop the future career of a paramedic in primary care and can be found here.

Role Description for Primary Care Paramedic

When employing a paramedic in primary care you will need to be about the roles you expect the paramedic to undertake, and ensure the applicant possess the skills and knowledge to undertake the role. Example role descriptors include:

- To deliver a high standard of patient care as an Advanced Paramedic within the practice, using advanced autonomous clinical skills and a broad, in-depth theoretical knowledge base.
- As a member of a varied clinical team, manage a clinical caseload, dealing with presenting patient's needs within a primary care setting, ensuring patient choice and ease of access to services.
- To support the Same Day Care team within the practice.
- To provide clinical leadership within the practice.
- To mentor and support staff in developing and maintaining clinical skills.

(Vine Medical Group, 2018)

- To work across care interfaces in order to provide an integrated service model intended to – reduce waiting times for patients accessing urgent care, reduce unnecessary A & E attendances and reduce the demand for hospital admissions by accessing the right care at the point of need.
- To work as an autonomous practitioner, providing clinical care (including telephone triage, diagnosis, treatment, referral, review or discharge) as appropriate, utilising a

range of advanced skills and expert knowledge for patients presenting with undifferentiated and undiagnosed conditions

- To practice as part of a 7 days team providing care in a variety of clinical and non-clinical settings (including residential care, patients' homes and other settings as necessary)

(Viaduct Care CIC The Stockport GP Federation, 2018)

Recruitment Models to Employ a Paramedic in General Practice

Appointing the correct candidate is key. Practices should look for paramedics with some sort of background in an extended role but who know their limitations.

The methods available to employ a paramedic into general practice (table 1) differ depending on whether you want to hire a permanent member of practice staff. General practice paramedic roles can be advertised on NHS Jobs in the same way as other health professional roles such as practice nurse.

	Advantages	Disadvantages
Permanent employment	• Consistency of workforce • Allows for long term training and development plan • Development of relationships / trust	• No definitive general practice career framework for paramedics • Training will need to be provided by employer • Risk of professional isolation for the paramedic with need for a peer support network • Retention is the responsibility of the practice • Cover for sickness, annual leave and other types of leave are the responsibility of the practice • Human Resource (HR) processes are the responsibility of the practice – including any profession related issues
Locum hire	• Removes task of finding a suitable candidate • Knowledge and skills criteria can be specified to meet needs of the practice	• Agency fees • Locums are less likely to want long term contracts
Contract from local ambulance Trust (SCAS)	• Portfolio working for paramedics (meets preferences of younger generation workforce)	• Change of paramedic every 6 months requiring induction to practice each

	Advantages	Disadvantages
	• Sustainable service (SCAS ensure cover for sickness, annual leave etc.) • SCAS provide response vehicle & equipment • Cost includes NI/pension contributions, annual leave payments, indemnity insurance, fuel, first line management responsibility, resilience options • Primary care experience taken back into emergency care to empower admission avoidance and more appropriate sign-posting and vice versa, the practice benefits from current emergency care expertise • HR processes managed by SCAS • CPD managed by SCAS • Ambulance service ensure improved retention of highly skilled workforce	time • Impact on relationships / trust

Table 1 - Methods of Recruitment

Collaborative Working

An overarching aim of current health and social care strategy to develop a sustainable health and social care service is that of collaborative working. This is to allow local leaders to plan around the needs of whole areas, not just those of individual organisations. The need to avoid destabilising one area to strengthen another area of health and care is essential to developing a strong and sustainable health and care system.

