

Education and Training Committee, 5 June 2014

Results of profession-specific standards of proficiency consultation for paramedics

Executive summary and recommendations

Introduction

We are currently reviewing the profession-specific standards of proficiency for the professions we regulate. The review of the profession-specific standards follows from the Council's approval of new generic standards of proficiency in March 2011. To ensure the process is manageable, we are reviewing the profession-specific standards in small groups of professions at a time. At the start of each review, we contact each of the professional bodies for the relevant professions and ask for their suggestions on any changes that they consider necessary. We then use their suggestions to revise the standards for public consultation.

Following a review of the standards by the professional body for paramedics – the College of Paramedics – we publically consulted on the draft standards between 21 October 2013 and 31 January 2014.

The Executive sought the advice of the paramedic member of the Education and Training Committee in preparing the consultation analysis and proposed standards.

The consultation response analysis and revised draft standards for paramedics are attached for the Committee's consideration, approval, and recommendation to Council.

Decision

The Committee is invited to:

- discuss the attached paper;
- agree and recommend to the Council the revised standards of proficiency for paramedics as set out in appendix one (subject to minor editing amendments and formal legal scrutiny); and
- agree and recommend to the Council the text of the consultation analysis document (subject to minor editing amendments and formal legal scrutiny).

Background information

- Paper for Education and Training Committee, 12 September 2013, (enclosure 8 at www.hpc-uk.org/aboutus/committees/archive/index.asp?id=652)

- Paper agreed by Council, 17 October 2013, (enclosure 5 at www.hpc-uk.org/aboutus/committees/archive/index.asp?id=638)

Resource implications

The resource implications of this round of consultation are accounted for in the Policy and Standards Department planning for 2014/15. The resource implications of the ongoing process of review and eventual publication of the revised standards of proficiency have been taken into account in the Policy and Standards work plan for 2014/15, and will continue to be taken into account in future years.

Financial implications

The financial implications include the costs associated with a series of public consultations on new draft standards and publication of new standards for 15 professions. These costs are accounted in department planning for 2014/15. We anticipate further costs in 2015/16 for further consultations and publication of further revised standards.

Appendices

- Appendix one: Revised standards of proficiency for paramedics following the consultation
- Appendix two: List of additional standards suggested by respondents to the consultation
- Appendix three: List of amendments to the standards suggested by respondents to the consultation

Date of paper

27 May 2014

Consultation on changes to the profession-specific standards of proficiency for paramedics

Analysis of responses to the consultation on proposed profession-specific standards of proficiency for paramedics, and our decisions resulting from responses received

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1. Introduction

About the consultation

- 1.1 We consulted between 21 October 2013 and 31 January 2014 on proposed changes to the profession-specific standards of proficiency for paramedics.
- 1.2 The standards of proficiency set out what we expect professionals on our Register—known as ‘registrants’—to know, understand, and be able to do when they apply to join our Register. We consulted on proposed changes to the standards as part of our regular periodic review of the standards.
- 1.3 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers, advertised the consultation on our website, and issued a press release.
- 1.4 We would like to thank all those who took the time to respond to the consultation document. You can download the consultation document and a copy of this responses document from our website:
www.hcpc-uk.org/aboutus/consultations/closed.

About us

- 1.5 We are a regulator and were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called “registrants”.
- 1.6 We currently regulate 16 health and care professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics
 - Physiotherapists
 - Practitioner psychologists
 - Prosthetists / orthotists
 - Radiographers
 - Social workers in England
 - Speech and language therapists

Reviewing the standards of proficiency

- 1.7 The standards of proficiency for paramedics are designed to set out safe and effective practice for the profession. They do so by describing what professionals must know, understand, and be able to do in order to apply to join our Register.
- 1.8 The standards play an important role in public protection. When a professional applies for or renews their registration, or if concerns are raised about their competence while they are registered with us, we use the standards of proficiency in checking whether they have the necessary knowledge and skills to be able to practise their profession safely and effectively.
- 1.9 The standards are divided into generic standards, which apply to all the professions on our Register, and standards specific to each individual profession. Under the new structure, most of the standards of proficiency will be profession-specific, listed under 15 new generic standards.
- 1.10 The purpose of the generic standards is to recognise commonality across all the professions that we regulate, while the purpose of the profession-specific standards is to set out additional standards for paramedics related to the generic standard.
- 1.11 We consulted on changes to the generic standards of proficiency between July and October 2010.¹ The new generic standards have now been agreed by our Council and were not the subject of this consultation.
- 1.12 The review of the profession-specific standards is an opportunity to make sure the standards of proficiency are relevant to each profession. We regularly review the standards of proficiency to:
- reflect current practice or changes in the scope of practice of each profession;
 - update the language where needed to ensure it is relevant to the practice of each profession and to reflect current terminology;
 - reflect the standard content of pre-registration education programmes;
 - clarify the intention of existing standards; and
 - correct omissions or avoid duplication.
- 1.13 Our initial revision of the profession-specific standards was informed by discussions with the professional body for paramedics – The College of Paramedics. We then consulted on these draft revisions.

¹ You can find more information about the consultation on our website here: www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=110

- 1.14 In consulting on proposed changes to the standards, we asked our stakeholders to consider whether the changes we have suggested to the profession-specific standards of proficiency for each profession are appropriate, and whether other changes are necessary. We have used the responses we received to help us decide if any further amendments are needed.
- 1.15 Once the final sets of standards are approved, they will be published. We will work with education providers to gradually phase-in the new standards after they are published.

