



Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework

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Foreword



Suzanne Rastrick
Chief Allied Health Professions Officer (England), NHS England

During visits across England as Chief Allied Health Professions Officer, I have seen at first-hand the potential Paramedics have to use their knowledge and skills to lead transformational change for the benefit of citizens and their health and wellbeing in a wide variety of settings.

Paramedics have unique capabilities which allow patients to receive the right care, at the right time - whether in a hospital, a primary care setting or in their own home. I am therefore delighted to support the launch of this framework. This will ensure the ongoing development of paramedic practice, and the transformation of services for the benefit of patients and the public.

Using this framework, paramedics will be supported to continue to develop competencies and capabilities across a wide range of areas, including core clinical skills, communication, person centred care, public health and leadership.

A handwritten signature in black ink that reads "Suzanne Rastrick".



Professor Simon Gregory
Director of Education and Quality (Health Education England working across Midlands and East)

General practice is becoming increasingly complex with ever increasing work intensity and workload; with more patients, living longer, with multi-morbidity and more that can be done as medical science continues to advance. Against this backdrop general practice has a strong track record of innovation and development. Over past decades we have developed group practices, introduced practice nurses, adopted computerised records and systems like no other part of the NHS and much more, and we continue to innovate. General practice remains patient, family and community centred, with the trusted family physician at the core - but to provide the required service in a manner that is safe for patients and sustainable and enjoyable for those working in primary care a multidisciplinary team is vital.

The advent of the paramedic specialist in primary and urgent care is a most welcome innovation. My practice already employs a fabulous paramedic and we and our patients are seeing the benefits and similarly the practice with which I am registered has one.

Paramedics have so many complementary skills and in primary care there are many areas where paramedics can complement the rest of the primary care team, not least acute care, but also, domiciliary visiting and follow up to the same that may well enable patients to stay in their own home rather than be admitted to hospital. In addition, this framework offers an opportunity for paramedics to develop their skills and develop more sustainable careers. My gratitude to all that have led on and developed this framework.

A handwritten signature in black ink that reads "Simon Gregory".

Statements of support

The College of Paramedics is pleased to have contributed to the development of this core capabilities framework. The College set out in 2008 a career framework for paramedics, ambitiously aiming to develop paramedics in a range of fields at different levels. This framework, developed through collaboration, further guides the development of specialist paramedics in primary and urgent care. It lays out clearly the capability requirements and domains of practice at this level ensuring that paramedics can work in collaboration with other professionals to deliver excellent patient-centred care. With an increasing and ageing population, more long-term conditions and increased community care this benchmark of capabilities will provide for specialist paramedics able to meet patient need into the future.

Dr John Martin PhD
Chair, College of Paramedics

The Royal College of General Practitioners (RCGP) welcomes this timely, comprehensive and useful framework. Primary care is rapidly evolving with ever changing demands and it is therefore essential that the workforce reflects the diversity and complexity of the patients and conditions encountered. The role of the paramedic in primary care is increasingly important and prevalent and it is therefore helpful that this comprehensive framework sets out core capabilities. This will help to give confidence to the patients being treated by, and the GPs working alongside, these much valued and highly trained allied healthcare professionals.

Professor Kamila Hawthorne
Former Vice Chair (Professional Development), Royal College of General Practitioners

The utility of paramedics in the Defence Medical Services has been growing in the last 15 years and advances in the scope of practice would be welcomed. Many military paramedics work within Primary Care and to have their skills recognised would be a great step forward in shaping professional values and behaviours within the military. The four domains and 14 capabilities would be pivotal in transforming what is mainly a 'trauma' based military paramedic into a more rounded clinician. The capabilities in this framework provide a description of the scope of practice of a military paramedic specialising in primary and urgent care who must be adaptable and not constrained by protocols or prescriptions for practice, with the ability to use their autonomy and also grow confidence especially when working in austere environments.

Squadron Leader Andy Smith
Defence Specialist Advisor Paramedics, Royal Centre for Defence Medicine

The role of the paramedic has developed over recent years to meet the shifting needs of healthcare towards community provision, aimed at supporting patients to be treated and managed within their own home. 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.

This framework describes, in a clear and consistent manner the key skills, competencies and scope of practice for paramedic specialists in primary and urgent care. It clearly illustrates the capability requirements for paramedics within this role to work safely and effectively for the benefit of patients who present with a variety of long-term conditions, acute exacerbations, illnesses and injuries.

I would like to thank all of the contributors for their hard work in its development.

Richard Webber
Former Lead Paramedic, Urgent and Emergency Care (NHS England)

Introduction and background

Health Education England commissioned the development of this 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 is able to 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 situations, whilst retaining responsibility and accountability for those service users.

The framework describes **core capabilities**. For the purposes of this framework we are using the following definitions:

Core: common and transferable across different organisations and models of service provision.

Capabilities: the attributes (skills, knowledge and behaviours) which people bring to the workplace. This includes having the potential to be competent and beyond this, to manage change, be flexible, deal with situations which may be unpredictable and continue to improve performance.

*(See **Appendix 1. Competences and capabilities**)*

Scope of the framework

This framework specifies a range of capabilities expected of the paramedic specialist in primary and urgent care. This includes the ability to:

- Formulate and document a well evidenced differential diagnosis having taken a relevant history or completed a telephone-based assessment of a patient and provided an appropriate assessment of that patient.
- Work with service users and, where appropriate, carers to access appropriate, treatment, diagnostics, care and support within the context of individual patient characteristics, background and circumstances.
- Maintain and deliver continuity of care in collaboration with the patient.
- Use interactions with people to encourage changes in behaviour that can have a positive impact on their health and wellbeing.
- Support shared decision-making and a person-centred approach, working in partnership with people, families and communities.
- Draw on the expertise of all members of the multi-disciplinary team and social support to meet people's best interests and optimise the integration of their care.