South Central Ambulance Service (SCAS) Collaborative Working Partnership

SCAS are piloting a collaborative workforce solution through the development of a general practice home visiting service, which also includes face-face consultation and telephone triage, working in partnership with general practice where the gains for both parties are likely to surpass those which can be achieved by general practice operating alone. This will allow portfolio working for paramedics across SCAS, general practice, minor injury units and multi-disciplinary teams. This approach will enable GPs to focus on more complex patients and demand, pre-empt and reduce demand on the Ambulance Service, minimise the deconditioning of patients while waiting for a GP visit and the likelihood of that patient defaulting to 999. In addition, there will be opportunities for the utilisation of

primary care experience back into emergency care to empower admission avoidance and more appropriate sign-posting. SCAS will provide either a specialist paramedic or a primary care practitioner (see table2) with a range of competencies (see box 1) and will maintain responsibility for NI/pension contributions, annual leave payments, indemnity insurance, fuel, first line management responsibility, and a resilience option. For more information please contact the SCAS Project Lead Craig Barlow at craig.barlow@scas.nhs.uk

Specialist Practitioner	Primary Care Practitioner
A qualified paramedic or nurse, who has undertaken two level 7 modules in Advanced Clinical Practice – Minor Injury/Minor Illness, as a minimum and will be working towards or have completed a full MSc. They have a range of competencies and abilities to work autonomously within a primary and urgent care setting; this includes face to face consultation, telephone triage and acute home visiting assessment.	A qualified paramedic or nurse, who has at least 2 years operational experience in acute assessment skills, they will be working towards completing their two level 7 modules in Advanced Clinical Practice – Minor Injury/Minor Illness. They have a range of competencies and abilities to undertake assessment and are able to report back their findings to a primary care clinician (Qualified SP or GP); this includes acute home visiting assessment.

Table 2 - SCAS Home Visiting Service Project Roles

- Competencies Home Visiting Service Specialist Practitioner

NHS South Central Ambulance Service NHS Foundation Trust

Specialist Practitioners Competencies

Minor Illness - Skills and competencies of a Specialist Practitioner*:	Minor Injury - Skills and competencies of a Specialist Practitioner*:
Respiratory examination & presentations	Head injury presentations, examination & treatment (including appropriate face, nose and ear injuries)

- Competencies Home Visiting Service Specialist Practitioner	
Abdominal examination & presentations	Eye Injury presentations, examination & treatment (including ophthalmic emergencies)
Catheterisation – (male, female, suprapubic)	Neck Injury presentations, examination & treatment
Cardiac examination & presentations	Chest Wall injury presentations, examination & treatment
ENT examination & presentations	Abdominal injury presentations, examination & treatment
Head and neck examination & presentations	Shoulder and Upper arm injury presentations, examination & treatment
Dermatology examination & presentations	Wrist and forearm injury presentations, examination & treatment
Neurological examination & presentations	Hands and Nail bed injury presentations, examination & treatment
Non traumatic musculoskeletal presentations	Hip and upper leg injury presentations, examination & treatment
Ophthalmology examination & presentations	Ankle, foot lower leg and knee injury presentations, examination & treatment
Appropriate Gynaecological presentations (excluding internal examinations)	Wound presentations, examination & treatment (including dressing)
Mental Health examination & presentations	Burns presentations, examination & treatment (including smoke inhalation)
Acute assessment & management of the deteriorating patient (including cannulation)	Wound Closure and Ring blocks (including Steri strip, tissue adhesive, sutures, staples)
Verification of an expected death for the non-registered clinician	Soft Tissue foreign body presentations, examination & treatment (including removal of rings)
Basic ECG Interpretation	Non traumatic Muscular-Skeletal presentations, examination & treatment
Dementia - Assessment, management & signposting	Dislocation presentations, examination & treatment (excluding reduction of dislocations)

- Competencies Home Visiting Service Specialist Practitioner	
Falls history taking & examination	Colles presentations, examination & treatment
An introduction to pharmacology and Patient Group Directives (N.B. Some nurse SPs are V300 non-Medical Prescribers)	X-ray interpretation
Paediatric presentations, examination & treatment	Ionising Radiation Medical Exposure Regulations (IRMER)
Telephone Triage	Bites and sting presentations, examination & treatment
End of Life and Palliative Care	Paediatric Non-accidental Injury (NAI)
Optional: Sexual Health and Emergency Contraception examination & presentations, Syringe Drivers (T34)	
***these are all in addition to those skills of an HCPC registered paramedic**	
Equipment carried by our Specialist Practitioners: Response Bag (including basic observation equipment), Dressings / Wound Bag, Oxygen and 12 lead ECG monitor/defibrillator, PGDs (including analgesia and antibiotics) catheterisation bag, Urine analysis strips, otoscope and ophthalmoscope, TOXCO Monitor, Resuscitation medication and equipment	

Table 3 - Competencies Home Visiting Service Specialist Practitioner

College of Paramedics Career Framework

The College of Paramedics have developed a career framework (figure 1) (College of Paramedics, 2015) to provide a comprehensive and transparent outline of the educational standards for paramedics across the United Kingdom. This will help foster an understanding of the paramedic role and help support patient safety.