About this document

- 1.16 This document summarises the responses we received to the consultation. The results of this consultation will be used to revise the proposed standards of proficiency for paramedics.
- 1.17 The document is divided into the following sections.
- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
 - **Section three** summarises the general comments we received in response to the consultation.
 - **Section four** outlines the comments we received in relation to specific questions within the consultation.
 - **Section five** outlines our responses to the comments we received and the changes we are making as a result.
 - **Section six** lists the organisations which responded to the consultation.
- 1.18 This paper also has three appendices.
- Appendix one lists the standards after consultation (subject to minor editing amendments and legal scrutiny).
 - Appendix two lists all the comments we received suggesting additional standards.
 - Appendix three lists all the comments we received suggesting amendments to the draft standards.
- 1.19 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

2. Analysing your responses

- 2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

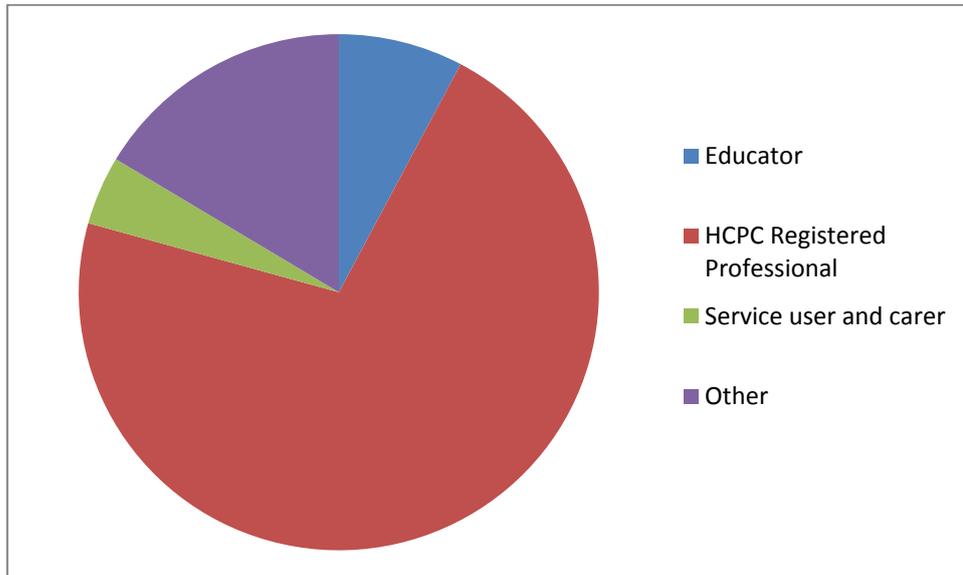
Method of recording and analysis

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (eg yes; no; partly; don't know). Where we received responses by email or by letter, we recorded each response in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Statistics

- 2.4 We received 142 responses to the consultation. 116 (82 per cent) of responses were received from individuals – of which 83 (72 per cent) were from HCPC registered professionals – and 26 (18 per cent) from organisations.
- 2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables which follow.

Graph 1 – Breakdown of individual responses



Graph 2 – Breakdown of organisation responses

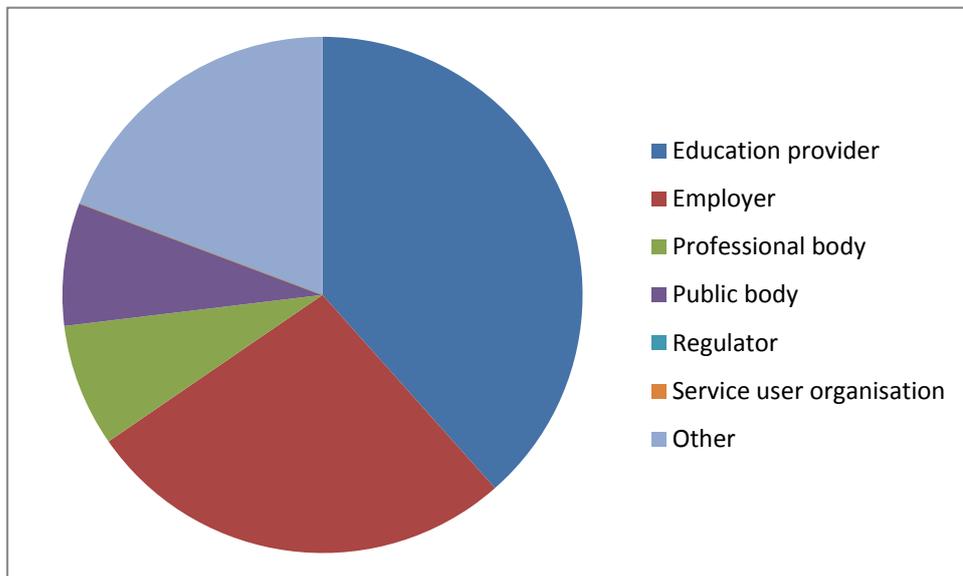


Table 1 – Breakdown of responses to each question

Questions	Yes	No	Partly	Don't know
1. Do you think the standards are at a threshold level necessary for safe and effective practice?	105 (74%)	7 (5%)	28 (20%)	2 (1%)
2. Do you think any additional standards are necessary?	60 (42%)	64 (45%)	N/A	18 (13%)
3. Do you think there are any standards which should be reworded?	37 (26%)	84 (60%)	N/A	21 (15%)
4. Do you have any comments about the language used in the standards?	25 (18%)	111 (78%)	N/A	6 (4%)

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't Know	Yes	No	Partly	Don't Know
Question 1	86 (74%)	4 (3%)	24 (21%)	2 (2%)	19 (73%)	3 (12%)	4 (15%)	0 (0%)
Question 2	43 (37%)	55 (47%)	N/A	18 (16%)	17 (65%)	9 (35%)	N/A	0 (0%)
Question 3	23 (20%)	74 (64%)	N/A	19 (16%)	14 (54%)	10 (39%)	N/A	2 (8%)
Question 4	15 (13%)	96 (83%)	N/A	5 (4%)	10 (39%)	15 (58%)	N/A	1 (4%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Question five invited any further comments rather than a 'yes' or 'no' answers so it is not included in the above tables.

3. General comments

- 3.1 This section outlines the general themes that arose from the responses we received to the consultation.

