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Foreword

Welcome to the fifth edition of the College of Paramedics pre-registration Paramedic Curriculum Guidance. Since the publication of the first edition in 2006, the Paramedic Curriculum Guidance has been updated regularly to keep pace with the development of the profession and to reflect the breadth and depth of knowledge expected of the contemporary paramedic.

The paramedic profession is at the forefront of a changing healthcare system that is striving to break down barriers and address unnecessary inefficiencies. The College of Paramedics has always advocated that as our profession continues to evolve there will be increasing opportunities for it to be a key contributor to the delivery model of the future. The contribution the paramedic profession has to offer to a new model of healthcare delivery has been identified within the “NHS Long Term Plan” (2019) and with that acknowledgement comes new responsibilities. The quality of education undertaken by students is without doubt a pivotal component in shaping their professional journey. It is imperative, therefore, that the College of Paramedics continues to produce curricula guidance that not only meets but exceeds the expectations of healthcare delivery in the 21st century.

In order to enable this new delivery model, the workforce must have the right skills and competencies to meet the demands of the contemporary healthcare setting and be prepared for future evolutions. The workforce must exhibit the values and behaviours expected within the NHS, and demonstrate the ability to assess, treat, manage, discharge and, where appropriate, refer service users requiring acute, chronic, and/or specialist services in primary, secondary and wider regional care.

Clinical decisions by paramedics are increasingly made against a background of complex and often conflicting values. The most obvious evidence of this is in the growing importance of ethical issues in healthcare. But there are many other increasingly “values complex” areas of paramedic practice, such as clinical governance, audit, quality assurance, concerns about cost-effectiveness, and the use of quality-of-life and other similar measures in preventive and public health medicine.

Just as we need a clear evidence-base, because of the increasing complexity of the evidence underpinning decision-making, so increasingly do we need values-based practice due to the increasing complexity of the values underpinning challenging decision-making. The Education Advisory Committee of the College of Paramedics has since been working on a values-toolkit, to augment the teaching of values-based practice in paramedic education as an adjunct to the current undergraduate curriculum.

Looking to the future, the Health and Care Professions Council (HCPC) has raised the threshold for entry to the register from Certificate to a full Honours Degree from 1st of September 2021. This very welcome change has given us the opportunity to be less prescriptive in our guidance and as such we have reduced this new edition by thirty percent from the previous edition. Before September 2021 we plan to review and reduce further to allow even more flexibility for education providers.

The College of Paramedics is committed to encouraging the quality development of paramedic education programmes and to supporting the delivery of innovative, engaging education that fosters lifelong learning and development of our future professional group. We look forward to engaging with more and more education providers as they seek our full endorsement of their paramedic programmes for both pre and post registration courses and to work with us to produce a National Curriculum of which we can all be proud.

This Paramedic Curriculum Guidance has been developed through an effective collaboration that has involved education providers, practice-based education providers, a patient advisory forum, student paramedics, subject specialists and College of Paramedics members whose role incorporates the clinical, educational, research, leadership and management pillars of the Post-Registration Paramedic Career Framework.

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September 2019
This fifth edition of the *Paramedic Curriculum Guidance* has been prepared to provide higher education providers and other stakeholders with a comprehensive resource for the pre-registration education and training of paramedics throughout the UK. It represents an ongoing, important contribution by the professional body to the quality framework used to develop paramedics as they move through education, training and the early stages of professional practice. The fourth edition of the College of Paramedics’ *Paramedic Curriculum Guidance* included guidance on terminology from the HCPC. This terminology remains important enough for us to re-emphasise and maintain clarity in titles and positions as follows:

- Practice Educator (PEd) was previously known as Practice Placement Educator (PPEd)
- Practice-Based Education was previously known as Practice Placement Education
- Practice Placement Provider was previously known as Practice Placement Provider; and
- Learner was previously known as Student

The *Practice Educator Guidance Handbook* also explains the importance of practice-based education, concerning the development of the ‘Learner’ (Student Paramedic) in becoming a competent, capable registrant and member of the paramedic profession. The College of Paramedics is broadly supportive of the two-year Newly Qualified Paramedic (NQP) preceptorship framework introduced by NHS ambulance services in England and Wales; however, it also advocates that preceptorship should be available to all newly registered paramedics in order to support their transition into a fully autonomous role in generalist practice.