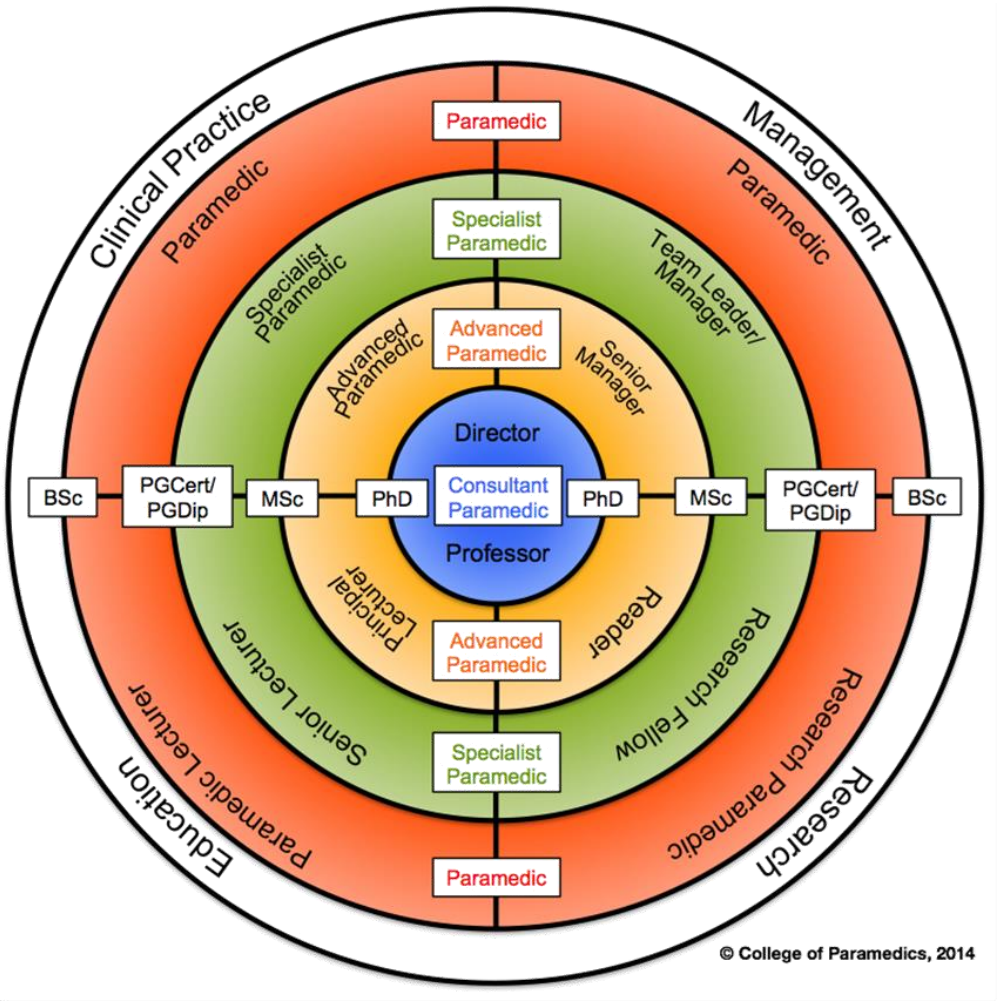

Figure 1 - College of Paramedics Career Framework

Different Paramedic Roles and Scale of Expected Pay

There are several different roles across the paramedic workforce all of which attract different pay bands; these are detailed at table 4.

