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Paramedics in general practice

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Paramedics have been an integral part of the primary care multi-professional team within general practice for many years, and their numbers have increased since 2021 with the introduction of funding via the Network Contract Directed Enhanced Service (DES).

The purpose of this guidance is to improve understanding among general practice staff and ambulance services of the different scopes of practice of paramedics working in general practice. For each level in this setting it also:

- highlights the training paramedics require
- provides guidance on the minimum expected number of post-registration years
- provides guidance on supervisory requirements
- clarifies for primary care networks (PCNs) when paramedics can be claimed under the Additional Roles Reimbursement Scheme (ARRS) of the Network Contract DES.

Educational development

As paramedics progress along their educational pathway, their scope of practice within the general practice teams will advance, and this can be further enhanced through the completion of additional training. This training will increase their competencies and capabilities to develop their level of practice within a variety of settings including general practice.

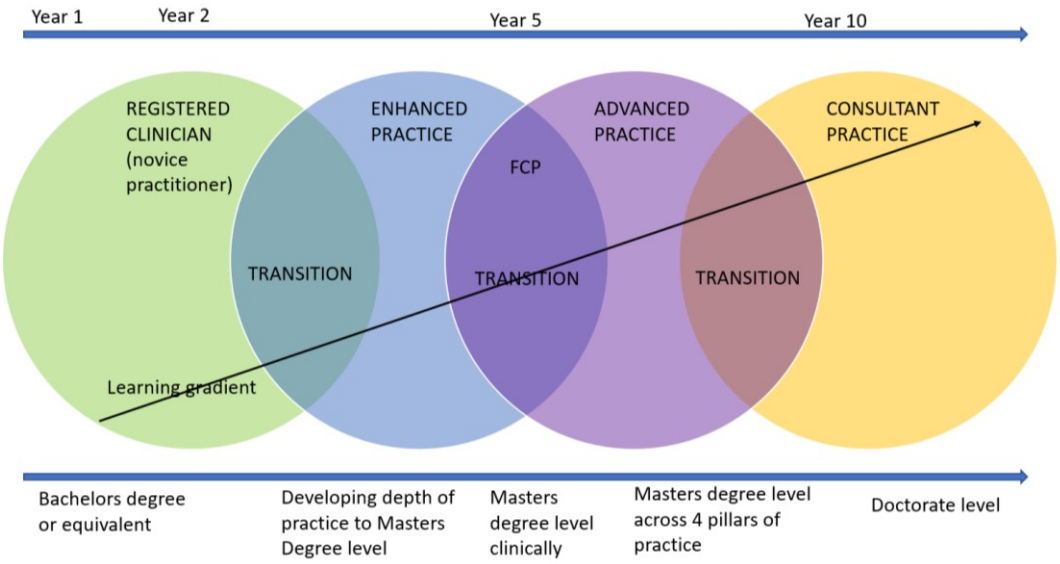
Allied health professionals (AHPs) such as paramedics can follow the Health Education England (HEE) Roadmaps to Practice to evidence their capability as first contact practitioners (FCPs) or advanced practitioners (APs). They provide a clear educational

pathway from undergraduate to advanced practice for clinicians wishing to pursue a career in general practice, and the capability framework clearly articulates capabilities so that employers can understand what the clinicians can offer the multi-disciplinary team (MDT). AHPs who have followed and demonstrated these capabilities will be able to see and manage more clinically complex patients and, within their scope of practice, work independently in general practice. APs will be able to supervise other relevant members of the MDT.

Where a PCN recruits a registered paramedic into a trainee FCP or AP role under the ARRS of the Network Contract DES, they must be working towards or are already meeting the education and training requirements of the contract specification. Further guidance on employer responsibilities including regulatory requirements can be found in the Care Quality Commission GP mythbuster: Primary care first contact practitioners (FCPs).

Figure 1 shows the educational career pathway for an AHP, including the minimum time they can move through the pathway.