In the fast-moving paramedic profession, which is evolving and adapting to new challenges in health care, it is important that pre-registration education also evolves and adapts appropriately, hence the regular updating of the paramedic pre-registration curriculum guidance.

The *Paramedic Curriculum Guidance 5th Edition* has developed over the past 13 years, to reflect the ongoing transition to higher education and development of the profession. This current edition brings many important changes. It acknowledges the expansion in the breadth of care delivered, with reference to; clinical decision-making, values-based practice, public health, mental health, learning disabilities, paediatrics, end of life.
care and research. Education providers will recognise that the *Paramedic Curriculum Guidance* has been revised to reflect the expanding scope of practice for paramedics, specifically at registration level and during the period of support that is necessary for the development of effective registrants.

The *Paramedic Curriculum Guidance* does not stand alone in providing a curriculum framework for paramedics. Closely linked are other important documents that strongly influence the standards and quality of paramedic education:

- HCPC *Standards of Education and Training*¹,
- HCPC *Standards of Proficiency – Paramedics*²,
- HCPC *Standards of Conduct, Performance and Ethics*³,
- QAA *Subject Benchmark Statement – Paramedics*⁴,
- QAA Part A: The Quality Code: *The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies*⁵,
- QAA Part B: The Quality Code: *Assuring and Enhancing Academic Quality*⁶, and;
B1 Guidance for a Paramedic Curriculum

The following guidance on the process of developing higher education programmes for paramedic education will be used as part of the assessment framework for programme endorsement by the College of Paramedics.

The development of competent registrant paramedics must be the prime consideration for education providers. Graduates must be able to offer safe, autonomous care to the full range of service users encountered in practice. Most pre-registration healthcare programmes are based on a balanced approach to theory and practice. Learners should experience planned integration of theory and practice to ensure competency acquisition in all areas of the curriculum. The College of Paramedics recommends that, during a programme of study, learners follow a spiral curriculum incorporating knowledge, skills and behaviours to enable them to undertake effective development of life-long learning, which will in turn support their continuing personal and professional development (CPPD).

Learners must successfully complete all the required practice-based education elements in addition to the theoretical elements of a programme. This can only be achieved through an effective partnership between the education provider and the supporting practice-based education providers. This should be an integral part of the education provider’s delivery plan and articulated in the memorandum of understanding.

B2 Advertisement of Programmes

Prospective learners need to be able to make an informed choice regarding the education programmes available to them based on the materials and information available. Prospective learners attempting to understand the options available to them, and the variations between programmes, will consult a range of sources of information, including social media. The requirements both financial in relation to course fees and ongoing costs related to study and practice placements related to the programme should be made explicitly clear to the prospective learner.
### B3 Selection and Admission

Education providers’ recruitment processes should consider the host nation’s Values Based Recruitment (VBR) standards\(^8\,^9\,^10\,^11\) whilst ensuring a holistic and inclusive process of selection is applied that is equally accessible and achievable by applicants from all cultural backgrounds. Selection and admission processes should be clearly documented to assure openness, transparency and fairness throughout the entire procedure.

There is also a requirement for public safety and protection for which potential learners will need to undergo checks by the Disclosure and Barring Service (DBS) in England and Wales\(^12\), Access Northern Ireland\(^13\) or the Protecting Vulnerable Groups (PVG) Scheme Scotland\(^14\). In addition, appropriate mechanisms for occupational health screening should also be completed, including consideration of exposure prone procedures\(^15\).

### B4 Recognition of Prior Learning

The College of Paramedics acknowledges accreditation of recognised prior learning (RPL)\(^16\,^17\) as an additional pathway onto paramedic education programmes. The RPL route is particularly useful for those with prior knowledge, skills, understanding and experience from other relevant health professions who may wish to study for an award that leads to eligibility to apply for registration as a paramedic.