Whilst every practitioner will acquire, through continuing professional development more specialist knowledge and skills of relevance to particular areas, they are required to maintain the same basic level of general competence across the core capabilities outlined in this document when delivering extended practice. In effect the capabilities articulated within this document are the essential foundations for working in a generalist environment where ambiguity and uncertainty can be high.

Structure of the framework

The framework begins with a description of professional values and behaviours that underpin all the capabilities set out under the four domains that follow.

The domains of the framework are:

Domain A. Person-Centred collaborative working

Domain B. Investigation, assessment, advice and clinical impression or diagnosis

Domain C. Condition management, treatment and prevention

Domain D. Leadership and management, education and research

Within the domains are a total of 14 capabilities. The capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process or hierarchy.

The capabilities set out what a paramedic specialist in a primary or urgent care setting should be able to do. They should be interpreted and used as a framework for the collective expression of acquired skills, knowledge and attitudes rather than taken in isolation.

The capabilities are all underpinned by the clinical knowledge to promote health and to diagnose and manage the care of people.

Core clinical skills are presented in **Appendix 2** and an indicative list of patient presentations is presented in **Appendix 3**.

The framework does not prescribe how individual practitioners' fulfilment of the capabilities should be demonstrated or assessed and assumes that cyclical appraisal, credentialing and CPD exist within a well governed clinical working environment. This will depend upon the context or setting where the framework is used and how people have developed their capability.

Further information on the development of this framework is presented in **Appendix 4**.

Synergy with the Advanced Clinical Practice (ACP) Framework

This framework builds upon the definitions of advanced clinical practice provided by the Advanced Clinical Practice (ACP) Framework (2017)¹.

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes.

The ACP definition has been developed to provide clarity for employers, service leads, education providers and healthcare professionals, as well as potential ACPs practising at an advanced level.

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the Advanced Clinical Practice Framework (2017); the capabilities are common across this level of practice enabling standardisation. As well as demonstrating that health and care professionals have developed to a defined level of practice, there is an expectation that this is sustained through organisational mechanisms such as appraisal and support for continuing professional development.

As illustrated on the table below, the ACP capabilities specific to **Clinical Practice** for paramedics specialist in primary and urgent care are articulated in Domains A, B and C of this framework.

Domain D of this framework replicates the ACP capabilities for Leadership and Management, Education and Research, which apply to all models of advanced clinical practice across sectors, specialties and professions.

Table 1.

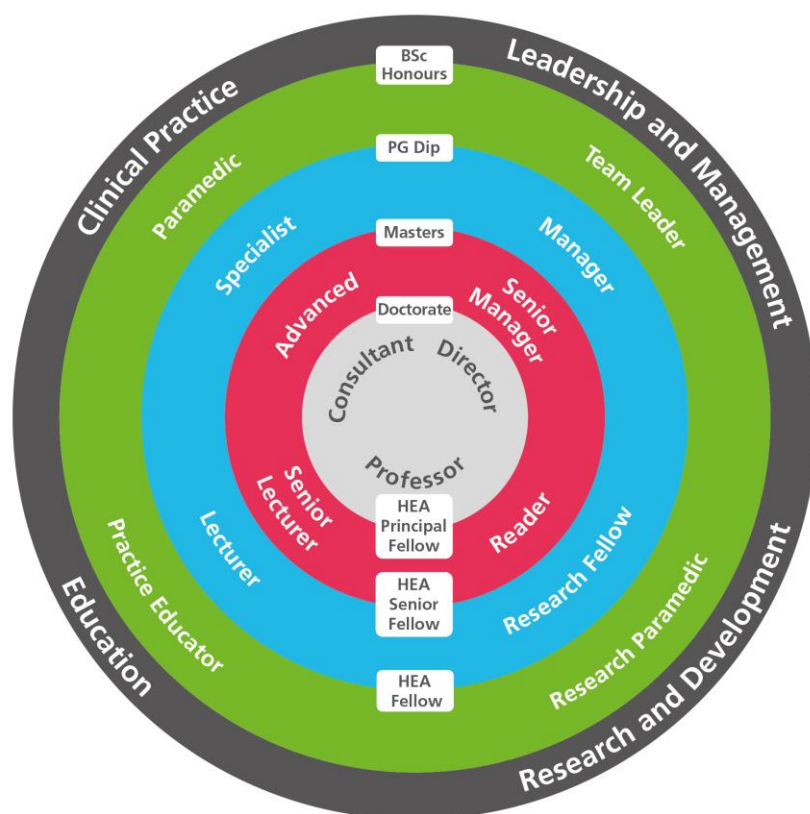
Pillars of the ACP Framework	Domains of the Paramedic Specialist Framework
1. Clinical Practice	Domain A. Person-centred collaborative working Domain B. Investigation, assessment, advice and clinical impression or diagnosis Domain C. Condition management, treatment and prevention
2. Leadership and Management	Domain D. Leadership and management, education and research
3. Education	
4. Research	

¹ Ref: NHS (2017), Multi-professional framework for advanced clinical practice in England.

In accordance with the ACP framework, the language used to describe the capabilities is deliberately mapped to level 7 taxonomy to support and make clear the expectation that people working at this level are required to operate at Master's level i.e. to have the ability to make sound judgements in the absence of full information and to manage varying levels of risk when there is complex, competing or ambiguous information or uncertainty.

