

Paramedic Fact Sheet

What is a Paramedic?

Paramedics are autonomous Allied Health Professionals (AHPs) who have traditionally been employed by NHS ambulance services (84% in 2012). They are trained in all aspects of prehospital emergency care, ranging from acute problems such as cardiac arrest, strokes, spinal injuries and major trauma, to urgent problems such as minor illness and injury.

In recent years, the paramedic profession has evolved from being a provider of treatment and transportation to a provider of mobile healthcare. As a result of this evolution, paramedics can now be found working in multiple settings including general practice, minor injury units, urgent care centres, walk-in centres and accident and emergency (A&E) departments, telehealth, and telecare services and in the armed forces and remote and offshore sectors. Paramedics undertake full clinical assessments and make decisions regarding the care provided to patients. Changing demands have required the paramedic workforce to be flexible, to develop the skills and competencies required to treat and manage increasingly complex patients, while continuing to provide excellent and safe patient care. However, the development of these roles has not occurred consistently, with a variety of different programmes, job titles and scopes of practice for paramedics working in these areas.

As a result of the delivery of the [Urgent and Emergency Care Review](#), the [Five Year Forward View](#) and the recommendations made in the Primary Care Workforce Commission's report [The Future of Primary Care: Creating teams for tomorrow](#), around the importance of developing multidisciplinary teams, it is expected that the unique skill set of paramedics will be increasingly utilised within these teams and help to contribute to the development of effective multidisciplinary clinical centres for primary, urgent and unscheduled care provision, both in the community and wider healthcare settings.

What do Paramedics do?

A paramedic is usually the senior member of a two-person ambulance crew, supported by an emergency care assistant or technician. A paramedic is typically one of the first healthcare professionals to arrive at the scene of an emergency.

Typical duties of the job include:

- driving and staffing ambulances and other emergency vehicles
- responding to emergency 999 calls
- assessing patients, providing emergency treatment and making diagnoses
- monitoring and administering medication, pain relief and intravenous infusions
- dressing wounds/injuries
- using specialist equipment including ventilators and defibrillators
- transporting patients to hospital and continuing to provide treatment while in transit
- providing hospital staff with patient information including condition and treatment
- helping provide patient care in hospitals and other medical facilities
- communicating effectively with patients and their relatives/friends
- teaching and training members of the public to use first aid techniques correctly

Paramedics working in primary and urgent care can undertake a variety of roles including:

- competently use the medical/biopsychosocial model to assess, examine, treat and manage patients of all age ranges with a variety of acute undifferentiated and chronic conditions
- triage patients, carry out telephone consultations, undertake face-to-face consultations, carry out home visits (including residential and nursing homes)
- request, review, and act on laboratory results
- paramedics can refer to specialist services or certain investigations as appropriate
- paramedics can see patients presenting with acute or urgent (same-day) problems, as well as offering pre-booked and routine appointments
- paramedics are also able to mentor and supervise students from a range of health and social care backgrounds.

The level of competence at which the paramedic in primary and urgent care can work will depend on their skills and experience, and the skills and experience of the practice team. Paramedics in primary and urgent care should be aware of their level of clinical competency, and their areas for development, working within their limits and scope of practice. As each general practice and urgent care provider is run differently, a paramedic's role in primary and urgent care may differ across each practice or urgent care setting.

Health Education England commissioned the development of the [Paramedic \(Specialist in Primary and Urgent Care\) core capabilities framework](#) to support those paramedics working in primary and urgent care and the transformation of services that employ these clinicians in new environments. The capabilities set out what a paramedic can do, recognising that the paramedic working in primary and urgent care must be adaptable and not constrained by protocols or prescriptions for practice. The framework describes the knowledge, skills and behaviours that must be acquired, developed and demonstrated in order to safely and effectively manage service users across the lifespan and in often quite challenging conditions.

What training and qualifications do paramedics have?