**Key Factors**

- The education provider should describe the procedures, academic support, assessment and feedback available to prospective candidates;
- The RPL route must be supported with a transparent and academically rigorous policy and process for recognising prior learning; and
- Any RPL claims made by applicants must be robustly assessed to ensure they have met the learning outcomes of the programme and individual modules that are relevant to the programme of study.
- The prospective student should be made aware of the typical additional costs of applying for RPL to be utilised in relation to their application.

### B5 Practice-Based Education

The College of Paramedics believes that practice-based education is vital in developing competent and fit-for-practice paramedics. The College of Paramedics does not set a minimum number of practice-based education hours.
The College of Paramedics believes that the quality and range of practice-based education is as important as the quantity. Education providers must demonstrate they provide a range of suitable high-quality practice-based education placements that enables the learner to meet and achieve the learning outcomes as they progress through the programme. There are several suggested areas for practice-based education provided later in the document (see section C2.3). All practice-based education must be undertaken with an appropriately prepared and educated Practice Educator (PEd). Practice Educators must hold professional registration with either the HCPC or another regulatory body; however, professional qualifications and registration with other regulatory bodies need to be appropriate to the practice-based education environment in which they are supervising learners. This ensures every service user encounter becomes an opportunity for ongoing competency and skill development.

The College of Paramedics emphasises the effective use of learning outcomes associated with each practice-based learning environment, as well as a clear demonstration of how they contribute to the overall development of learners. Education providers must have an appropriate practice-based education strategy and plan to acquire, appropriately audit, maintain and support new and existing placements/networks to assure the quality of practice-based education.

**B6 Policies, Procedures and Programme Management**

Programmes delivering paramedic education must have effective policies and procedures for key educational processes\(^{17,18,19,20,21,22,23,24}\) As a minimum, these should include admissions, selection, attendance, assessment, failures, practice-based education provision and student conduct\(^25\). All policies and procedures should be fair, transparent and in accordance with the principles of natural justice and the education providers internally ratified processes. The scope of these policies and procedures must be enough to cover both the classroom and practice-based elements of the programme. The College of Paramedics believes that all education providers should have a robust and transparent ‘professional suitability’ policy/process. These are set out below and should outline the expectations of learners, monitoring, and enforcing suitable values and behaviours\(^9,10,11,12\)

i. Education providers must have a robust attendance policy which provides assurance that learners are able to demonstrate they have met the learning outcomes in all settings;

ii. Education providers should be able to demonstrate their programme is sustainable;

iii. Education providers should be able to discuss how the programme fits into their strategic business plan;

iv. The programme must be led by a paramedic with appropriate educational qualifications and higher education experience;
v. The programme team should comprise mostly of paramedics;

vi. There must be an effective working relationship between the education provider and practice-based education providers. An up-to-date, formal memorandum of agreement must be maintained that outlines the key elements and responsibilities of the relationship; and

vi. There must be a defined system for audit and review of the programme.

B7 Endorsement of Programmes

The College of Paramedics has an active endorsement scheme which gives education providers, applicants to programmes, stakeholders and service users assurance that the highest standards in education and practice-based education provision are being delivered. The College of Paramedics endorsement procedure enhances quality assurance and represents a full endorsement of course content and design and confirms that a course curriculum is commensurate with its Paramedic Curriculum Guidance. To achieve endorsement requires programmes to produce graduates at a minimum of BSc Honours throughout England, Wales and Northern Ireland, and SHE level 3 (SCQF 9) in Scotland. This aligns with the QAA’s Subject Benchmark Statement – Paramedics, which, defines the threshold for undergraduate level as bachelor’s degree with honours (FHEQ level 6/SCQF level 10) and the requirements of the HCPC from 2021.
Curriculum Content

This section describes key concepts and content underpinning the pre-registration curriculum domains required of a programme of study.

During their studies, learners must explore each of the curriculum domains in order to facilitate successful application of their knowledge and understanding to their practice.

The curriculum is represented by component domain segments which are sub-divided into topics and areas of learning.

Placing evidence-based and values-based practice and research at the centre of the model reflects the College of Paramedics view that this should underpin and reinforce each domain of the curriculum.
The College of Paramedics recommends that learners follow a spiral curriculum incorporating knowledge, skills and behaviours to enable them to undertake effective development. This development should continue throughout the programme of pre-registration education, into the period of preceptorship and the individual’s continued professional development and lifelong learning.