This also maps to the specialist level of practice and the four pillars of practice articulated in the College of Paramedics Career Framework², illustrated in figure 1 overleaf. The College of Paramedics is the recognised professional body for paramedics in the UK. The College represents its members in all matters affecting clinical practice and provides advice and guidance for those seeking to join or progress their careers in the profession. In particular, the College of Paramedics provides a summative assessment of practice-based learning in the form of an exam; the Diploma in Primary and Urgent Care (Dip.PUC). Successful completion of the exam would be one of the methods by which clinicians could evidence the underpinning skills and knowledge to operate effectively within the scope of this framework. The exam comprises two parts, a written Applied Knowledge test (AKT) and a series of 15 Objective Structured Clinical Examinations (OSCEs) and takes place at regular intervals throughout the year.

Figure 1: College of Paramedics (2018), Paramedic Career Framework



² College of Paramedics (2018), Post Registration - Paramedic Career Framework 4th Edition: <https://www.collegeofparamedics.co.uk/publications/post-reg-career-framework>

Who is this framework for?

Service commissioners

The framework enables commissioners of services to specify minimum standards for clinical employment/placement; it sets out clear expectations about what paramedic specialists working in primary and urgent care are able to do, recognising that the paramedic specialist working in primary and urgent care must be adaptable and not constrained by protocols or prescriptions for practice.

The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of operating at this level of practice, in order to facilitate the development and mobility of this workforce.

Service providers

The framework enables managers to demonstrate that paramedic specialists working in primary and urgent care meet core capabilities or have developmental plans in place and clinical supervision to meet the nationally recognised framework. This underpins the continuing professional development of practitioners to ensure their practice remains up-to-date, safe and effective and supports the process of quality assurance to ensure the safety and effectiveness of advanced clinical practice roles.

A further aspiration in providing this framework is to support service transformation i.e. that organisations use the framework to review their current arrangements for primary and urgent care and the deployment of paramedics in the environment. The aim is to support operating paramedics in primary and urgent care settings by articulating clearly the appropriate tenants of practice.

Education and training providers

The framework helps those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve, which in turn will guide the content to be included and the use of appropriate learning and teaching strategies.

Education providers can use the framework to inform the design of their curricula and the delivery of education, training and development programmes, including how they couch their intended learning outcomes. This will ensure that their learning and development provision contributes to students and practitioners acquiring and demonstrating the full range of knowledge to support the capabilities required for paramedic specialists working in primary and urgent care

Use of this national framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning. In so doing, it should help to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Practitioners – people and teams

The framework sets out clear expectations for practitioners about the requirements of effective and safe extended practice roles and transferable skills. It can be used to review and recognise how capabilities are shared across teams and to conduct formal or informal appraisal and training needs analysis, comparing current skills and knowledge with required skills and knowledge. The framework also provides a structure for career progression and development in new and challenging clinical environments and engagement in continuing professional development.

Practitioners may have different starting points, due to their background, clinical training and scope of practice - most practitioners are already likely to meet all or some of the capabilities but may need to develop and orientate themselves to working in a primary or urgent care setting.

Service users and the public

The framework can be used by service users and the public to understand the expectations of the paramedic workforce in primary care and to plan effectively for their own current and future care. In particular, the framework highlights that people must be able to make informed choices about their care and be assured that services are delivered safely and effectively alongside healthcare and other practitioners, i.e. to participate in shared decision-making.

Professional values and behaviours

The paramedic specialist in primary and urgent care will adhere to legal, regulatory and ethical requirements, professional codes, and employer protocols.

Specifically, this means working in accordance with the Health & Care Professions Council (HCPC) Standards of conduct, performance and ethics and; Standards of proficiency: Paramedics.

The HCPC Standards of conduct, performance and ethics sets out standards for the following professional skills, knowledge and behaviour:

- promote and protect the interests of service users and carers;
- communicate appropriately and effectively;
- work within the limits of their knowledge and skills;
- delegate appropriately;
- respect confidentiality;
- manage risk;
- report concerns about safety;
- be open when things go wrong;
- be honest and trustworthy; and
- keep records of their work.

HCPC (2016): Standards of conduct, performance and ethics: <https://www.hcpc-uk.org/publications/standards/index.asp?id=38>

HCPC (2014), Standards of Proficiency: Paramedics: http://www.hpc-uk.org/assets/documents/1000051CStandards_of_Proficiency_Paramedics.pdf

The paramedic specialist in primary and urgent care will also take account of the NHS Constitution in their decisions and actions. The Constitution sets out rights for service users, public and staff. It outlines NHS commitments to service users and staff, and the responsibilities that the public, service users and staff owe to one another to ensure that the NHS operates fairly and effectively: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Underpinning knowledge

The capabilities in the framework provide a definition of what a paramedic working in primary and urgent care can do, recognising that the paramedic specialist in primary and urgent care must be adaptable and not constrained by protocols or prescriptions for practice

It is crucial that this is underpinned by the clinical knowledge to promote health and to diagnose and manage the care of people.

A paramedic specialist in primary and urgent care will have undertaken – or as a trainee be working towards – a post-graduate qualification in a subject relevant to their practice. They will have clinical-reasoning and problem-solving capabilities and critical self-awareness, both to apply their knowledge and skills within their professional scope of practice, and within the constraints of this capability framework.

The educational standard for post-graduate paramedics is set out in the QAA Subject Benchmark Statement: Paramedics (June 2016) at: https://www.qaa.ac.uk/docs/qaa/subject-benchmark-statements/sbs-paramedics-16.pdf?sfvrsn=9594f781_12

Indicative patient presentations are set out in **Appendix 2**.

Domain A. Person-centred collaborative working



Introduction

Paramedic specialists in primary or urgent care settings have the interpersonal and communication skills to engage in effective, appropriate interactions with individuals, carers and colleagues in the clinical environments and roles in which they practise. They have the listening, information-processing and empathetic skills to ascertain, understand and respond to individuals' needs and concerns. They use appropriate language and media (including remote consultation such as telephone, skype etc), are sensitive to individual preferences and needs, and uphold and safeguard individuals' interests.