To practice as a paramedic, an approved degree in paramedic science is required or an equivalent apprenticeship degree. Application to an ambulance service as a qualified paramedic and registration with the Health and Care Professions Council (HCPC) is then required. Regulations as with all other allied health professions, the term 'paramedic' is a protected title by law. All paramedics, whether working in the NHS, private or voluntary sectors must be registered with the Health and Care Professions Council (HCPC). To remain on the HCPC register, registrants must demonstrate that they continue to meet these standards as this is how their fitness to practice is determined. All paramedics are required to renew their registration with the HCPC every two years, to continue to practice as a paramedic.

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).

Paramedic science courses usually take between three or four years full time and include a mixture of theory and practical work including placements with the ambulance services.

Entry requirements for an undergraduate course are typically:

- two or three A levels, including a science, along with five GCSEs (grades 9-4/A-C), including English language, maths and science

or equivalent qualifications:

- a BTEC, HND or HNC, including science
- a relevant NVQ
- a science- or health-based access course

- equivalent Scottish or Irish qualifications.

Apprenticeship degree

Some ambulance trusts offer the option of studying whilst you work, and each will set its own entry requirements. They usually ask for:

- at least five GCSEs, grade 4/C or above, including English, maths and science or equivalent academic qualification with a high level of health or science content.

Employers will look for a good level of physical fitness and two years' driving experience. The recruitment process often involves several stages of interviews, tests, fitness assessments and driving tasks.

Additional training and qualification information

From the 1st of April 2018 paramedics working at an advanced level of clinical practice could become independent prescribers. Paramedics are annotated on the HCPC register as an independent prescriber after successful completion of an HCPC-approved independent prescribing programme. From 2021, all paramedics wishing to enter the HCPC register must have a BSc (Hons). The career framework outlines that paramedics working in specialist and advanced practice roles should be educated to post-graduate diploma and master's degree level, respectively. However, the professional shift into higher education has only occurred within the last decade and many paramedics who are currently employed in specialist or advanced roles within primary, urgent, emergency, and secondary care may not have these qualifications.

It is expected that paramedics will have successfully completed a preceptorship programme (or similar) prior to working in primary or secondary care. This preceptorship period is often completed in the first two years after initial registration; an example of this scheme is the [Newly Qualified Paramedic \(NQP\) programme](#). Such programmes are usually only offered within frontline ambulance services and are like the foundation years of medicine. It is recognised that during this period, a newly qualified paramedic would be expected to discuss referral and discharge decisions with a senior clinician. Now and in the future, completion of a preceptorship programme aims to ensure a well-rounded, general paramedic, with experience in the assessment and management of a wide variety of patients across the clinical and social spectrum.

Paramedics work at various levels of clinical practice (from newly qualified to consultant), so when employing a paramedic in primary or secondary care, employers need to be clear about the scope of practice that the paramedic will be expected to work within to ensure applicants possess the correct skills and knowledge to undertake the role.

Paramedics new to primary and urgent care will also be able to see the range of patients that present to general practice and urgent care settings but will initially need more supervision and support. The level of supervision and support will lessen as the paramedic grows in confidence, knowledge, skills and experience, but a good foundation of support is vital to ensure their safety in this new practice setting. Specialist and advanced paramedics working in primary and urgent care have greater depth of knowledge and understanding, usually gained through completion of post-graduate education. They may receive education and training in a range of specialist and advanced clinical skills. Some of this will form part of a course of post-graduate education to prepare the paramedic to work in primary, urgent, emergency, and secondary care, or may be developed with mutual agreement between the paramedic and a clinical supervisor during time in clinical practice. An employer wishing to develop a paramedic in specialist and advanced skills should ensure the paramedic receives education from a provider who is qualified and competent in that skill, including supervised practice, as well as completion of a portfolio of work.

Paramedic education and training

Health Education England have led a major piece of work since January 2014 stemming from the Paramedic Evidence Based Education Project (PEEP), which recommended the introduction of a single point of education entry at degree level for paramedic training. This work is being carried out in partnership with the college of paramedics and with support from the Association of Ambulance Chief Executives.