The following describes each segment of the curriculum and outlines the topics and areas of learning.

**C1.1 Physical, Life and Clinical Sciences**

This segment includes the following topics:

- Principles of physical science;
- Normal anatomy and physiology;
- Pathophysiology;
- Pharmacology;
- and Human development.
Principles of physical science

C1.1 Understand the following aspects of physical science, including:
– the principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice.
– the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis.

C1.2 Effectively analyse and interpret scientific units of measurement acquired in clinical and healthcare practice.

C1.3 Demonstrate biochemical knowledge and understanding of core homeostatic concepts.

Normal anatomy and physiology

C1.4 Understand human anatomy and physiology and human growth and development across the lifespan.

C1.5 Appropriately utilise and interpret relevant anatomical, medical, and physiological terminology.

Pathophysiology

C1.6 Discuss and analyse the principles of epidemiology and the aetiology of medical and traumatic presentations.

C1.7 Analyse and interpret clinical features of commonly encountered conditions, evaluating their impact upon homeostasis.

C1.8 Demonstrate appropriate knowledge of different maladaptive changes arising from commonly encountered presentations.

C1.9 Critically interpret physiological data acquisition, demonstrating an awareness of limitations arising as a result of common acute and chronic conditions.

Pharmacology

C1.10 Demonstrate an understanding of pharmacological principles applied to healthcare which includes pharmacodynamics and pharmacokinetics.

C1.11 Demonstrate an understanding of pharmacodynamics and pharmacokinetics applied to those medications utilised by paramedics to treat service users.
C1.1.12 Recognise the complexity of pain management and the importance of a robust approach using both non-pharmacological and pharmacological strategies.

C1.1.13 Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.

C1.1.14 Recognise adverse drug reactions and manage appropriately, including reporting where required.

C1.1.15 Demonstrate capacity to safely administer therapeutic medications, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes.

C1.1.16 Demonstrate knowledge of appropriate United Kingdom drug legislation and safe practice in medicines management.

**Human development**

C1.1.17 Understand the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan.

C1.1.18 Recognise human growth and development across the lifespan including the factors influencing individual variations in human ability and health status.

C1.1.19 Evaluate how variation influences susceptibility to disease, injury and responses to treatments across the lifespan.

C1.1.20 Demonstrate an understanding of the role of nutrition in promoting health and illness across the lifespan.

C1.1.21 Demonstrate a fundamental understanding of genetics.

C1.2 **Social, Health and Behavioural Sciences**

This segment includes the following topics:

Diversity and inclusivity; Safeguarding; Palliative and End of Life Care (EoLC); Health psychology, and Sociology of health.
Diversity and inclusivity

C1.2.1 Demonstrate an inclusive and non-discriminatory approach to interactions with service users, carers, colleagues and all other professionals and service representatives.

C1.2.2 Critically appraise the relevant legislation policies and their impact.

Safeguarding

C1.2.3 Understand and demonstrate the ability to safeguard children and adults within the context of local and national policy.

C1.2.4 Critically appraise local and national policy and reflect upon its impact on practice.

C1.2.5 Understand and demonstrate the ability to effectively care for individuals and groups affected by all types of abuse and neglect.

Palliative and End of Life Care (EoLC)

C1.2.6 Be able to recognise when somebody is imminently dying from an irreversible process and support them and those around them to achieve their preferences by addressing the five priorities of care for the dying person appropriately.

C1.2.7 Develop a contextual understanding of palliative and EoLC, and the practical application of knowledge and skills including the use of just in case/anticipatory prescribing medications.

C1.2.8 Be able to conduct initial assessment and management of symptoms causing immediate distress.

C1.2.9 Provide appropriate care after death, and confidently speak and communicate with bereaved people. This should also include the ability to self-care and support colleagues in practice.

C1.2.10 Demonstrate a contextual understanding of the procedural, legal and ethical aspects of advance care planning, palliative care, EoLC and the practical application of knowledge and skills including the use of just in case/anticipatory prescribing medications.