Education threshold for paramedics

- 3.2 Several respondents commented on the education requirements for paramedics and subsequently questioned their ability to meet the revised standards. The majority of respondents who commented on this issue were concerned that some paramedics, who had completed certificate level training and/or an Institute of Health and Care Development (IHCD) qualification, would not be able to meet some of these standards. The areas of concern included the use of overly technical language and terminology; the ability to understand the value of reflection; undertake research, audit and evaluation; engage in evidence-based practice and so on.
- 3.3 Some of these respondents supported raising the education threshold for paramedics to a three year BSc undergraduate degree. There were a number of reasons forwarded for raising the education threshold.
- It would provide parity with other health and care professions and ensure that paramedics are able to meet the challenges of the modern healthcare environment.
 - It would increase positive patient outcomes.
 - It would enable Trusts in conjunction with Clinical Commissioning Groups (CCG's) to provide realistic contracts which are safe for the paramedic and wider public.
 - It would enable paramedics to equate their level of knowledge and expertise with an appropriate academic criterion for entry to the profession.
 - It would take account of the changing scope of practice, competencies and terminology used in the standards.
 - It would take account of recent research, reports and recommendations in this area. For example, the Paramedic Evidence Based Education Project (PEEP) Report commissioned by the Department of Health which looked at paramedic education and training.
 - It would take account of the level of autonomy exercised by a paramedic in practice.
- 3.4 However, there was not universal support for raising the education threshold for paramedics. Two respondents were concerned about moves to raise the education threshold for paramedics. These concerns included:
- voicing unease about the references to research and development in the standards;

- observing that local conditions and employers should play a more prominent role in dictating any changes to the education thresholds and that this should not be solely reserved to Higher Education Institutions (HEI); and
- arguing against the linking of clinical ability with the individual level of qualification obtained by a paramedic

Interaction with other frameworks

- 3.5 A few respondents mentioned other frameworks and/or reports, which outline recommendations and good practice for both paramedics and/or other healthcare professionals. They sought some reference to these in the revised standards. These included:
- the Mid-Staffordshire NHS Foundation Trust Public Inquiry with regard to placing greater emphasis on leadership and the role of the paramedic;
 - the National Ambulance Records Project with regard to ensuring that individual practitioners and providers, who don't work within the NHS, use the correct standards for information, record keeping and technology frameworks as specified within national guidance;
 - the Joint Royal College of Ambulance Liaison Committee's (JRCALC) book being identified as the minimum starting point for paramedic practice, its interaction with our standards, and the difficulty experienced by paramedics when moving outside of this guidance; and
 - the 'Our Culture of Compassionate Care' (NHS) strategy with regard to supporting and strengthening the inclusion of the 6Cs in our standards.

Social media

- 3.6 A few respondents were concerned that there was not sufficient reference to social media in the standards. They sought further clarity in a number of areas which included:
- the impact on service user confidentiality and professional standing;
 - the fact that this is a growth area but many staff seem to be unaware of protocol; and
 - the provision of further guidance on the appropriate and responsible use of social media.
- 3.7 Although one respondent acknowledged that this issue might be more appropriately dealt with in the standards of conduct, performance and ethics.

Employer tensions, nature of the role and meeting the standards

- 3.8 Several respondents were concerned about the ability of paramedics to meet some of the revised standards of proficiency. Some of these respondents highlighted:
- the difficult environments that paramedics regularly work in (this would include Hazardous Area Response Teams);
 - the nature of the role and heavy workload; and
 - that some of these standards can only be met with the support of their employers which is not always forthcoming.
- 3.9 Some of the standards which respondents expressed some reservations with regard to this included:
- generic standard 1 'Be able to practise safely and effectively within their scope of practice';
 - standard 3.2 'Understand the importance of maintaining their own health';
 - standard 3.3 'Understand both the need to keep skills and knowledge up to date and the importance of career long-learning';
 - standard 3.4 'Be able to maintain high standards of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment';
 - standard 3.5 'Recognise the need to engage in critical incident debriefing to ensure that lessons are addressed for future patient safety and management';
 - standard 4.6 'Be able to make and receive appropriate referrals'; and
 - standard 10.2 'Recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines'.
- 3.10 A few respondents identified the limited resources provided by some employers as a difficulty for paramedics meeting some of our standards. The areas identified included:
- continuing professional development (CPD);
 - improving facilities for paramedics; and
 - ensuring that paramedics only work hours which are consistent with both their own and their service user's health.
- 3.11 A few respondents highlighted the limited control paramedics had over their working environments and the resultant difficulty experienced by them in meeting some of our standards. These included:
- the record systems available in their workplace;
 - the decline in debriefing (due to possible changes in the NHS); and
 - the lack of autonomy with regard to handling referrals and receiving appropriate training for this.

Mentoring, supervising and training student paramedics

- 3.12 Several respondents commented on mentoring, supervising and training in the standards and the role of the paramedic in this. The majority of respondents argued that the mentorship and/or training requirements should be strengthened in the standards. This would involve a greater onus being placed on paramedics to assist student paramedics in this sphere. However, there were a variety of outlooks and approaches on how to meet this objective evident in the responses.
- 3.13 A few respondents sought strengthened mentorship requirements for paramedics. This could include:
- broadening the requirement beyond simply understanding the role to encompassing a level of responsibility; and
 - broadening the requirements beyond student paramedics to other healthcare staff.
- 3.14 Two respondents supported including a reference to perceptorship (support post-qualification) within the revised standards. One of these respondents commented that perceptorship was once routine across the UK but has been decreasing and further organisations may withdraw it.
- 3.15 One respondent sought an additional standard on behaviour, attitude and professionalism for student paramedics.
- 3.16 Two respondents highlighted difficulties with paramedics meeting any mentorship requirements. One respondent argued that paramedics do not see mentoring as part of their role. Whereas, the second respondent pointed to the limited training provided to paramedics on how to mentor effectively.

‘Be able to’/‘understand’

- 3.17 Whilst some respondents supported the use of such phrases as ‘know’, ‘be able to’ and ‘understand’ which made the standards more accessible and usable, a number of other respondents were concerned about this choice of construction. There was a variety of views on this point.
- 3.18 For example, a few respondents noted the following concerns about this choice of construction.
- Questioned how we would measure this requirement and observed that it meant little in practical terms.
 - Highlighted our use of ‘be able to’ and ‘understand’ rather than ‘must’ or ‘demonstrate’.
 - Voiced concerns about the use of this language which allowed for too wide an interpretation.

- Supported the omission of ‘understand’ and so on from the expectation contained in the standard in order to make the requirement more explicit.
- 3.19 With regard to the latter point, this respondent argued that although the choice of construction was suitable for prospective registrants, its substitution with ‘must’ would provide increased clarity and relevance of the proficiency in the standards.
- 3.20 However, support for strengthening the expectations of the standards was not universal. For example, one respondent was concerned that the expectation to ‘know’ about current legislation applicable to their profession (standard 2.5) was too strong an expectation. This respondent supported its substitution with ‘be aware of’.