Practitioners take account of individuals' specific needs, wants and circumstances to guide the care and treatment they offer. They respect individuals' expertise in their own life and condition and empower and support them to retain control and to make choices that fit with their goals. Avoiding mechanistic practice, they apply their knowledge and skills in a person-centred way rather than sticking rigidly to predetermined protocols or work place imperatives.

Capability 1. Communication

The paramedic specialist in primary and urgent care can do the following:

- a) Convey information and address issues in ways that avoid jargon and assumptions and respond appropriately to questions and concerns.
- b) Adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people's communication and language needs and preferences, including levels of spoken English and health literacy.
- c) Recognise where people may have cognitive and sensory impairments and support the use of accessible information as needed.
- d) Evaluate situations, circumstances or places which make it difficult to communicate effectively (e.g. noisy, distressing or emergency environments), and have strategies in place to overcome these barriers.
- e) Adapt clinical practice to non-face to face practice environments e.g. phone or video consultation.
- f) Communicate effectively, respectfully and professionally with service users and carers at times of conflicting priorities and opinions.
- g) Signpost people or those acting on their behalf appropriately and effectively to sources of information and support.
- h) Communicate effectively with colleagues using a variety of media (e.g. verbal, written and digital) to serve people's best interests.
- i) Respect and draw on the full range of colleagues' knowledge and expertise within the multi-disciplinary team to serve people's best interests.
- j) Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.
- k) Recognise that effective consultation skills are a subset of specialised communication skills highlighted in the capability for history taking and consultation skills.

For further details on core communication and relationship building skills, see [Person-Centred Approaches \(SfH & HEE 2017\)](#).

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Capability 2. Person-Centred care

The paramedic specialist in primary and urgent care can do the following:

- a) Demonstrate sensitivity to the significance of people's background, experiences, values and culture, recognising the expertise that people bring to managing their own care.
- b) Evaluate how a person's preferences and experience, including their individual cultural and religious background, can offer insight into their priorities and wellbeing.
- c) Be mindful of the need to mitigate the impact of health inequalities on individuals and diverse communities.
- d) Engage people in shared decision making about their care by:
 - helping them to identify the priorities and outcomes that are important to them
 - explaining in non-technical language all available options (including doing nothing)
 - exploring with them the risks and benefits of each available option and discussing the implications
 - supporting them to make a decision on their preferred way forward.
- e) Evaluate how the vulnerabilities in some areas of a person's life might be overcome by promoting resilience in other areas.
- f) Evaluate the implications of, and apply in practice, the relevant legislation for informed consent and shared decision making (e.g. mental capacity legislation).
- g) Advocate for and contribute to person-centred approaches in the management and development of services.

For further details on approaches to person-centred care and behaviour change, see [Person-Centred Approaches \(SfH & HEE 2017\)](#).

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Capability 3. Working with families and carers

The paramedic specialist in primary and urgent care can do the following:

- a) Recognise the significance of family, carers and social networks in planning and providing care and the importance of developing partnerships with them, with due regard for the complexity and diversity in family relationships and arrangements.
- b) Communicate compassionately, effectively and in a timely manner with children, young people, older people, families and carers.
- c) Adapt communication to overcome barriers, which may include where someone has additional care, support or communication needs, e.g. learning disabilities, cognitive impairment or sensory impairment.
- d) Assess the needs of family and carers and support family and carers to access and use information and local support networks.
- e) Integrate awareness of public health issues affecting the growth and development of children into clinical practice.
- f) Understand the scope and availability of resources to support personalisation in care e.g. the impact of access to personal health and or social care budgets and the duty of local authorities to undertake carer's assessments.
- g) Advocate for and contribute to, the development of practices and services that meet the needs of families and carers.
- h) Understand legislation relevant to carers and carers rights and facilitate access to further support around legal issues.
- i) Comply with local child protection procedures.

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Capability 4. Referrals and integrated working

The paramedic specialist in primary and urgent care can do the following:

- a) Practise within professional and personal scope of practice and access advice when appropriate.
- b) Understand and value the expertise and contribution to patient care of other health and care professionals.
- c) Engage in effective inter-professional communication and collaboration (with clear documentation) to optimise integrated management and care for people.
- d) Contribute effectively to multi-disciplinary team activity (including service delivery processes and learning and development).
- e) Actively participate as an effective team member and understand the importance of effective team dynamics.
- f) Advise on local non-clinical services that people and their carers may benefit from, including those relating to voluntary activities, counselling services and leisure facilities.
- g) Make appropriate and timely referrals using effective communication with other health and care professionals and agencies when this is in people's best interests.

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Capability 5. Law, ethics and safeguarding

The paramedic specialist in primary and urgent care can do the following:

- a) Be aware of the NHS Constitution and abide by its principles.
- b) Work in accordance with the Health & Care Professions Council (HCPC) standards.
- c) Practise in accordance with legislation, policies and procedures relevant to:
 - 1. Safeguarding
 - 2. Whistleblowing
 - 3. Equality, diversity and human rights
 - 4. Consent and mental capacity
 - 5. Children and young people
 - 6. Duties of candour and care
 - 7. Confidentiality and Caldicott Principles
 - 8. Data protection and Information governance
 - 9. Wider healthcare regulation
- d) Identify and take action when own or others' behaviour undermines equality, diversity and human rights.
- e) Identify and address ethical issues, which may impact on patient care, carers and society.

For further details on Safeguarding Adults, Safeguarding Children, Equality Diversity and Human Rights, see the Statutory/Mandatory [Core Skills Education & Training Frameworks](#).

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Domain B. Investigation, assessment, advice and clinical impression or diagnosis



Introduction

Paramedic specialists in primary or urgent care settings conduct clinical assessments and develop a clinical impression or diagnosis that will ensure most effective management and referral if needed. This includes identifying the need for and requesting appropriate investigations and tests.