The Paramedic Education and Training Steering Group was established to review the potential benefits of upskilling and training paramedics to enable them to deliver more treatment in the community, as well as better deliver on-site triage and treatment in emergencies, where clinically appropriate.

The Steering Group meets regularly and is co-chaired by Patrick Mitchell, Director of National Programmes at HEE and Professor Andy Newton, Chair of the College of Paramedics. The Steering Group has expressed its support for:

An investment has been made in paramedic training – a 87% increase in new starts to paramedic training over two years, providing for 1,902FTE growth in available supply over the next five years - and will work with ambulance leaders and wider system partners to discuss data and agree action to ensure sufficient supply in advance of our new trainees qualifying.

Salary

Salaries are covered by the NHS Agenda for Change pay scales. Paramedic salaries start at band 5, which ranges from £24,907 to £30,615. After two years following a newly qualified paramedic pathway the next band is a band 6 (£31,365 and £38,890).

For team leaders or senior paramedics who have undertaken extended skills training in critical care or trauma, salaries are at Band 6/7 and fall between £31,365 and £44,503. Paramedics working in primary care or in a GP practice should expect to gain band 7 after a year.

A consultant paramedic will achieve a Band 8c salary of £63,751 to £73,664.

Funding

The ARRS is an NHSE scheme that allows a primary care network (PCN) to access funding to support recruitment across different roles, including paramedics. The ARRS provides funding to support the salary costs for these additional roles. From April 2021, this role will be reimbursed at 100% of actual salary plus defined on costs.

The Paramedic Rotational Model

In 2017, Health Education England funded a programme to explore the feasibility of a collaborative working model which includes ambulance services, clinical commissioning groups and primary and community care providers. Four sites were chosen for the first phase, which has been evaluated by the Hertfordshire and Sheffield universities.

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

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

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

It is hoped that the model can enjoy the benefits of multidisciplinary collaborative working, providing GP

and community services with the requisite workforce whilst also supporting the retention of senior paramedics in ambulance service.

The specialist and advanced paramedics on rotation within primary care, work with one or more GP practices contributing to planned activities within the practices. This could involve 'same day' home visits for patients who cannot attend the surgery; seeing and treating urgent or emergency patients; concentrating on care home activity; and running clinics for selected patient groups.

This results in:

- improved responses to urgent and same day requests
- extra generalist within primary care to support GP practice workload
- improved integrated working with the ambulance service
- raising the profile of all professions because of integrated working.

This report '[An Evaluation of early stage development of rotating paramedic model pilot sites](#)' was the final report summarising the findings of the evaluation. The report concluded that: *"The rotational model represents a substantial change of service provision both in terms of scope and complexity. Rotating suitably qualified and experienced paramedics through a range of healthcare delivery settings is feasible and likely to herald benefits both in relation to recruitment and retention of Paramedics in ambulance services, as well as impacting on patient experience."*

February 2021 - Roadmap for paramedics wanting to work in primary care

Health Education England has developed a new pathway to help paramedics advance their careers. The '[roadmap to practice](#)' outlines the skills and attributes needed to help paramedics become first contact practitioners (FCPs) or advanced practitioners (APs).

Clinicians completing the capability framework will be recognised by Health Education England's Centre for Advancing Practice and will be placed on a First Contact Practitioner directory.

The new roadmap provides a clear educational pathway for paramedics who wish to work in primary care, as well as setting out the supervision and governance needed and giving training guidance for supervisors.

It clearly articulates the capabilities so that employers and workforce planners can understand what the clinicians can offer to the multi-professional team to enable the best care for their patient population. It also provides clear guidance of the expected supervision needed to support the roadmap to practice and outlines the bespoke supervision training that a supervisor needs to have completed.

It is expected that all clinicians applying for roles in primary care will have completed training and have been recognised by our Centre for Advancing Practice prior to job interview by April 2022.

From April 2021 clinicians should have started either the portfolio route or have started an FCP HEI level 7 module to prospectively and retrospectively to meet this deadline.

By providing a standard of practice there is a solid governance structure around First Contact roles and advanced practice in primary care. This ensures gold standard care and puts our patient's safety first.