

APPENDIX 1

**COMPETENCIES FOR PARAMEDIC
PRACTITIONERS**

**Discussion document from
Higher Education Ambulance Development Group**

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1. INTRODUCTION

The Joint Royal Colleges Ambulance Liaison Committee introduced the concept of Practitioners in Emergency Care in January 2000¹. The PEC would provide “an additional level of pre-hospital care provider who would both respond to life-threatening emergencies and attend those cases in which the need for emergency response had not been determined” (2000, section 4.3).

Recently, the term Paramedic Practitioner (PP) has been recommended as a more appropriate title for this professional. The suffix ‘practitioner’, when added to an established health care title, is generally accepted to denote that a practitioner works with a high degree of autonomy. The title ‘paramedic practitioner’ is comparable with similar advanced-practice roles in nursing and the allied health professions: for example nurse practitioner or physiotherapy practitioner.

The Higher Education Ambulance Development Group (HEADG) was constituted in May 2002. The group comprises of representatives from ambulance services and universities involved in collaborative provision of courses for ambulance staff. Representation from relevant professional organisations and bodies was sought and the group meets quarterly. A list of members is shown in appendix 1.

HEADG was formed at a point when several universities had developed courses for ambulance staff, ranging from foundation degrees to postgraduate degrees. Group members believe that there is a need for consistency in this provision. A framework of higher education for ambulance staff from emergency medical technician to paramedic practitioner was therefore developed. By inviting representation from key stakeholders, HEADG offers a consensus view on what constitutes appropriate higher education at each level for this professional group.

Paramedic practitioner schemes have been developed in a variety of regions with, as yet, no strategic direction from government. The formation of HEADG provided an opportunity to gain a consensus on the role, knowledge base and scope of practice for this developing profession.

Local requirements will determine the full scope of the PP role. But it is proposed that there be a core knowledge base and core competencies shared by all PPs. This document sets out the group’s proposals for these competencies for consideration by JRCALC, the Ambulance Education and Training Advisory Group (AETAG) of the ASA, and the Health Departments in England and Wales.

¹ The Joint Royal Colleges and Ambulance Liaison Committee and The Ambulance Service Association (2000) *The Future Role and Education of Paramedic Ambulance Service Personnel (Emerging Concepts)* Available from: <http://www.jrcalc.org.uk/> [accessed 26 February 2003]

2. GENERAL OUTLINE

Paramedic Practitioners will be Registered Paramedics and so should have all of the competencies of a State Registered Paramedic (SRPara) but with new competencies detailed below. Where these are already included in the current requirements for SRPara, we expect the paramedic practitioner to have developed them to a higher level.

All competencies should be underpinned by an evidence base (where it exists), appropriate anatomy, physiology, and related theory.

In order to develop and maintain clinical practice, paramedic practitioners require mentored clinical practice in at least the following areas;

- Accident and Emergency Units
- Anaesthetic Departments
- Cardiac (Coronary) Care Units
- Primary Care

During these clinical attachments they may have membership (and possibly leadership in smaller hospitals) of any Advanced Cardiac Life Support team and Advanced Trauma Life Support team (or equivalent group).

3. PATIENT ASSESSMENT

The paramedic practitioner will be able to:

- 3.1 Accurately triage and prioritise patients.
- 3.2 Complete a holistic patient assessment and demonstrate the use of a variety of techniques to elicit the history of any event, including past medical history and drug history.
- 3.3 Documentation, written in a clear, accurate, and systematic manner.
- 3.4 Undertake physical examination including vital signs, inspection, palpation, auscultation, and to use additional basic examination tools, for example,
 - an auroscope
 - a patella hammer
 - clinical thermometry

3.5 Use other diagnostic aids such as:

- urinalysis
- assessment of visual acuity
- venepuncture for blood tests
- 12 lead ECG interpretation

3.6 Carry out other specific assessments, for example, assessment of mental health problems, assessment of ability to cope at home.

3.7 Demonstrate an awareness and / or knowledge of the use of clinical decision support software.

3.8 Demonstrate an awareness of the specific requirements in the event of a major incident with mass casualties.

4. CLINICAL JUDGEMENT

4.1 The Paramedic Practitioner will utilize critical thinking and applied decision making based upon underpinning theoretical knowledge of:

- Emergency and life threatening conditions of both adult and paediatric patients.
- Commonly presenting illness and injury, for example
 - Pyrexia
 - Earache
 - Upper respiratory tract infection
 - Headache

5. PROFESSIONAL SKILLS

The paramedic practitioner will;

5.1 Show effective communication when dealing with:

- Healthcare professionals
- Non health care colleagues such as in the collection/preservation of forensic evidence
- Patients and relatives (age appropriate)
- Breaking bad news
- Defusing violent or aggressive situations

5.2 Be aware of ethics, legislation and regulatory requirements, for example:

- Accountability
- Children's Act
- Confidentiality
- Consent and capacity
- Data protection
- Duty of care
- Human Rights Act
- Medicines Act
- Medico-legal issues including medical notation
- Mental Health Act