C1.2.11 Demonstrate a contextual understanding of the procedural, legal and ethical aspects of implementing recognition of life extinct (ROLE) and confirmation of death procedures.
Health psychology

C1.2.12 Demonstrate an understanding of the effect of psychological factors on health and illness.

C1.2.13 Understand the impact of culture on health and illness.

C1.2.14 Recognise the contribution of behavioural factors in health and illness.

C1.2.15 Demonstrate a basic knowledge of the key theories of behavioural change, to include the principles of cognitive behavioural therapy and motivational interviewing.

Sociology of health

C1.2.16 Demonstrate a contextual understanding and evaluate the social determinants of health, including inequality and the factors contributing to the needs of different social groups, plus the factors that influence an individual in health and illness.

C1.2.17 Understand the following aspects of sociological, health and behavioural science:
- how aspects of sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships.
- how sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice.
- social factors that influence an individual in health and illness.

C1.2.18 Understand the following aspects of changes in behaviour:
- basic knowledge of the key theories of behavioural change.
- awareness of principles of cognitive behavioural therapy and motivational interviewing.

C1.3 Patient Assessment and Management

This segment includes the following topics:

Communication and history taking; Models of patient assessment; Patient groups; Risk evaluation; Intervention and monitoring; Clinical reasoning and decision making; and Physical assessment skills.
Communication and history taking

C1.3.1 Understand the theories of communication that inform effective interaction with service users, carers, peers, and other health care professionals.

C1.3.2 Demonstrate the ability to obtain a structured, comprehensive health history.

C1.3.3 Demonstrate the ability to record an accurate health history respecting issues of confidentiality, data protection and information governance.

C1.3.4 Demonstrate and apply clinical and social skills in a range of different environments, taking account of the varying needs of individuals, groups and/or carers.

Models of patient assessment

C1.3.5 Demonstrate and apply in practice appropriate models of patient assessment.

Patient groups

C1.3.6 Demonstrate an understanding of the needs of various service user groups, across the lifespan, including but not limited to;

- Adults;
- Children;
- Learning disabilities;
- Long term conditions;
- Obstetrics and gynaecology;
- Mental Health;
- Older adults.

C1.3.7 Demonstrate the ability to make independent decisions based on a thorough evaluation of need, contextual factors and current evidence-based practice, referring to appropriate sources of specialist advice (including the patient and carers) to support the decision-making process.

C1.3.8 Demonstrate a fundamental awareness and understanding of mental health and well-being across the lifespan and practice in accordance with mental health legislation, agreements and policies.
Risk evaluation

C1.3.9 Manage risk and uncertainty by conducting an ongoing dynamic risk assessment.

C1.3.10 Demonstrate the ability to establish and maintain a safe practice environment for all.

C1.3.11 Apply current health and safety regulations, including the appropriate use of universal precautions, infection prevention and personal protective equipment (PPE).

C1.3.12 Modify and adapt approaches with respect to the environment and situations encountered.

C1.3.13 Evaluate the needs of the service user and the requirement to implement safety netting, with regards to referral and/or re-contact options.

Intervention and monitoring

C1.3.14 Identify and differentiate the critically injured or ill service user, including those with an exacerbation of existing illness or disease.

C1.3.15 Demonstrate the ability to undertake and interpret a comprehensive set of clinical observations appropriate to the patient’s condition.

C1.3.16 Formulate an appropriate clinical opinion and differential diagnoses based on the analysis of the history and clinical examination.

C1.3.17 Demonstrate an understanding and apply evidence-based practice to the assessment and management of pain, appropriate to the unique needs of the service user.

C1.3.18 Ensure the appropriate management of patients with a time-critical, acute or chronic injury or illness in accordance with evidence-based practice.

C1.3.19 Demonstrate the ability to provide safe, effective and appropriate resuscitation for patients across the lifespan in accordance with evidence-based practice.

C1.3.20 Administer and manage medicines in accordance with relevant legislation, and local policy.