Content of individual standards

- 3.21 Several respondents were concerned about the content of some of the ‘generic’ and profession-specific standards and/or possible omissions. The following provides an overview of the main concerns.
- 3.22 There was a noticeable difference in outlook between respondents on this point. For example, some respondents sought additional prescriptive detail and standards; whereas other respondents sought the removal of what they viewed as superfluous content.
- 3.23 A few respondents argued that there was significant repetition and too much prescriptive detail in the standards. Standard 13 was identified as being particularly problematic and it was suggested that the content should be edited and condensed. This would include standards 13.8 – 13.11.
- 3.24 Two respondents sought definitions and/or a glossary for some of the terms used in the standards including in standard 10.1 and so on.
- 3.25 Several respondents commented on communication issues within the standards. The majority of respondents supported strengthening the communication requirements for paramedics in a number of areas. These included:
- using translation services;
 - using electronic communication technologies;
 - using appropriate technologies to foster better communication and information sharing;
 - adapting communication requirements with regard to mental health and the individual needs of a service user;
 - acquiring additional knowledge of the community in which a paramedic practices and modifying their behaviour and communication to take account of these factors such as culture, language, gender, values and so on;

- broadening the communication requirements to take account of colleagues; and
 - providing a definition for 'non-verbal communication'.
- 3.26 Other respondents sought the inclusion of additional profession-specific standards and detail in a number of areas. Some of these included:
- capacity and informed consent;
 - strengthening CPD requirements;
 - clarifying the role of nutrition in health and illness across the life spectrum;
 - career progression and development opportunities;
 - professional accountability;
 - adapting the care of service users in a number of settings;
 - broadening an understanding of operational relationships, principles and practice requirements beyond just healthcare professionals and/or systems; and
 - disclosure, duty of candour and safeguarding issues.
- 3.27 With regard to the latter point, one respondent argued that the reporting of incidents and lapses in practice was ultimately beneficial for raising clinical practice through the compilation of risk data and so on.
- 3.28 A few respondents were concerned that the standards did not fully take account of those paramedics who work in more advanced roles and utilise specialised skillsets.
- 3.29 Some of these respondents sought the inclusion of additional standards for the following procedures, patients groups and/or roles. These included:
- urgent care;
 - paediatrics;
 - critical care;
 - intubation;
 - higher level decision-making, examination, planning and interventions; and
 - understanding the actions and scope of best practice for Incident Prevention Coordinators (IPC).

4. Comments in response to specific questions

4.1 This section contains comments made in response to specific questions within the consultation document.

Question 1. Do you think the standards are at a threshold level necessary for safe and effective practice?

4.2 The vast majority of respondents (74 per cent) agreed that the draft standards are set at a threshold level necessary for safe and effective practice.

4.3 Some of these respondents commented that the standards:

- were a reflection of current practice;
- were similar to other professional groups;
- were appropriate, apt, clear, comprehensive, concise, fit for purpose and unambiguous;
- had clarified a paramedic's requirements;
- covered all the aspects necessary for safe and effective practice;
- noted that some standards were above the threshold for safe and effective practice; and
- were adequate and sensible.

4.4 One respondent noted that the revised standards achieved a good balance of detail between the requirements for both new and existing registrants to practise safely and effectively. This respondent also observed that the standards take account of the evolving scope of practice of the profession.

4.5 A number of respondents **did not** or only **partly** agreed that the standards were set at a threshold level necessary for safe and effective practice (five and 20 per cent respectively).

4.6 Some of these respondents proposed further areas for consideration in order to strengthen the standards. These included:

- adhering to hospital bed policy;
- taking account of the future developments of the role and working environments;
- discharging the care of a service user to a number of settings outside of Accident and Emergency Departments;
- acknowledging the tensions between what an employed paramedic can do and their full scope of practice;
- strengthening inter-professional collaboration and teamwork;
- driving safely to an incident site;
- prescribing;
- strengthening reference to autonomy and emphasis on best practice and support;
- reflecting the skills and knowledge of allied health professionals (AHP) who no longer work in clinical setting; and

- providing guidance for when a paramedic cannot meet all the standards.
- 4.7 A few respondents commented on workload and the resultant impact on paramedics meeting these standards. One respondent sought reference in the standards to training and managing workloads. This would include the following areas:
- guidance on handling a service user who is not experiencing an acute health related event; and
 - clinical decision-making.

Question 2. Do you think any additional standards are necessary?

- 4.8 A slight majority of respondents did not think that any additional standards were necessary. With 45 per cent stating this to be the case, as opposed to 42 per cent stating that additional standards were necessary.
- 4.9 The reasons provided by respondents for not proposing additional standards included:
- the standards covered all appropriate areas including the range and scope of practice of the profession;
 - the standards were routinely reviewed in light of the evolving scope of practice; and
 - the standards covered all aspects of safe practice.
- 4.10 However, one respondent commented that although the standards covered the range and scope of practice of the profession, they were nonetheless concerned about the depth of analytical interpretation and investigation required in the standards.
- 4.11 A significant minority of respondents suggested that additional standards were necessary. There was a significant difference in the responses received from organisations and those received from individuals on this point, with only 37 per cent of individuals indicating that additional standards were necessary, while 65 per cent of organisations answered the same.
- 4.12 All of the additional standards suggested by respondents are set out in appendix two. The main areas suggested by respondents included additional standards relating to:
- practising in a non-discriminatory manner;
 - delegating tasks to other health professionals such as emergency care assistants (ECA) and accountability for this;
 - use of best practice and reflection; and
 - mental health and caring for vulnerable persons in order to address possible shortfalls in this area.

Question 3. Do you think there are any standards which should be reworded?

- 4.13 The majority of respondents (60 per cent) did not think the standards needed to be reworded. There was some discrepancy between respondents who wished to have standards reworded. 54 per cent of organisations supported amendments, but only 20 per cent of individual respondents were in agreement with this.
- 4.14 Some of the suggestions we received were based on concerns about the general use of language in the standards, these concerns have been summarised in response to question four below.
- 4.15 We have listed all the proposed amendments to the standards in appendix three. Respondents suggested changes to the standards for a number of reasons including, to:
- clarify and strengthen the requirements around case conferences;
 - provide further detail on managing records and other information in accordance with applicable legislation, protocols and guidelines;
 - increase reference to leadership;
 - provide more detail on referrals;
 - provide more detail on capacity and consent; and
 - clarify and strengthen the requirements for the acquisition and use of evidence based information and procedures in practice.