Paramedic specialists demonstrate skills in problem-solving, critical thinking and evaluating the impact and outcomes of their interventions. They analyse and synthesise information, particularly in relation to unfamiliar contexts and presentations where information may be incomplete or contradictory.

They work ethically, underpinned by their professionalism. They incorporate a critical approach to risk and uncertainty and work actively with others to resolve conflict.

Paramedic specialists demonstrate safe, effective, autonomous and reflective practice, informed by available evidence and established best practice. They work effectively as part of a team, either as a leader or as a team member, contributing to multi-disciplinary team-working to optimise the quality of service and clinical outcomes delivered to individuals. They will support and encourage shared decision-making e.g. working together with service users and carers to agree tests and investigations based upon clinical need and individuals' informed preferences.

Capability 6. History-taking and consultation skills

The paramedic specialist in primary and urgent care can do the following:

- a) Structure consultations so that the patient and/or their carer is encouraged to express their ideas, concerns, expectations and understanding using active listening skills and open questions to effectively engage with people and carers
- b) Critically appraise the limitations and challenges of remote consulting and be able to optimise communication by means of active listening e.g. frequent clarifying, paraphrasing and picking up verbal cues such as pace, pauses and voice intonation.
- c) Synthesise information, taking account of factors which may include the presenting complaint, past history, medications, allergies, risk factors and other determinants of health to create a mutually agreed action plan.
- d) Incorporate information on the nature of people's issues from various other appropriate sources e.g. third parties, previous histories and investigations.
- e) Explore and appraise peoples' perceptions, ideas or beliefs about their symptoms and condition and whether these may act as a driver or form a barrier.
- f) Critically appraise complex, incomplete, ambiguous and conflicting information presented by people, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further.
- g) Deliver diagnosis and bad news sensitively and ensure understanding
- h) Record the information gathered concisely and accurately for clinical management, and in compliance with local protocols, legal and professional requirements for confidentiality, data protection and information governance.

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Capability 7. Physical and mental health assessment

The paramedic specialist in primary and urgent care can do the following:

- a) Appropriately obtain consent to physical examination, respect and maintain the patient's privacy, dignity (and comfort as far as practicable), and comply with infection prevention and control procedures.
- b) Adapt practice to meet the needs of different groups and individuals (including adults, children and those with particular needs such as cognitive impairment or learning disabilities), working with chaperones, where appropriate.
- c) Apply a range of physical assessment techniques appropriately, systematically and effectively, informed by an understanding of techniques' respective validity, reliability, specificity and sensitivity and the implications of these limitations within an assessment including, as appropriate, neurological, cardiovascular, respiratory, musculoskeletal or abdominal examination.
- d) Perform a mental health assessment appropriate to the needs of the patient and the setting.
- e) Identify, analyse and interpret potentially significant information from the physical and mental health assessment (including any ambiguities) and consider the need for an appropriate and timely referral.
- f) Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local protocols, legal and professional requirements for confidentiality, data protection and information governance.

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Capability 8. Investigations and diagnosis

The paramedic specialist in primary and urgent care can do the following:

- a) Interpret the subjective and objective findings from the consultation in order to determine the need for treatment and/or further investigation and/or escalation.
- b) Understand the indication for initial and follow-up investigations in relation to the presentations and taking responsibility for interpretation, actioning, or appropriate escalation of results.
- c) Formulate a differential diagnosis based on subjective and where available objective data.
- d) Focus the objective data gathering and prioritise investigations in the context of the patient presentation and the clinical environment.
- e) Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained.
- f) Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately.
- g) Recognise key diagnostic biases and common errors and the issues relating to diagnosis in the face of ambiguity and incomplete data.
- h) Recognise when a clinical situation is beyond individual capability or competence and escalate appropriately.

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Domain C. Condition management, treatment and prevention



Introduction

Paramedic specialists in primary or urgent care settings support and encourage individuals to self-manage their condition and to make behaviour changes. They focus on how they can have a positive impact on the health and wellbeing of individuals, communities and populations. They advise on interventions and formulate and enable the development and implementation of management plans. They work in collaboration with health and social care colleagues (across services, agencies and networks) to meet individuals' best interests.

Paramedic specialists in primary and urgent care need to be able to develop, advise on and enact an integrated management plan that considers all the options and needs and wishes of the individual, even though some of those options will be out with their scope of practice.

Paramedic specialists will support and encourage shared decision-making, i.e. working together with service users and carers to select investigations, treatments, management or support packages, based upon clinical evidence of all the options and peoples' informed preferences. The management plan needs to support self-management and consider health promotion and lifestyle interventions, dependent on the possibilities and on the needs and wishes of the individual.

Capability 9. Treatment and care planning

The paramedic specialist in primary and urgent care can do the following:

- a) Work in partnership with people to develop management plans that take account of their needs, goals and wishes, local service availability and relevant guidelines.
- b) Ensure the management plan considers all options that are appropriate for the care pathway.
- c) Implement management plans in collaboration with the service users, their carers and other healthcare professionals
- d) Monitor and follow up changes in patient's condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate.
- e) Identify when interventions have been successful and discharge the patient with appropriate advice.

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Capability 10. Pharmacotherapy

The paramedic specialist in primary and urgent care can do the following:

- a) Safely administer therapeutic medications, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies.
- b) Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.
- c) Practise in line with the principles of antibiotic stewardship.
- d) Demonstrate knowledge of drug legislation including medicines management adhering to legal frameworks and use appropriate source literature where required (e.g. British National Formulary).
- e) Appropriately review response to medication, recognising the balance of risks and benefits, which may occur in the context of factors such as polypharmacy, multimorbidity, frailty and cognitive impairment.
- f) Recognise adverse drug reactions and manage appropriately, including reporting where required.
- g) Advise people on medicines management including the expected benefits and limitations and inform them impartially on the advantages and disadvantages in the context of other management options.
- h) Identify sources of further information (e.g. websites or leaflets) and advice (e.g. pharmacists) and be able to signpost people as appropriate to complement the advice given.
- i) Maintain accurate, legible and contemporaneous records of medication administered and advice given in relation to medicine.