Clinical reasoning and decision-making

C1.3.21 Demonstrate an understanding and application of the theoretical basis of assessment, clinical decision-making, clinical reasoning, including reflection and evaluation.
C1.3.22 Implement effective clinical decision-making with consideration of existing health and social circumstances.

C1.3.23 Apply reasoned and considered approaches to decision-making which integrates evidence from various sources to make appropriate decisions including local care pathways.

Physical assessment skills

C1.3.24 Conduct a comprehensive and detailed physical examination of service users across the lifespan.

C1.3.25 Demonstrate the assessment of service users' mobility in order to inform your overall decision-making process.

C1.4 Ethics and Law

This segment includes the following topics:

Legal systems and healthcare law;
Frameworks for professional practice; Philosophy in paramedic practice and Healthcare ethics.

Legal systems and healthcare law

C1.4.1 Demonstrate an understanding of legal systems and legislation that informs practice.

C1.4.2 Demonstrate the ability to work within the legal boundaries of the profession.
Frameworks for professional practice

C1.4.3 Demonstrate an understanding of the frameworks for professional paramedic practice and the role of Professional, Statutory, and Regulatory Bodies (PSRBs).

C1.4.4 Interpret and apply relevant HCPC standards and guidance in relation to conduct, performance and professional practice.

Philosophy in paramedic practice

C1.4.5 Develop an understanding of the key concepts of philosophy in relation to healthcare practice.

C1.4.6 Understand the relationship between philosophy, ethics and law in paramedic practice.

C1.4.7 Understand one's own philosophical perspective and outlook.

Healthcare ethics

C1.4.8 Demonstrate a critical and contextual understanding of the ethical frameworks surrounding paramedic practice.

C1.4.9 Evaluate ethical issues associated with paramedic practice and apply ethical principles to practice.

C1.5 Public Health and Well-Being

This segment includes the following topics;

Public health; Health promotion; Resilience and disaster preparedness, and Health informatics.
Public health

C1.5.1 Understand key public health priorities nationally and locally and recognise the impact of the paramedic role in influencing behaviour.

C1.5.2 Demonstrate an awareness of national and local demographics and the impact of change.

Health promotion

C1.5.3 Understand the basic theories of health education and promotion.

C1.5.4 Develop a contextual understanding of the role of the paramedic in health education and promotion working in the spirit of a multi professional approach.

C1.5.5 Develop skills to facilitate a range of appropriate interventions.

Resilience and disaster preparedness

C1.5.6 Understand the role of a paramedic involved in a major incident.

C1.5.7 Understand and apply a triage system.

C1.5.8 Understand the appropriate functions undertaken during a major incident.

C1.5.9 Understand the use and importance of effective communication in major incidents.

C1.5.10 Demonstrate an understanding of the need for business continuity, escalation and resilience plans.

Health informatics

C1.5.11 Understand Information Governance (IG), General Data Protection Regulations (GDPR) and acceptable use of secondary data.

C1.5.12 Understand the benefits and risks of the use of the internet, apps, devices and the cloud both as an information source and healthcare resource.
C1.6 **Personal and Professional Attributes**

This segment includes the following topics:

Communication skills;
Professional behaviours;
Personal resilience, and
Human factors.

**Communication skills**

C1.6.1 Demonstrate a professional approach to communicating with others.

C1.6.2 Utilise communication and listening skills to effectively and sensitively meet the needs of others.

C1.6.3 Demonstrate the ability to defuse potential conflict situations utilising conflict resolution and de-escalation principles.

**Professional behaviours**

C1.6.4 Develop an understanding of one’s own values and how they affect practice.

C1.6.5 Demonstrate a professional approach, attitude, and behaviours which adhere to relevant standards and guidance.

C1.6.6 Demonstrate an understanding of values-based practice as a partner to evidence-based practice in shared decision-making.

C1.6.7 Demonstrate self-awareness and the ability to critically reflect on the impact of your attitude and behaviours.

C1.6.8 Demonstrate a commitment to continuous professional development and lifelong learning.
C1.6.9 Understand the value of inter-professional working and demonstrates the ability to practice effectively as part of a multi-professional team.

**Personal resilience**

C1.6.10 Understand the factors that impact on personal well-being and resilience.