Question 4. Do you have any comments about the language used in the standards?

- 4.16 The majority of respondents indicated that they had no comments to make about the language used in the standards.
- 4.17 There was a noticeable discrepancy in the responses we received as only 13 per cent of individuals commented on the use of language, while 39 per cent of organisations did the same.
- 4.18 One respondent noted the lengthy nature of the standards but acknowledged that this was required to give additional context and aid understanding. Whereas, another respondent commented that the generic nature of the standards can reflect any resultant change in legislation or policy which could impact on the profession. However, a third respondent was concerned about the use of generic language within the standards. They argued that this language lacked clarity and could be challenged when assessing fitness to practise.
- 4.19 Other respondents suggested that the language of the standards could be further improved. This section aims to address the areas of language commented upon by multiple respondents, though all comments and suggestions received on the wording of the standards are listed in appendix three.

4.20 Other general comments we received about the language of the standards included:

- similarity between standards;
- additional terminology, for example, emphasis on ‘demonstrate’ and ‘person-centredness’;
- unnecessary technical language in standards twelve and 13;
- unnecessary subsections and bulleted information;
- ambiguity with some of the words and/or phrases;
- consistency with regard to ‘service users’ and ‘patients’;
- lengthy structure of the standards;
- evidence of US English in the standards;
- reactive as opposed to proactive tone;
- reference to ‘registrants’ as opposed to ‘paramedics’; and
- failure to take account of the varied and future working environments of a paramedic and the attributes required for the modern practitioner.

Question 5: Do you have any other comments on the standards?

4.21 Several respondents indicated that they had other comments to make regarding the standards. However, where similar points have been raised elsewhere these comments have not been included here in order to avoid duplication. Some respondents:

- acknowledged the importance of our collaboration with the College of Paramedics in preparing the draft standards and/or questioned the representative nature of this body and subsequently sought wider engagement with the profession;
- commented that the standards were too simplistic or rigid with regard to the skills, decisions, situations, interactions and environments that a paramedics often works in;
- supported an additional register for advanced practitioners;
- supported reference to resilience;
- supported reference to the four pillars of practice in the standards with regard to the different roles within the profession;
- welcomed the layout of the new standards; and
- supported reference to paramedics participating in continuous improvement in their practice.

5. Our responses

- 5.1 We received a range of comments about the standards during the consultation process, including suggested amendments and possible additional standards, which we have carefully considered. The following section outlines our responses to these comments and suggestions including the changes we will make to the draft standards.

Level of detail in the standards

- 5.2 A number of comments we received suggested additional standards and amendments to provide more prescriptive detail about the requirements of paramedics. A few respondents were concerned that the high level nature of the standards may allow for multiple interpretations and create a disparity of competency across registrants. For example, would newly qualified paramedics or those who completed a certificate level qualification be able to undertake all the roles and procedures detailed in the standards?
- 5.3 We considered the following in deciding whether we should make suggested changes or amendments:
- Is the standard necessary for safe and effective practice?
 - Is the standard set at the threshold level for entry to the Register?
 - Does the standard reflect existing requirements for paramedics on entry into the profession?
 - Does the standard reflect existing education and training?
 - Is the standard written in a broad and flexible way so that it can apply to the different environments in which paramedics might practise or the different groups that they might work with?
- 5.4 The standards set out the abilities necessary to practise in a profession. However, the standards are not a curriculum document nor are they intended to be a list of activities which registrants must undertake in any situation. For example, a registrant needs to 'be able to maintain confidentiality' on entry to the Register. However, this is an ability and does not mean that there will not be situations where information might need to be shared with, or disclosed to others in the interests of service users or the public.
- 5.5 Part of our focus for the review of the standards is to ensure that the standards are relevant to the scope of practice and care within the paramedic profession. When making decisions about whether to make changes to the standards, we must therefore consider whether the changes would make the standards too specific or would limit the scope of the standards.
- 5.6 We also aim to avoid duplication in the standards, to ensure they are clearly worded, and maintain consistency between different professions' standards wherever possible and appropriate.

Use of ‘be able to’ and ‘understand’ etc

- 5.7 We intentionally use phrases such as ‘understand’, ‘know’, and ‘be able to’ rather than ‘must’. This is so the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying to be registered for the first time. It also makes sure that the standards are also written in a similar way to the learning outcomes set for pre-registration education programmes.
- 5.8 It is important to note the current standards of proficiency use verbs and starting phrases in the same way as the proposed new profession-specific standards of proficiency. We have not experienced any difficulty in applying the current wording of the standards of proficiency in the way some respondents have anticipated.

Education threshold for paramedics

- 5.9 Several respondents commented that the standards should raise the minimum education threshold level of qualification for entry to the Register for paramedics.
- 5.10 The threshold level of qualification for entry to the Register is set out in the first standard of our standards of education and training (SET 1). This standard was not the subject of this consultation.
- 5.11 The threshold level for entry to the Register for paramedics is currently ‘Equivalent to Certificate of Higher Education’. A large majority of paramedic pre-registration education and training programmes are now delivered in excess of the current threshold, the largest proportion at foundation degree level, with relatively few delivered at equivalent to the threshold specified in SET 1.
- 5.12 Once we have agreed and published revised standards of proficiency for paramedics, our Education and Training Committee will begin to discuss whether consideration should be given to increasing the level set out for entry for paramedics. Any proposal to change the level specified in SET 1 would require a public consultation.

The standards and scope of practice

- 5.13 A number of respondents sought the inclusion of additional standards to cater for paramedics who work in more advanced roles and who utilise specialised skills sets.
- 5.14 The standards set out the threshold proficiencies required of applicants when they first apply to join the Register. Once on the Register, every time registrants renew their registration, they are asked to confirm that they continue to meet the standards of proficiency that apply to their

own scope of practice - the area of their profession in which they have the knowledge, skills and experience to practise safely and effectively.

- 5.15 We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants may become more focused and specialised than that of newly registered colleagues. However, the standards are intended to set the threshold knowledge, understanding and skills required by a registrant for entry to our Register. Therefore, we do not outline or stipulate competencies above a threshold level.