Figure 1: Educational development pathway for paramedics in primary care



	1-2 years post registration	2-5 years post registration	5 years post registration		5+ years post registration
Job title and employment	**Newly qualified paramedic** Should only work in ambulance trusts to develop their paramedic skillset in practice and complete the two-year preceptorship. This is required to ensure safe practice and provide consolidation of learning. Not currently eligible for reimbursement under the Additional Roles Reimbursement Scheme (ARRS).	**Enhanced level practice paramedic** If working in general practice, should be part of a rotational model between PCN and ambulance trust. Requires access to robust daily clinical supervision from an appropriately qualified and experienced paramedic/clinical lead in the ambulance trust or general practice such as a multi-professional AP, paramedic FCP/AP or GP. Not currently eligible for reimbursement under the ARRS.	**Trainee first contact practitioner** Can be employed directly in general practice after completion of stage 1 of the paramedic roadmap. Eligible for reimbursement under the ARRS if employed under a rotational training programme. To meet requirements of the Network Contract DES, trainee FCPs must have completed roadmap stage 2 training and be signed off by an HEE certified clinical supervisor within six months of the start of reimbursement for that individual (or a longer time period as agreed with the commissioner).	**First contact practitioner** Can be directly employed in general practice. Rotational models may still be considered to support career development and retention. Eligible for reimbursement under the ARRS.	**Advanced practitioner** Can be directly employed in general practice. Rotational models may still be considered to support career development and retention. Eligible for reimbursement under the ARRS.

Education/development		Working at degree level or equivalent; Must meet the HCPC standards for a registered paramedic. If desired, working towards masters level practice and/or over three years to build a portfolio of evidence to complete stage 1 of the FCP roadmap.	Stage 1 of the paramedic roadmap should be completed before entry into general practice. Works in the same scope of practice as the enhanced paramedic until stage 2 is signed off. Completes stage 2 (with a roadmap supervisor or GP educational supervisor) within six months of employment or a date set by their employer. Supported to learn how to directly request diagnostics, refer into secondary care, deliver complex clinical reasoning and apply personalised care in practice.	Has completed both stages 1 and 2 of the paramedic roadmap. Works at masters level clinically. Can further develop scope of practice by attending masters-level courses, or an independent prescriber course to support progression to AP.	Has completed stages 1, 2 and 3 of the of the paramedic roadmap or an accredited ACP masters degree in alignment with the HEE AP multi-professional framework
Recommended scope of practice in general practice		**Delivers:** • care to patients after they have received clinical triage from a senior member of staff • home visits to provide assessment and urgent emergency care within traditional trained scope of practice. Must have a	**Delivers:** • triage of call/referrals • care for patients triaged from reception/the multi-professional team with a defined list of predetermined clinical symptoms/ presentations within a scope of practice as	**Delivers:** • diagnosis and management of undifferentiated and undiagnosed conditions from reception • management of conditions with complex coexisting multi-morbidity within	**Delivers:** • diagnosis and management of undifferentiated and undiagnosed conditions from reception across all general practice consultation mediums • independent prescribing (on

		named supervisor who is contactable throughout the home visit, a debrief following the home visit and appropriate equipment to deliver patient care **Cannot deliver:** • triage or manage patients presenting with complex co-morbidities • care for those with minor illnesses • referrals for diagnostics or into community/secondary care beyond scope of locally existing ambulance service agreements • routine home visits or nursing home visits • independent or supplementary prescribing.[1]	agreed with an appropriate senior clinician at the practice • assessment and management of patient presentations within their specific scope of practice • supported to apply stage 2 learning to request diagnostics, refer into secondary care, deliver complex clinical reasoning and apply personalised care in practice while under direct supervision **Cannot deliver:** • management of complex co-morbidities or minor illness • independent or supplementary prescribing[1]	their scope of clinical/ professional practice • identification of red flags/underlying serious pathology. Delivery of appropriate follow-up action • direct referrals for diagnostics • direct referrals into community/secondary care • multi-organisational/ professional working • support to education and audit exercises • can work under an agreed PGD **Cannot deliver:** • independent or supplementary prescribing.[1] But can enrol in an independent prescribing course as development toward advanced practice	completion of accredited HEI course/ HCPC annotation) • maintenance of patient caseload • ward rounds and medicines management in nursing homes • care for patients with chronic complex co morbidities/ housebound patients • works across the four pillars of advanced practice (clinical practice, leadership and management, education and research) • supervision and education for the multi-professional team, developing links with HEIs and research bodies • leadership at the system level, including

[1] Paramedics can use exemptions under schedule 17 and schedule 19 of the Human Medicines Regulations 2012 to administer medicines for the immediate treatment of a sick or injured person.

					analysis of population health need • care pathway redesign • audits
Supervision		• Daily clinical supervision. Should work within a practice-based team of FCPs or APs who can provide support alongside the GP. • Daily clinical supervision from a multi-professional AP, a paramedic FCP or a GP. • Dedicated supervision time built into workplans.		• Regular clinical supervision debrief based on the clinician's capability. • Can be supervised by a more senior paramedic FCP, multi-professional AP or a GP. • Can access two-day roadmap supervision course to support portfolio route to FCP. • Can provide clinical supervision for FCPs, enhanced practitioners and more junior members of the team. Will supervise students/learners.	• Regular clinical supervision debriefs as dictated by needs of individual and caseload. • Can be supervised by a more senior multi-professional AP or a GP. • Clinically supervises more junior APs, FCPs and enhanced-level clinicians and more junior members of staff multi-professionally. • Multi-professional team will supervise students/learners. • If trained as a roadmap supervisor, can support the portfolio route for both FCPs and APs.