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Capability 11. Health promotion and lifestyle interventions

The paramedic specialist in primary and urgent care can do the following:

- a) Appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for people, their family and carers.
- b) Act on day to day interactions with people to encourage changes in behaviour that will have a positive impact on the health and wellbeing of people, communities and populations i.e. [‘Making Every Contact Count’](#)
- c) Recognise and promote the importance of social networks and communities for people and their carers in managing long-term health conditions.
- d) Support people to self-manage and fulfil their role in their management plan, where appropriate using principles of behaviour change theory and patient activation.
- e) Support people to explore the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals.
- f) Advise on the effects of smoking, alcohol, obesity and inactivity on health conditions and, where appropriate promote change or refer to relevant services.
- g) Advise on and refer people to psychological therapies and counselling services, in line with their needs, taking account of local service provision.
- h) Support people to get the most from conversations about the management of their health condition and its impacts by supporting and encouraging them to ask questions about what is a priority or concern for them.
- i) Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities.
- j) Advise on sources of relevant local or national self-help guidance, information and support including coaching.

For further details on approaches to public health, see [Public Health Skills and Knowledge Framework \(PHE 2016\)](#)

For further details on supported self-management, see [Person-Centred Approaches \(SfH & HEE 2017\)](#).

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Domain D. Leadership and management, education and research



Introduction

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the Multi-Professional Framework for Advanced Clinical Practice Framework (2017); the capabilities are common across this level of practice enabling standardisation.

The four pillars that underpin this practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

The knowledge, skills and behaviours specific to **Clinical Practice for the paramedic specialist in primary and urgent care** are articulated in Domains A, B and C of this framework.

The capabilities for Leadership and Management, Education and Research, which apply to all models of advanced clinical practice across sectors, specialties and professions are presented overleaf.

The Multi-Professional Framework for Advanced Clinical Practice Framework in England (2017)³ builds upon the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2010)⁴ and Supporting the Development of Advanced Nursing Practice (Scottish Government 2008, reviewed 2013)⁵.

³ <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

⁴ <https://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>

⁵ <http://www.advancedpractice.scot.nhs.uk/media/1371/supporting%20the%20development%20of%20advanced%20nursing%20practice.pdf>

Capability 12. Leadership and management

The paramedic specialist in primary and urgent care can do the following:

- a) Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.
- b) Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.
- c) Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).
- d) Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.
- e) Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.
- f) Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.
- g) Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.
- h) Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.
- i) Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).
- j) Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals, families, carers, communities and colleagues' safety and well-being when necessary.
- k) Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.

For further details on leadership and management, see the [NHS Leadership Academy](#).

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Capability 13. Education

The paramedic specialist in primary and urgent care can do the following:

- a) Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.
- b) Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.
- c) Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.
- d) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.
- e) Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.
- f) Identify further developmental needs for the individual and the wider team and supporting them to address these.
- g) Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice
- h) Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others.

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Capability 14. Research

The paramedic specialist in primary and urgent care can do the following:

- a) Critically engage in research activity, adhering to good, ethical research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.
- b) Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.
- c) Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.
- d) Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.
- e) Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.
- f) Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
- g) Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).
- h) Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers

For further details on research, see the [NHS National Institute for Health Research](#).

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Further detail of how the framework was developed is presented in Appendix 4.

Appendix 1. Competences and capabilities

The terms 'competences' and 'capabilities' are both widely used in educational and workforce development literature.

The Oxford English Dictionary definitions for both terms include; 'the ability to do something'.

Due to the similarity of these terms, they have often been used interchangeably, with little clear distinction between the two. Both require knowledge, skills and behaviours.

However, in recent years there has been a move towards making a distinction which can be summarised as follows:

To be competent is to consistently perform to the standards required in the workplace.

Competences are therefore defined standards of performance, focused on the outputs of work and observable performance. Competences include the ability to transfer and apply skills and knowledge to a range of situations/contexts – although tend to describe practice in stable environments with familiar problems.

Capabilities are the attributes (skills, knowledge and behaviours) which individuals bring to the workplace. This includes having the potential to be competent and beyond this, to manage change, be flexible, deal with situations which may be unpredictable and continue to improve performance.

There is inevitably a great deal of overlap between Competences and Capabilities. Both Competences and Capabilities:

- are about 'what people can do'
- describe knowledge, skills and behaviours
- can be the outcome of education, training or experience.

However, for the purposes of this framework we are using the term 'Capabilities' as this describes the potential to be competent, and beyond this, to work effectively in situations which may require flexibility and creativity.

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Appendix 2. Core clinical skills

The following outlines the assessment and management skills that the paramedic specialist in primary and urgent care should be able to perform within the context of the capabilities and are applicable across a variety of service users including adults, children and pregnant women.

These are the core clinical skills, but as the paramedic specialist develops they may develop additional skills according to the environment in which they work.

Respiratory system

- a) Take a structured and appropriate history of a patient presenting with a respiratory condition.
- b) Perform appropriate respiratory assessment.
- c) Provide well evidenced differential diagnosis and suggested management plan.
- d) Identify the need for and initiate immediate treatment of people with obvious respiratory emergencies including asthma attacks and anaphylaxis.
- e) Supply and/or administer appropriate therapies.
- f) Instruct service users in the use of medicines and devices.
- g) Identify and rationalise need for additional tests such as X-Ray, blood tests, respiratory function tests etc.
- h) Identify the need for additional clinical and professional support such as referral, second opinion etc
- i) Recognise the effect that the environment, lifestyle and genetics can have on the respiratory system and provide lifestyle and health promotion advice or referral, such as smoking cessation etc.