Role	Description
Advanced Paramedic	• Agenda for Change Band 7/8a (2017/18 rates = Band 7 £31,696 - £41,787. Band 8a £40,428-£48,514) • Knowledge base, clinical responsibilities, and leadership are very similar to other professions who work at an advanced level of clinical practice, such as nursing. • Paramedic Independent Prescribing: An amendment to the Human Medicines Regulations 2012 was passed on 22nd February 2018 and will come into effect on 1stApril 2018 which will allow Paramedics to apply to undertake training to become Independent Prescribers. . Following the change in legislation, the next stage involves the HCPC developing annotation to the register and approval of HEI courses that will allow Paramedics to prepare to prescribe. Any course undertaken prior to approval will not count. An advanced paramedic is a paramedic who has undertaken - or is working towards - a master's degree in a subject relevant to

Role	Description
	their practice. They will have acquired and continue to demonstrate an expert knowledge base, complex decision-making skills, competence and judgement in their area of advanced practice. The role of an advanced paramedic will include all aspects of the four quadrants of the paramedic career framework; however, they will develop within a specific quadrant. Roles may include senior manager, reader and principal lecturer (Digital Career Framework, 2017 pg. 10)
Specialist Paramedic	• Previously known as Emergency Care Practitioners or Paramedic Practitioners • Agenda for Change Band 6/7 (2017/18 rates = Band 6 £26,565 - £35,577. Band 7 £31,696 - £41,787) • Urgent or Critical Care focussed • Academic level = PGCert / PGDip including Advanced History Taking and Decision-Making modules • Requires Patient Group Directive to supply and / or administer antibiotics & other medications 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. The role of a specialist paramedic will include all aspects of the four quadrants of the paramedic career framework; however they will develop within a specific quadrant. Roles may include manager/ team leader, research fellow and senior lecturer (Digital Career Framework, 2017 pg. 9)
Paramedic	• Agenda for Change Band 6 (2017/18 rates = Band 6 £26,565 - £35,577) • Training is focussed on emergency care • Administer STAT Medications (medications that are used to treat an immediate life-threatening condition) only Paramedics are autonomous practitioners who are exposed to a potentially undifferentiated and unpredictable case-load of service users, undertaking a wide range of clinical assessment, diagnostic and treatment activities, as well as directing and signposting care. Paramedics work in a multitude of environments and care settings, either as a sole clinician or a contributory member of a wider health and social care team. Paramedics generally commence their career in a clinical practice environment. As registered health professionals, there are also expectations for paramedics to undertake activities relating to leadership and management, and research and education (which include the role of a practice educator and preceptor) (Digital Career Framework, 2017 pg. 8)
Newly Qualified Paramedic	• Reached the entrance point to Health and Care Professions Council (HPCP) Register • Agenda for Change Band 5 (2017/18 rates = £22,128 - £28,746) • 2-year period • Clinical validation is required for discharge at scene • Academic level – historically Foundation Degree (level 5) and

Role	Description
	BSc (level 6) only from 2019
Ambulance Technician / Associate Ambulance Practitioner	• AFC Band 4 6 (2017/18 rates = Band 4 £19,409 – £22,683) • Minimal formulary • Provide an autonomous clinical role in treating and managing patients across a broad range of emergency, urgent and social care settings. • Clinical validation required for discharge at scene
Emergency Care Assistant (ECA)	• AFC Band 3 (2017/18 rates = Band 3 - £16,968 - £19,852) • Emergency work with any of grades above or unplanned Health Care Professional work with another ECA • Emergency care assistants (ECAs) work under the direct supervision of paramedics as part of emergency ambulance crews attending 999 calls
Ambulance Care Assistant	• AFC Band 2 (2017/18 rates = Band 2 £15,404 - £18,157) • Planned Patient Transport Service

Table 4 –Roles across the Paramedic Workforce

Indemnity Insurance

Each of the three main indemnity providers have different criteria so it is important that each practice check their practice policy. Typically the indemnity providers expect minor illness and minor injury training and evidence of CPD and competence this should be provided with candidates CV. Practices that use the collaborative model of employment with SCAS will have the indemnity insurance included in the employment model.