Illustrative example

This example illustrates the difference between enhanced, FCP and AP levels of practice for a paramedic working in general practice. It is **written for the entry point of each level of practice.**

Scenario

A care home calls to ask for a home visit for an 84-year-old woman who has fallen and is lying on the floor with leg pain. A care assistant found her on the floor when she went into the room to give her breakfast. The woman remembers feeling a bit dizzy before the fall.

She has a history of COPD and type 2 diabetes. She is normally independently mobile with a stick and able to get in and out of the bed. She is hearing impaired and wears hearing aids.

Enhanced level practice paramedic

- A GP or AP has triaged the call.
- The case is assigned to the enhanced practice paramedic.
- The enhanced paramedic lets their named supervisor know that they are attending a home visit and checks that they have access via telephone to their supervisor for the duration of the visit.
- The paramedic attends the care home and requests a handover of events. They ask the patient what happened; the patient says they remember feeling a bit dizzy before the fall, but don't know why they fell.
  - The paramedic assesses the patient and finds that she has started to move her leg, and on examination there is no evidence of fracture.
  - The paramedic takes the patient's observations. Her pulse oximeter saturations are 95%, heart rate is within normal range, BP is slightly high, blood sugars are high and she is pyrexial but does not appear unwell. Her ECG is normal.
- With help from the care home staff, the paramedic helps the patient up, checks she can mobilise with her stick and helps her back into a chair.
- The paramedic advises the care home staff regarding the patient's leg safety netting, highlights that she is pyrexial and has a raised BP.
- The paramedic could either discuss the patient with the supervisor on the phone/video call while at the care home or return to the surgery and hand over to their supervisor.

- The supervisor plans further management for pyrexia, raised BP or for any other concern raised.

First contact paramedic (who has completed a minor illness module)

- A GP or AP has typically triaged the call.
- The FCP does everything that the enhanced paramedic does **but in addition:**
- The FCP checks for a urine infection, chest infection and ear infection as a source of the patient's pyrexia and reviews the patient's records to see what her % sats have been like over time: 95% has been normal for her over the past month. They may take a urine sample for culture to rule out an infection.
- On examination, the patient has an ear infection. The FCP safety nets regarding infection, pyrexia and the leg pain from the fall. The FCP discusses with their supervisor who may then issue the antibiotics on electronic prescription or decide on other appropriate treatment.
- They ask for the care home to monitor for any changes or concerns and to contact the practice as needed.

Advanced level practice paramedic

- The AP triages the call and goes out to the care home.
- The AP does everything that the FCP does but can perform a full medication review within scope of practice as an independent prescriber and reduce or stop any medications potentially contributing to falls/postural hypotension. **In addition:** they explore further the cause of the fall. They note that the patient's blood pressure has not been regularly monitored and address this with the care home staff.
- The AP also checks the date of the patient's last diabetic check-up. They note this was nine months ago, and so request bloods and arrange an urgent follow-up with the diabetic nurse.
- The AP checks to that the patient has had a COPD review recently and looks further back in her records to see if the 95% sats recording is more recent, from the last month or longer ago. They confirm that it is the patient's normal level and that she was recently reviewed. This provides more of a holistic overview.
- The AP notes that the patient's hearing aid ear mouldings are cracked, dirty and looking quite old. They contact audiology for a review as this may be the cause of the ear infection.
- The AP talks to the care home manager to highlight that two routine follow-ups had not been completed and offers to see if they can conduct an audit to identify any service improvement opportunities to prevent patients' routine checks being missed in the future.

- The AP checks with the care home manager that staff are confident with using the BP monitor and % sats probe and know how to accurately record the readings.
- The AP arranges to follow up the patient on their weekly care home ward round later in the week, safety nets and returns to the surgery.
- The AP will make a management decision and interpret the blood results when they come back.
- The AP will complete a medications review if appropriate and within skill mix to ensure no medications are increasing the falls risk.