Cardiovascular system

- a) Take a structured and appropriate history of a patient presenting with a cardiovascular condition.
- b) Perform appropriate cardiovascular assessment.
- c) Provide well evidenced differential diagnosis and suggested management plan
- d) Identify the need for and initiate immediate treatment of people with obvious cardiovascular emergencies.
- e) Supply and/or administer appropriate therapies.
- f) Instruct service users in the use of medicines and devices.
- g) Identify and rationalise need for additional tests such as ECG, X-ray, blood tests etc.
- h) Identify the need for additional clinical and professional support such as referral, second opinion etc
- i) Recognise the effect that the environment, lifestyle and genetics can have on the cardiovascular system and provide lifestyle and health promotion advice or referral, such as weight loss, exercise and smoking cessation etc.

Gastrointestinal and Genitourinary System (GI and GU)

- a) Take a structured and appropriate history of a patient presenting with an abdominal, pelvic or associated condition (i.e. UPSI).
- b) Perform appropriate abdominal examination/assessment including digital rectal examination.
- c) Provide well evidenced differential diagnosis and suggested management plan.
- d) Identify the need for and initiate immediate treatment of people with obvious GI/GU emergencies.
- e) Supply and/or administer appropriate therapies
- f) Identify and rationalise need for additional tests such as urinalysis, high vaginal swabs, stool and blood tests etc.
- g) Identify the need for additional clinical and professional support such as referral, second opinion etc
- h) Identify and manage complications with medical devices, such as urinary catheters and stomas.
- i) Recognise the effect lifestyle that the environment, lifestyle and genetics can have the GI and GU systems and provide information, lifestyle and health promotion advice or referral, such as substance misuse or weight loss etc.

Nervous System

- a) Take a structured and appropriate history of a patient presenting with a neurological condition.
- b) Perform an appropriate neurological examination/assessment.
- c) Provide well evidenced differential diagnosis and suggested management plan.
- d) Identify the need for and initiate immediate treatment of people with obvious neurological emergencies.
- e) Supply and/or administer appropriate therapies.
- f) Identify and rationalise need for additional tests such as CT Scan, X-Ray, blood tests etc.
- g) Identify the need for additional clinical and professional support such as referral, second opinion etc
- h) Recognise the effect that the environment, lifestyle and genetics can have on the nervous system and provide information, lifestyle and health promotion advice or referral.

Musculoskeletal System

- a) Take a structured and appropriate history of a patient presenting with a musculoskeletal condition.
- b) Perform an appropriate musculoskeletal examination/assessment.
- c) Provide well evidenced differential diagnosis and suggested management plan.
- d) Identify the need for and initiate immediate treatment of people with obvious musculoskeletal emergencies.
- e) Supply and/or administer appropriate therapies.

- f) Identify and rationalise need for additional tests such as CT Scan, X-Ray, blood tests etc.
- g) Identify the need for additional clinical and professional support such as referral, second opinion etc
- h) Recognise the effect that the environment, lifestyle and genetics can have on the musculoskeletal system and provide information, lifestyle and health promotion advice or referral.

Head, Neck, Ears, Nose and Throat (HNENT)

- a) Take a structured and appropriate history of a patient presenting with a patient presenting with a head, neck, ears, nose and/or throat condition.
- b) Perform an appropriate HNENT examination/assessment.
- c) Identify the need for and initiate immediate treatment of people with obvious HNENT emergencies.
- d) Supply and/or administer appropriate therapies.
- e) Identify and rationalise need for additional tests such as swabs, CT Scan, blood tests etc.
- f) Identify the need for additional clinical and professional support such as referral, second opinion etc
- g) Recognise the effect that the environment, lifestyle and genetics can have on the musculoskeletal system and provide information, lifestyle and health promotion advice or referral.

Eyes

- a) Take a structured and appropriate history of a patient presenting with an eye condition.
- b) Perform appropriate ocular and visual examination / assessment.
- c) Provide well evidenced differential diagnosis and suggested management plan.
- d) Identify the need for and initiate immediate treatment of people with obvious eye emergencies.
- e) Identify and rationalise need for additional tests such as fluorescein staining, slit lamp or conjunctival swabs.
- f) Identify the need for additional clinical and professional support such as referral, second opinion etc.
- g) Recognise the effect that the environment, lifestyle and genetics can have on the eye and provide information, lifestyle and health promotion advice or referral.

Skin

- a) Take a structured and appropriate history of a patient presenting with a skin condition.
- b) Perform an appropriate skin examination.
- c) Provide well evidenced differential diagnosis and suggested management plan.

- d) Identify the need for and initiate immediate treatment of people with obvious skin emergencies.
- e) Identify and initiate appropriate treatment for patients presenting with minor wounds.
- f) Identify and rationalise need for additional tests such as biopsy, swab etc.
- g) Identify the need for additional clinical and professional support such as referral, second opinion etc.

Mental Health

- a) Take a structured and appropriate history and assessment of a patient presenting with mental health issues.
- b) Provide a well evidenced differential diagnosis and suggested management plan.
- c) Identify the need for and initiate immediate treatment of people with mental health emergencies.
- d) Identify the need for additional clinical and professional support such as referral, second opinion etc.
- e) Recognise the effect that the environment, lifestyle and genetics can have on mental health and provide information, lifestyle and health promotion advice or referral.

Social and psychosocial needs

- a) Take a structured and appropriate history of a patient presenting with social or psychosocial needs.
- b) Recognise the effect environment, social background and structure can have on mental and physical health and wellbeing.
- c) Identify the need for and initiate immediate treatment of people with obvious psychosocial emergencies.
- d) Identify the need for additional clinical and professional support such as referral, second opinion etc.
- e) Identify national and local referral pathways/agencies such as counselling, social prescribing networks, social services, and when appropriate, housing or benefit agencies.