Case Studies

The College of Paramedics has a series of case studies, that are described as using an extended scope of practice that will help primary care understand what each level of paramedic can do. Further case studies can be found in the College of Paramedic Digital Career Framework (2017).

Paramedic Team in General Practice

In Whitstable, Kent, a paramedic team is now based in a GP practice. They have their own vehicle with on-board diagnostics and access to electronic patient records. When patients call the surgeries at 8am requesting home visits, GPs screen the calls and refer the most urgent to the paramedics who can make a visit quickly. The less urgent wait until a GP can visit later in the day. In the first five weeks of the pilot in sprint 2015, paramedics were able to see, treat and complete two thirds of patients referred to them. The volume of 999 calls was down 10% over the period

Ambulance Paramedic

An emergency call is received from a 65 year old complaining of chest pain and difficulty in breathing. On arrival the paramedic finds the patient lying on a sofa, sweating, nauseated and extremely anxious about their pain. The paramedic undertakes a thorough systematic assessment and examination of the patient while their colleague obtains a 12-lead electrocardiogram (ECG). This information allows the paramedic to determine that the patient is experiencing an acute coronary syndrome, specifically an ST-elevated myocardial infarction (STEMI). Using their clinical knowledge the paramedic determines that the patient would be most appropriately treated by direct referral to a specialist cardiac unit for primary percutaneous catheterisation (PCI).

While travelling to hospital the paramedic provides aspirin to reduce platelet aggregation, glyceryl trinitrate (GTN) and morphine for optimum perfusion and pain relief, and to reduce anxiety. Having sent a detailed pre-alert message, the cardiology team was waiting for the patient's arrival. They were able to reverse a complete occlusion of the right coronary artery. The patient is discharged from hospital five days later and is recovering well thanks to their early access to high-quality care and management via the appropriate referral pathway.

Specialist Paramedic in Primary Care

A local paramedic crew referred a patient to a specialist paramedic for review following a fall downstairs the previous evening. The patient had injured their ribs in the fall and had a history of chronic obstructive pulmonary disease. On arrival the specialist paramedic reviewed the crew's documentation and took a detailed history from the patient, determining that the patient had felt unwell prior to the fall. The patient had good neurological status and had suffered bruising to the lower ribs, possibly with an associated rib fracture. Chest examination elicited adventitious breath sounds and a pyrexia. The specialist paramedic used near-patient testing to measure white blood cell count and, using this information, diagnosed a lower respiratory tract infection. The specialist paramedic prescribed antibiotics for the infection and oral analgesia for the rib pain. They liaised with the patient's GP who agreed to follow-up in due course. The patient and family were delighted that attendance at an emergency department was not needed; the specialist paramedic had treated the chest injury while also discovering the chest infection, which may not have been addressed for several more days.

Figure 2 - Paramedic Case Studies (College of Paramedics, 2013 p. 13)

A Typical Day for a Paramedic in Primary Care

AM	PM
Morning triage Home visits On the day clinics Minor illness clinic ■ order bloods/swabs ■ lab reports ■ do bloods ■ do ECGS and interpret them	On the day clinics Minor illness clinics ■ order bloods/swabs ■ lab reports ■ do bloods ■ do ECGS and interpret them Teaching surgery staff Anticipatory care planning

Figure 3 - Paramedic Case Study (NHS Alliance, n.d.)

Bristol, North Somerset, & South Gloucestershire Community Education Provider Networks (CEPNs) have published a blog from a primary care paramedic.

Paramedics and Independent Prescribing

At the time of writing, a potential drawback to employing an advanced paramedic is that even though legislation was changed from the 1st April 2018 to allow paramedics working at an advanced level of clinical practice to prescribe, they will not be able to apply to undertake training to become a prescriber until the HCPC approve the prescribing courses run by HEIs for paramedic entry and provide annotation to professional registration. It is likely to be early 2019 before the first advanced paramedics complete the necessary education programmes to be able to prescribe. The College of Paramedics have produced an **implementation guide** for paramedic prescribing and developed **practice guidance** for advanced paramedic independent prescribers in the safe use of medicines which can be found here.