Comments on specific standards

- 5.16 A few respondents highlighted concerns about four amended profession-specific standards under generic standard 13. These concerns included:
- the use of overly technical language;
 - the provision of too much or too little detail; and
 - the ability of all paramedics to meet these standards.
- 5.17 These profession-specific standards included:
- standard 13.8 'Understand the following aspects of biological science...'
 - standard 13.9 'Understand the following aspects of physical science...'
 - standard 13.10 'Understand the following aspects of sociological, health and behavioural science...'
 - standard 13.11 'Understand the following aspects of clinical science...'
- 5.18 We have also noted the concern expressed by some respondents on the ability of paramedics to meet some of our standards due to their heavy workload and the nature of the role. This often involves working in difficult and unpredictable environments. These areas of concern included:
- managing workload and resources;
 - obtaining informed consent;
 - maintaining their own health;
 - adopting strategies for physical and psychological self-care;
 - maintaining a safe working environment;
 - mentoring;
 - delegation;
 - debriefing; and
 - dealing with referrals and so on.
- 5.19 We recognise that employers also have a role to play in these requirements and that many employers produce specific guidance and localised policies in many of these spheres, which can be based on other frameworks and reports which outline recommendations for best

practice. We would encourage paramedics to consult their employers with respect to any concerns they may have about meeting these standards and to follow this guidance, in conjunction with our standards, in order to safeguard both their service users and themselves.

- 5.20 We have carefully considered and noted the comments above. However, we have concluded that, on balance, we are satisfied that these standards do reflect the threshold entry requirements for entry to the Register as a paramedic.

Social media

- 5.21 We will consider whether we need to set out more detail about our expectations of registrants in this area as part of our on-going review of the standards of conduct, performance and ethics.

Our decisions

- 5.22 We have made a number of changes to the standards based on the comments we received in consultation as summarised below. The draft revised standards following consultation can be found in appendix one.
- We believe 'patients' is a more appropriate term for the paramedic profession. Therefore for consistency in terminology we have decided to remove reference to 'service users' and only refer to 'patients' throughout the standards of proficiency for paramedics including in standards 2.1, 2.3, 2.4, 5.2, 7.3, 8.1, 8.3, 8.5, 8.7, 8.8, 8.9, 9.1, 9.3, 12.2, 12.6, 15.1 and 15.5.
 - We have made minor amendments to standards 1.3, 1.4 and 4.5 to acknowledge the unpredictable situations or cases a paramedic regularly encounters.
 - We have made a minor amendment to standard 3.5 to incorporate the importance of reflection and review for improving service user outcomes post critical incident debriefing.
 - We have made minor amendments to standards 9.4 and 9.5 to broaden and include the 'scope' of operational relationships between paramedics and other health and care professionals and systems.
 - We have made a minor amendment to standard 13.1 to take account of knowledge and structure of the human body which is specific to the paramedic profession.
 - We have made a minor amendment to standard 13.7 to refer to a paramedic using their knowledge and expertise to form differential diagnosis and establish patient management strategies.
 - We have made a number of minor amendments to standard 13.8 for clarity including applying reference to knowledge of disease and trauma in developing appropriate treatment plans for patients in a number of settings; and clarifying the role of nutrition in relation to health and illness.

- We have a made a few minor amendments to standard 13.11 for clarity.
- We have made a few minor amendments to standards 14.6 and 14.7 for clarity.
- We have made some minor editing amendments to individual standards to correct mistakes and/or omissions.

6. List of respondents

Below is a list of all the organisations that responded to the consultation.

NHS Education for Scotland, Allied Health Professions Team
Army Medical Directorate (ARMT) Medical Services
Centre for the Advancement of Inter-professional Education (CAIPE)
College of Paramedics
Council of Deans of Health
East Midlands Ambulance Service (EMAS)
Isle of Wight Ambulance Service, IOW NHS
London Ambulance Service
National Allied Health Professions Informatics Strategic Taskforce (NAHPIST)
NHS Education for Scotland
North-East Ambulance Service NHS Foundation Trust
Northern Ireland Ambulance Service – Health and Social Care Trust
Patients' Forum
Public Health England
Sheffield Hallam University
South-East Coast Ambulance Service
Swansea University
The Open University
Unite the Union
University of Cumbria – Faculty of Health and Science
University of Hertfordshire
University of the West of England

Appendix 1: Draft standards of proficiency for paramedics

New standards and amendments to standards are shown in **bold and underlined**. Deletions are shown in ~~strikethrough~~. The standards in this section are subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

No.	Standard
1	be able to practise safely and effectively within their scope of practice
1.1	know the limits of their practice and when to seek advice or refer to another professional
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly
1.3	be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in unfamiliar and unpredictable circumstances or situations
1.4	be able to work safely in challenging and unpredictable environments, including being able to take appropriate action to assess and manage risk
2	be able to practise within the legal and ethical boundaries of their profession
2.1	understand the need to act in the best interests of service users patients at all times
2.2	understand what is required of them by the Health and Care Professions Council
2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users patients including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
2.4	recognise that relationships with service users patients should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

2.5	know about current legislation applicable to the work of their profession
2.6	be able to practise in accordance with current legislation governing the use of medicines by paramedics
2.7	understand the importance of and be able to obtain informed consent
2.8	be able to exercise a professional duty of care
3	be able to maintain fitness to practise
3.1	understand the need to maintain high standards of personal and professional conduct
3.2	understand the importance of maintaining their own health
3.3	understand both the need to keep skills and knowledge up to date and the importance of career-long learning
3.4	be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment
3.5	recognise the need to engage in critical incident debriefing, reflection and review to ensure that lessons are addressed for future patient safety and management
4	be able to practise as an autonomous professional, exercising their own professional judgement
4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
4.3	be able to initiate resolution of problems and be able to exercise personal initiative
4.4	recognise that they are personally responsible for and must be able to justify their decisions

4.5	be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations
4.6	be able to make and receive appropriate referrals
4.7	understand the importance of participation in training, supervision, and mentoring
4.8	be able to make a decision about the most appropriate care pathway for a patient and refer patients appropriately
5	be aware of the impact of culture, equality, and diversity on practice
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals
5.2	understand the need to demonstrate sensitivity to the factors which shape lifestyle that may affect the individual's health and the interaction between the service-user patient and paramedic
6	be able to practise in a non-discriminatory manner
7	understand the importance of and be able to maintain confidentiality
7.1	be aware of the limits of the concept of confidentiality
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information
7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users patients or the wider public
8	be able to communicate effectively
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service-users patients , colleagues and others