Palliative and End of Life Care

- a) Take a structured and appropriate history of a patient presenting in palliative care or in the last days of life.
- b) Perform appropriate system and symptom assessment and examination.
- c) Provide well evidenced differential diagnosis and suggested management plan, to include the use of non-pharmacological interventions.
- d) Understand and practice within the key legal framework relating to end of life care such as, DNACPR, Advanced Directives, LPA, ANDO's and TEP's.
- e) Identify the need for immediate treatment of oncology related palliative care emergencies such as metastatic spinal cord compression, superior vena cava obstruction and hypercalcaemia.

- f) Identify and rationalise any need for additional support for the patient and carer / family, socially, psychologically and medically.
- g) Identify the need for additional clinical and professional support such as referral, second opinion etc.

Remote consultation (telephone, Skype etc)

- a) Take a structured and appropriate remote history of a patient and/or their carer presenting with an illness or health related enquiry.
- b) Identify, rationalise and prioritise the need for treatment including face to face consultation.
- c) Provide well evidenced differential diagnosis and suggested management plan.
- d) Identify the need for and initiate immediate and proportionate escalation of people presenting with potential physical, psychiatric or social emergencies.
- e) Provide telephone advice to other health care professionals.

Diagnostics and Procedures

Be competent in the use of and interpretation of findings with the following core pieces of bedside testing equipment:

- a) Thermometer
- b) Electrocardiograph (ECG)
- c) Transcutaneous oxygen saturation monitor
- d) Random blood glucose monitor
- e) Peak flow meter
- f) Stethoscope
- g) Deep tendon reflex hammer
- h) Otoscope
- i) Urine testing strips
- j) Pregnancy tests.

Therapeutics

- a) Interpret written instructions for the supply and administration of a medicine accurately (e.g. local guidelines), seeking confirmation when the drug, dose or route of administration are unclear, or where the medication/instruction as written is outside standard practice.
- b) Draw up and give a parenteral medicine including but not limited to intramuscular, subcutaneous, and intravenous injections.
- c) Undertake venous cannulation.
- d) Make recommendations based on current evidence.

Resuscitation

- a) Perform and participate in cardiopulmonary resuscitation to the level expected in Intermediate Life Support Training (ILS), including defibrillation, bag, valve, mask, airway adjuncts, and suction.

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Appendix 3. Core indicative patient presentations

Below is a list of core presentations that the practitioner is expected to be familiar with. Importantly where there is doubt or ambiguity the practitioner is not expected to make a diagnosis but rather keep an open mind and treat according to presentation formulating an impression as to what might be the cause and what needs escalation to be ruled out.

1. Abdominal and pelvic pain
2. Abdominal masses and lumps
3. Altered bowel habit
4. Altered level of consciousness / altered function
5. Altered sensation
6. Anaphylaxis
7. Angioedema and urticaria
8. Anxiety
9. Back and neck pain
10. Breast pain and swelling and/or lumps
11. Catheter and stoma problems
12. Chest pain and discomfort
13. Collapse / reduced level of consciousness
14. Constipation
15. Cough
16. Depression
17. Breathing difficulties and shortness of breath
18. Diarrhoea
19. Disordered mood/behaviour / thought
20. Distension (abdomen)
21. Dizziness
22. Difficulty swallowing
23. Emergency contraception and unprotected sexual intercourse
24. End of life
25. Eye pain
26. Faints, fits and 'funny turns'
27. Fever
28. Headache
29. Hearing loss
30. Indigestion
31. Jaundice
32. Joint and muscle pain/swelling
33. Urinary symptoms
34. Memory impairment
35. Minor injuries and wound care
36. Movement problems

37. Nasal congestion
38. Nausea
39. Night sweats, hot flushes and unintended weight loss
40. Oedema
41. Oral and dental pain
42. Ear pain / discharge
43. Generalised pain
44. Palpitations
45. Rashes, lesions and wounds
46. Red/painful / discharging eye
47. Rectal and anal pain
48. Rectal bleeding
49. Scrotal pain and swelling and/or lumps
50. Penile discharge, pain and/or swelling
51. Skin, soft tissue and lymph node swellings
52. Sleep disorder
53. Sore throat
54. Speech disturbances
55. Self-harm / suicidal ideation
56. Substance / alcohol misuse
57. Overdose / poisoning
58. Tiredness and exhaustion
59. Unwell and/or crying child
60. Vaginal discharge and bleeding
61. Vertigo
62. Visual disturbances
63. Voice changes
64. Vomiting
65. Vulnerable adult / child including abuse
66. Weakness (both focal and general)

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Appendix 4. How the framework was developed

Development of the framework was steered by a project management group representing key stakeholders, including Health Education England, NHS England, College of Paramedics, Skills for Health and Advanced Paramedic Practitioners from a range of ambulance service trusts and across primary care in England.

A wider stakeholder list was established to include a more diverse range of organisations and individuals that wished to be up-dated on development of the framework and to provide comments or feedback as part of the consultation process. Individuals were able to register their interest from a project web page.

Initial desk research was undertaken to identify key references, resources and significant themes or issues for consideration – further references and resources continued to be identified during the project (see Appendix 5. Bibliography).

Initial iterations of the framework were developed based on the findings of the desk research and consultation with the project management group. On 30th May, a clinical sub-group met to review the clinical focus of the framework and the draft framework was then shared with colleagues at RCGP, BMA and RCN for their review. Subsequently, between 10th August and 10th September a wider online consultation survey was conducted, with a total of 243 respondents. Based on analysis of these survey outcomes, further amendments and refinements were undertaken, leading to a final meeting of the project management group on 18th September 2018.

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