Education and Training

Paramedics like all general practice staff require development and training. Structured learning and supervision are essential. For paramedics used to a fast treatment period, with a handover to ED staff or onward referral enhancing consultation skills is important.

One way of doing this is through shadowing GP and nurse clinics. Time management was identified as a developmental need by early adopters of the paramedic role in primary care; this has been addressed through extended time slots or less complex home visits in early stages with structured support from the duty GPs and again shadowing GPs to observe time management techniques. Paramedics in primary care will need knowledge and skills in minor injuries, acute illness, minor illness, immunisations and the advanced clinical examination.

Paramedics are registered with the HCPC and as such have continuing professional development (CPD) standards set by their registering body:

1. Maintain a continuous, up-to-date and accurate record of their CPD activities;
2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. Seek to ensure that their CPD benefits the service user; and
5. Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the Standards for CPD.

(HPCP, 2017 p.6)

Maintaining their CPD is the responsibility of the individual paramedic; however, as an employer you would be expected to encourage their learning and development to make sure they stay on the Register.

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The need for a toolkit to support general practice organisations who are seeking to employ a paramedic was identified at a multi system task and finish group which was convened to take a stock take of how the paramedic role in primary care was working and identify any ay gaps in the governance surrounding the role.

The development of the toolkit ‘A Guide for General Practice Employing a Paramedic’ was led by Sue Clarke, Head of Workforce and Education for South Eastern Hampshire and Fareham & Gosport Clinical Commissioning Groups / Non-Medical Workforce Lead for Health Education England Wessex Community Education Provider Networks (CEPNs).

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Toolkit Working Party:

Ken Street
Course Leader for the Paramedic Science Programmes, School of Health Sciences and Social Work, University of Portsmouth

Dr Sarnia Ward
General Practitioner / CEPN GP Fellow 2017/18
Health Education England Wessex

Mandy Pike
Allied Health Profession Learning Environment Lead Wessex CEPNs
Health Education England Wessex

Matt Holbrook
Advanced Practice Manager and Non-Medical Prescribing Lead, South Central Ambulance Service NHS FT / Doctorate in Clinical Practice student, University of Southampton

Chris McLocklan
Paramedic Practitioner
Vine Medical Group

Trudy Mansfield
Development Manager
Fareham & Gosport and South Eastern Hampshire Primary Care Alliances

Jim Petter
Head of Education
South Western Ambulance Service

Task and Finish Group:

Craig Barlow
Specialist Practitioner Manager – Urgent & Emergency Care, South Central Ambulance NHS Foundation Trust

Julia Carthew
Project Manager, Wessex Academic Health Science Network

Julie Gumbrell
Quality Officer, Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups Hampshire CCG Partnership

Dr Shi Li Tan
General Practitioner / Primary Care Education and CEPN GP Fellow, Health Education England Wessex

Tracy Savage
Assistant Director and Head of Medicines Optimisation, , NHS Isle of Wight Clinical Commissioning Group

Kerry Salmon
Strategic HR Business Partner – Integrated Service Division (ISD), Southern Health Foundation Trust

Helene Irvine
Practice Nurse Advisor, Wessex Local Medical Committees Ltd

Julia Barton
Director of Quality and Nursing - South Eastern Hampshire/Fareham and Gosport Hampshire CCG Partnership

Paul Jefferies
Assistant Director of Operations, South Central Ambulance Service

Tracey Brickell
Senior Lecturer, School of Health Sciences and Social Work, University of Portsmouth

Frank Mincer
Specialist Practitioner Manager, South Central Ambulance NHS Foundation Trust

Mark Ainsworth-Smith
Consultant Pre-Hospital Care Practitioner South Central Ambulance Service NHS Trust

Ian Teague
Assistant Director of Education, South Central Ambulance Service NHS Foundation Trust

Post Project Advisor

Andy Sharman
Primary Care Learning Environment Lead – Allied Health Professions, Wessex CEPNs