5.3 Demonstrate evidence of teaching skills, for example;

- clinical practice situations
- small group tutorial skills
- mentoring and assessment

5.4 Develop skills of an evidence based clinical practice by utilizing applied knowledge of

- clinical audit
- critical appraisal of research
- research methodology
- ethical review
- research governance

6. PATIENT MANAGEMENT

6.1 The paramedic practitioner will demonstrate an ability to treat and / or refer or discharge patients who access the health service through the 999 system, but who do not need hospital admission. Including for example,

- Mild / moderate asthma
- Recovered hypoglycaemic diabetics
- Minor pre-existing psychiatric problems
- Patients who have recovered from epileptic fits
- Minor injuries (including indications for x-rays) for example,

- Limbs injuries
- Trunk injuries
- Minor Head injuries

6.2 The paramedic will be able to:

6.2.1 Utilize support services to manage the unscheduled care of the patient within the primary health care setting by referral to alternative agencies, for example:

- Community Psychiatric Nurse
- District nurse
- General practitioner
- Health visitor
- NHS Direct
- Pharmacy
- Social worker

6.2.2 Measure, assess, and manage pain in adult and paediatric patients using mechanical, pharmacological, and / or other methods.

6.2.3 Demonstrate an awareness of and the implications for tissue viability / pressure area care in relation to;

- Patient transfer
- Application of immobilisation techniques

6.2.4 Demonstrate an ability to assess and manage wounds, making a clinical judgment regarding treatment or referral or discharge

- Aseptic technique
- Wound cleansing
- Infiltration of local anaesthetic
- Wound closure using paper strips, glue, clips or sutures
- Selection and use of an appropriate dressing
- Dressing techniques
- Administration of anti-tetanus therapy
- Appropriate follow up

6.2.5 Demonstrate knowledge and understanding of local and national policies / guidance of infection control particularly in relation to:

- Meningococcal disease
- Methicillin (flucloxacillin) Resistant Staph Aureus (MRSA)
- Blood borne infections such as: Hepatitis B/C HIV

7. PHARMACOLOGY, PRESCRIBING, SUPPLYING AND ADMINISTRATION OF MEDICINES

The paramedic practitioner is able to;

- 7.1 Understand the principles of pharmacodynamics and pharmacokinetics as applied to clinical interventions.
- 7.2 Critically evaluate the effect of individual differences in physiology on drug responses.
- 7.3 Evaluate adverse drug reaction and interactions, and the reporting and recording procedures associated with these.
- 7.4 Appraise the impact of co-morbidity's on prescribing and patient management choices.
- 7.5 Examine the clinical, psychological and cultural factors influencing prescribing decisions.
- 7.6 Explore the legal basis of prescribing, supplying and administering medicines.
- 7.7 Supply, administer and prescribe drugs according to national and local policy, protocols and patient group directives.

8. HEALTH EDUCATION AND HEALTH PROMOTION

The paramedic practitioner will;

- 8.1 Show evidence of participation in health improvement programmes through community education initiatives such as:
 - citizen CPR
 - public access defibrillation
 - healthier life style education projects
 - accident prevention
- 8.2 Understand and apply relevant health promotion and health education strategies, such as discharge advice.

9. *MANAGEMENT, LEADERSHIP, HUMAN FACTORS, AND PERSONAL SKILLS*

9.1 The paramedic practitioner will be able to do;

- Direct and supervise the work of others
- Manage and organize patient caseload
- Manage the needs of the patient's family
- Work as an effective member and leader of the multi-professional team
- Recognise and manage manifestations of stress in the multi-professional team, carers, patients and self
- Understand and organize own time management
- Demonstrate effective use of information technology in relation to clinical practice
- Engage in self-appraisal and contribute to the development of others through clinical supervision and reflective practice
- Translate the concept of critical resource management in relation to clinical practice and the prevention of adverse events
- Formulate and express ideas concerning human factors in relation to clinical practice such as;
 - Team dynamics
 - Team climate
 - Communication
 - Learning and the organization

APPENDIX 1:

MEMBERSHIP OF THE HIGHER EDUCATION AMBULANCE DEVELOPMENT GROUP (HEADG)

West County Ambulance Service

University of Plymouth

University of Hertfordshire

London Ambulance Service

East Anglia Ambulance Service

Welsh Ambulance Service

University of Wales Swansea

Scottish Ambulance Service

Oxford-Brookes University

BASMED

ASA & AETAG (invited)

JRCALC

HPC (invited)

British Paramedic Association (invited)

Defence Medical Services Training Division

Changing Workforce Programme – Emergency Care Pilot

Appendix 2
Conditions seen by ECPs in MIU

Chief complaint	Number of patients presenting
Burns/scalds	10
Contusion/abrasion	4
Dislocation/fracture/joint injury/amputation	18
Foreign body	1
Head injury	4
Laceration	57
Muscle/tendon injury	3
Nerve injury	2
Ophthalmologic conditions	10
Puncture wound	1
Soft tissue injury/inflammation	48
Sprain/ligament injury	19
Vascular injury	1
Medical condition	10
Other condition not specified	3
TOTAL	191