8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ²
8.3	understand how communication skills affect assessment of, and engagement with, service users patients and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability
8.4	be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users patients and others
8.6	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs
8.7	understand the need to provide service users patients or people acting on their behalf with the information necessary to enable them to make informed decisions
8.8	understand the need to assist the communication needs of service users patients such as through the use of an appropriate interpreter, wherever possible
8.9	recognise the need to use interpersonal skills to encourage the active participation of service users patients
9	be able to work appropriately with others
9.1	be able to work, where appropriate, in partnership with service users patients , other professionals, support staff and others
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team

² The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

9.3	understand the need to engage service users patients and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
9.4	understand the range, scope and limitations of operational relationships between paramedics and other health and care healthcare professionals
9.5	recognise the principles and practices of other healthcare health and care professionals and healthcare health and care systems and how they interact with the role of a paramedic
9.6	be able to contribute effectively to work undertaken as part of a multi-disciplinary team
10	be able to maintain records appropriately
10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines
11	be able to reflect on and review practice
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection
11.2	recognise the value of case conferences and other methods of review
12	be able to assure the quality of their practice
12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users patients to their care
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

12.4	be able to maintain an effective audit trail and work towards continual improvement
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service-user patient
12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13	understand the key concepts of the knowledge base relevant to their profession
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their the paramedic profession
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care
13.4	understand the structure and function of health and social care services in the UK
13.5	understand the concept of leadership and its application to practice
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention
13.7	understand human anatomy and physiology, sufficient to recognise the nature and effects of injury or illness, and to conduct assessment and observation in order to form a differential diagnosis and establish patient management strategies

13.8	<p>understand the following aspects of biological science:</p> <ul style="list-style-type: none"> • human anatomy and physiology, especially the dynamic relationships of human structure and function and the musculoskeletal, cardiovascular, respiratory, digestive, endocrine, urinary, reproductive, integumentary and nervous systems • how the application of paramedic practice may cause physiological and behavioural change • human growth and development across the lifespan • the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan • normal and altered anatomy and physiology throughout the human lifespan • relevant physiological parameters and how to interpret changes from the norm • disease and trauma processes and how to apply this knowledge to develop appropriate treatment plans for to the planning of the patient's pre and/or out-of-hospital care • the factors influencing individual variations in human ability and health function • the role of nutrition in promoting health and preventing illness across the life spectrum • microbiology: the main classes of pathogenic microorganisms, the spread of infection and the use of universal precautions
13.9	<p>understand the following aspects of physical science:</p> <ul style="list-style-type: none"> • principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice • the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis • the principles and application of measurement techniques based on biomechanics and electrophysiology • the pathophysiological changes to normal homeostatic function and its implications
13.10	<p>understand the following aspects of sociological, health and behavioural science:</p> <ul style="list-style-type: none"> • psychological and social factors that influence an individual in health and illness • how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice • how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships

13.11	<p>understand the following aspects of clinical science:</p> <ul style="list-style-type: none"> • pathological changes and related clinical features of conditions encountered in pre-hospital and out of hospital practice • physiological, pharmacological, structural, behavioural and functional changes in patient presentation and the effect of interventions • the theoretical basis of assessment, clinical decision making and appropriate treatment plans, along with and the scientific evaluation of their effectiveness • principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective paramedic practice • the theories supporting problem solving and clinical reasoning • understand relevant pharmacology and the administration of therapeutic medications, including pharmacodynamics and pharmacokinetics
14	be able to draw on appropriate knowledge and skills to inform practice
14.1	know the theories and science that underpin the theory and principles of paramedic practice
14.2	be able to change practice as needed to take account of new developments or changing contexts
14.3	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively
14.4	know how to position or immobilise patients correctly for safe and effective interventions
14.5	know the indications and contra-indications of using specific paramedic techniques in pre-hospital and out of hospital care, including their limitations and modifications
14.6	be able to modify and adapt practise to meet the clinical needs of patients within the emergency and urgent care environment situations
14.7	know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in the emergency and urgent care environment situations
14.8	be able to formulate specific and appropriate management plans including the setting of timescales
14.9	be able to gather appropriate information

14.10	be able to select and use appropriate assessment techniques
14.11	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
14.12	be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges
14.13	be able to use observation to gather information about the functional abilities of patients
14.14	understand the need to consider the assessment of both the health and psycho-social care needs of patients and carers
14.15	be able to undertake or arrange investigations as appropriate
14.16	be able to analyse and critically evaluate the information collected
14.17	be able to demonstrate a logical and systematic approach to problem solving
14.18	be able to use research, reasoning and problem solving skills to determine appropriate actions
14.19	recognise the value of research to the critical evaluation of practice
14.20	be aware of a range of research methodologies
14.21	be able to evaluate research and other evidence to inform their own practice
14.22	be able to use information and communication technologies appropriate to their practice
15	understand the need to establish and maintain a safe practice environment
15.1	understand the need to maintain the safety of both service users patients and those involved in their care
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these

15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation
15.4	be able to select appropriate personal protective equipment and use it correctly
15.5	be able to establish safe environments for practice, which minimise risks to service users patients , those treating them and others, including the use of hazard control and particularly infection control
15.6	understand and be able to apply appropriate moving and handling techniques
15.7	understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them
15.8	be aware of the role of the paramedic in responding to hazardous or major incidents

Appendix 2: Suggested additional standards

No.	Standard	Suggested additional standards
1.	be able to practise safely and effectively within their scope of practice	Three respondents sought additional standards under this standard. The areas included reference to allied health professionals (AHP) who work in the private sector or in non-traditional roles and where trust and competence to safeguard the general public could be an issue.
2.	be able to practise within the legal and ethical boundaries of their profession	<p>A few respondents suggested additional standards under this standard. These included:</p> <ul style="list-style-type: none"> • referring to the care of service users in the community and where they are not conveyed to hospitals; and • paramedics demonstrating compliance with the standards.
3.	be able to maintain fitness to practise	
4.	be able to practise as an autonomous professional, exercising their own professional judgement	<p>A number of respondents sought additional standards and/or clarity on aspects of this standard. The following additional standards were proposed by respondents:</p> <ul style="list-style-type: none"> • be able to utilise appropriate supportive technology to aid professional decision making and clinical diagnosis, understanding limitations, governance and the ability to professionally and critically apply information produced through these means; • to proactively reduce ill health and accidents and increase the anticipatory nature of the profession; • participate in developing junior clinicians, providing mentorship, coaching and support as appropriate; • recognise the need for clinical leadership and act in the role of lead clinician, ensuring effective scene management and patient care through both their actions, coordination of the actions of colleagues and co-workers