C1.6.11 Understand the importance of good support networks and discussing issues that affect personal well-being with others.

C1.6.12 Recognise when one’s own resilience is affected and address and deploy a range of strategies and interventions, including accessing appropriate services and agencies who can offer support and help.

**Human factors**

C1.6.13 Develop insight and awareness of human factors and how it impacts upon practice.

C1.6.14 Develop an understanding of human factors with an organisational focus.

C1.6.15 Develop an understanding of human factors with a focus on the individual.

C1.7 **Leadership and Management**

This segment includes the following topics:

Leadership; Management; Communication, and Team working.

**Leadership**

C1.7.1 Develop an understanding of different leadership styles and theories.

C1.7.2 Establish the importance of effective leadership and management of ‘self’.
C1.7.3 Develop awareness and understanding of the importance of leadership and management of others and resources.

C1.7.4 Contribute to a culture of transparency and openness.

C1.7.5 Through the process of delegation, support and develop others in making appropriate decisions, interventions and/or referrals.

Management

C1.7.6 Demonstrate a contextual understanding of healthcare systems.

C1.7.7 Demonstrate an understanding of organisational structures, development and culture.

C1.7.8 Demonstrate an understanding of change management.

C1.7.9 Demonstrate an understanding of quality improvement processes and clinical governance.

Communication

C1.7.10 Understand the importance of highly developed communication skills in leading, influencing, motivating and inspiring others.

C1.7.11 Demonstrate an understanding of the importance of communication in building and developing networks and communities of practice.

Team working

C1.7.12 Demonstrate an understanding of the theories associated with team working and the benefits when applied to healthcare.

C1.7.13 Develop an understanding of the different roles that can exist within a team and how this can affect the team dynamics and development.

C1.7.14 Develop awareness of own preferred roles and your ability to work within a team.
C1.8 **Evidence-Based Practice and Research**

This segment includes the following topics:

Critical appraisal and evaluation of evidence; Application of evidence to practice; Research methods and skills, and Research ethics.

### Critical appraisal and evaluation of evidence

C1.8.1 Develop an understanding of evidence-based healthcare.

C1.8.2 Develop skills in effective literature searching, retrieval, review and synthesis of published evidence.

C1.8.3 Critically appraise existing research evidence to inform paramedic practice.

### Application of evidence to practice

C1.8.4 Understand the process to apply appropriate research evidence to change paramedic practice.

C1.8.5 Understand the importance of evaluating changes in practice, based on current evidence.

C1.8.6 Understand the importance of clinical audit in the development of evidence-based practice.

### Research methods and skills

C1.8.7 Understand how different paradigms of quantitative, qualitative, and mixed methodologies affect the approach taken to research.

C1.8.8 Understand how a research question or hypothesis is formulated.
C1.8.9 Understand how the research process is undertaken.

C1.8.10 Understand the importance of effective dissemination of research findings.

**Research ethics**

C1.8.11 Demonstrate a critical and contextual understanding of the ethical frameworks surrounding health research.

C1.8.12 Demonstrate an understanding of the role of research ethics committees and research governance within healthcare research.
Preparation for Practice-Based Education

C2.1 Practice-Based Education

High-quality practice-based education is essential in providing learners with the opportunities to demonstrate competence. The College of Paramedics believes the provision of practice-based education in wider contexts and environments is essential to ensure that the learner has extensive exposure to a wide range of service users, groups and environments.

There may be some re-visiting of practice-based education areas during the programme – for example periods in an urgent and emergency care setting which would fit with the ethos of the spiral curriculum as the learner assesses service users at an increasing level of understanding and complexity as they progress through their programme.

Education providers should be able to provide a rationale for the number, length and duration of practice-based education periods including the numbers of specific days or weeks of exposure to demonstrate competence. They must map to specific and appropriate areas to meet identified learning outcomes, stages of development and competence for learners.

Practice-based education must be undertaken in a supernumerary capacity, directly supervised by an appropriately qualified and prepared Practice Educator. This ensures service user safety, minimises the risk to the supervising healthcare professional and provides an appropriate level of support for the learner.

Learner progression should be facilitated in accordance with the stages of academic development (levels 4-6) to demonstrate competence and skill acquisition during periods of practice-based education.

As the learner develops experience, they should progress from being dependent on their Practice Educator to requiring minimal supervision, and in their final practice-based education period, operating as close as possible to autonomous and independent practice as they transition from learner to registrant. This ensures they are fit for purpose, fit for practice and fit for award.

C2.2 General Principles

This guidance outlines the use of the Practice Educator to support the learner in practice. In this context, a Practice Educator is an appropriately trained and registered healthcare professional who works directly alongside the student in the placement setting. The Practice Educator cannot be an individual who is working remotely from the student. Practice Educator training should suitably equip the registered healthcare
professional to support, coach, educate and assess the learner in practice. This training should be profession specific.

The following principles outline the role of the Practice Educator in supporting the learner in practice:

**C2.2.1** The education provider must ensure that practice-based education environments are suitable learning environments and audited appropriately (i.e. on an annual basis).

**C2.2.2** The education provider must ensure there are an appropriate number of Practice Educators to support learners in the specific environment.

**C2.2.3** The education provider must ensure, where learners are required to complete a summative assessment in practice, it is carried out by a Practice Educator with specialist skills or competence.

**C2.2.4** The education provider must ensure that learners and Practice Educators receive pre- and post-practice-based education briefings detailing the purpose, duration and learning outcomes expected from the specific setting.

**C2.2.5** There must be a named individual, employed by the education provider, who links to a practice-based education environment to support learners and Practice Educators.

**C2.2.6** The education provider must have a comprehensive confidential support system in place for learners.

**C2.2.7** The education provider must demonstrate they have an appropriate range of health and well-being support systems in place for learners.

**C2.3** **Practice-Based Education Areas**

The following areas within the primary, acute, urgent, community and emergency care environments are unique settings for the practice-based education learning outcomes to be achieved. These settings provide an exceptional opportunity for inter-professional learning. It is accepted that it may not be possible for the learner to attend a period of practice-based education in every area listed. The areas can be adjusted to suit the programme, module or academic level of development. We recognise the value of elective placements.

**C2.3.1** **Fundamental Care (Care Home, Ward Area, Hospice)**

This ensures learners are exposed to fundamental care environments to enable them to develop the skills and assimilate the principles of what it means to be a healthcare
professional: to care for people. Paramedics are usually ‘first contact’ practitioners and many responses to calls for help come from the older adult population. This requires key skills in communication, providing care and, on occasion, the ability to keep those service users safe while arrangements are made for transfer or further care. A fundamental care area will enable learners to gain such experiences and develop skills before they enter a more urgent or emergency care environment.

C2.3.2 **Patient Assessment Area (Admissions, Emergency Department, GP Surgery, Urgent Care /Walk in Centre, Maternity)**
This type of practice-based education can support the development of history taking and assessment skills as learners follow the ethos of the spiral curriculum to determine the most appropriate pathway of care.

C2.3.3 **Critical Care Area (Air Ambulance, Operating Theatre, Intensive Treatment Unit/High Dependency Unit)**
These environments enable learners to develop their assessment, referral, treatment and management of service users who present with critical illness and/or injury. Service users are often transferred within the healthcare system to other providers or require intensive critical care skills as they are managed for longer and further by paramedics en-route to a definitive care facility.

C2.3.4 **Mental Health and Learning Disability (Crisis Team, Street Triage, Drug/Alcohol Service, Admissions and Child and Adolescent Mental Health Services)**
These environments enable learners to develop their assessment, referral, treatment and management of service users presenting with acute and/or chronic mental illness.

C2.3.5 **Children & Families (Admissions, Health Visitors, School Nursing)**
These environments enable learners to develop their assessment, referral, treatment and management of children who present with acute and/or chronic illness.

C2.3.6 **Emergency Ambulance**
This environment enables learners to develop their skills in responding to and managing service users in urgent and emergency care situations.

C2.3.7 **Hear and Treat Environments (111, Clinical Hubs)**
These environments enable learners to develop their skills with healthcare professionals in non-patient-facing roles to experience clinical decision making in situations where they are not face-to-face with patients.
References


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