		<p>as appropriate to the situation, providing supervision as necessary;</p> <ul style="list-style-type: none"> • apply the principles associated with non-technical, human factor related skills correlated with effective team working [or ‘crew resource management’] in order maintain safe clinical practice and thereby enhancing patient safety; and • appreciate the need for and importance of role modelling and leading by example.
5.	be aware of the impact of culture, equality, and diversity on practice	<p>One respondent supported two additional standards under this standard:</p> <ul style="list-style-type: none"> • be able to analyse and understand trends in population; and • be able to use supportive technology to support the needs of those with protected characteristics.
6.	be able to practise in a non-discriminatory manner	<p>Two respondents sought additional standards under this standard. The reasons included:</p> <ul style="list-style-type: none"> • the impact on structure; and • support for paramedics adapting the care of a service user from different cultural or ethnic groups should this be clinically indicated.
7.	Understand the importance of and be able to maintain confidentiality	
8.	be able to communicate effectively	<p>One respondent proposed additional standards in the following areas:</p> <ul style="list-style-type: none"> • use of standardised information to support clinical practice; and • appropriate use of technology to support the delivery of clinical care. <p>With regard to the latter point, this respondent argued that the inclusion of an additional standard in this area would further contextualise clinical practice as not just being face to face, but taking place in a variety of forums and through various communication interfaces.</p>
9.	be able to work appropriately with others	<p>A few respondents suggested additional standards under this standard. These included:</p>

		<ul style="list-style-type: none"> • be able to supervise or instruct the clinical actions of a student paramedic, emergency care assistant or ambulance technician; • be able to provide clear handover and documentation to other healthcare staff; and • be able to work with others to protect the public's health and wellbeing from specific risks. <p>With regard to the latter point, one respondent sought reference in the standards to a paramedic understanding the principles of both effective partnerships and working with service users.</p> <p>Finally, one respondent suggested additional standards for managers who happened to be registrants. These included:</p> <ul style="list-style-type: none"> • undertaking a period of clinical work each year; and • strengthening the accountability requirements for registrant managers who take decisions that affect service delivery and have a negative impact on service users.
10.	be able to maintain records appropriately	<p>One respondent recommended two additional standards under this standard. These included:</p> <ul style="list-style-type: none"> • understand the importance of information and how this could affect both a registrant's own and others health; and • understand the consequences of information and data when used in an integrated system and where care data is able to access data at scale. <p>This respondent observed that paramedics need to understand the implications of information recorded on a service user's record and the transfer of this information through a variety of mediums.</p>
11.	be able to reflect on and review practice	<p>Two respondents sought additional standards under this standard. These included:</p> <ul style="list-style-type: none"> • developing integrated records and paramedics requesting permission to follow-up with service users in order to support reflection and review cases;

		<ul style="list-style-type: none"> and • adhering to best and current practice.
12.	be able to assure the quality of their practice	<p>Three respondents sought additional standards in a number of areas. These included:</p> <ul style="list-style-type: none"> • reference to health informatics; • knowledge and understanding of research methodologies; and • to be aware of and be able to deploy clinical quality improvement techniques to improve service quality.
13.	understand the key concepts of the knowledge base relevant to their profession	<p>A few respondents sought additional profession-specific standards in number of areas. These included:</p> <ul style="list-style-type: none"> • to take account of future developments (for example, the possible extension of prescribing rights); • reference to appropriate knowledge of informatics and the use of technology to support the delivery of healthcare, where applicable to practice; • reference to end of life care; • reference to wound care; and • reference to preventing disease and promoting health. <p>With regard to the latter point, one respondent proposed an additional standard strengthening the requirement for paramedics in this sphere:</p> <ul style="list-style-type: none"> • understand how preventing disease and promoting health can be incorporated in the context of paramedic practice.
14.	be able to draw on appropriate knowledge and skills to inform practice	<p>A few respondents highlighted further areas for the inclusion of additional standards. These included:</p> <ul style="list-style-type: none"> • appropriate knowledge of informatics and recording of information in an appropriate manner to improve patient outcomes; and • the [appropriate] movement and handling of service users through taking account of ability and safety.

		<p>A few respondents proposed additional standards under this standard. These included:</p> <ul style="list-style-type: none"> • demonstrate the ability to perform advanced life support effectively; • be able to safely carry out intravenous cannulation, needle chest decompression, endotracheal intubation, supraglottic airway placement; and • be able to identify and act on opportunities to provide brief public health interventions.
15.	understand the need to establish and maintain a safe practice environment	<p>Two respondents suggested additional standards under this standard. These included:</p> <ul style="list-style-type: none"> • reflect on safe practice within the high-tech clinical environment; and • appropriate use and maintenance of equipment to ensure the safety of both service users and colleagues.

Appendix 3: Detailed comments on the draft standards

Respondents' proposed deletions are indicated in the text by ~~strikethrough~~ whilst additions are shown in **bold**.

This section does not include comments received about the generic standards, as they were not within the scope of the consultation.

No.	Standard	Comments
1	be able to practise safely and effectively within their scope of practice	One respondent commented that this standard didn't specify a particular environment or refer to changing practice environments; and the resultant skills and knowledge required by paramedics to meet these demands. For example, online and telemedicine practice.
1.1	know the limits of their practice and when to seek advice or refer to another professional	Two respondents suggested amending this standard to the following wording: <ul style="list-style-type: none"> • know the limits of their practice and when to seek advice or refer liaise with to another professional; or • know the limits of their knowledge, ability and associated practice and when to seek advice or refer to another professional.
1.2	recognise the need to manage their own workload and resources effectively and be able to practise accordingly	

1.3	be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in unfamiliar circumstances or situations	<p>Three respondents commented on this standard. One respondent sought a definition for 'integrated skills' in the standard. Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in unfamiliar and unpredictable circumstances or situations; or • be able to use a range of integrated skills and self-awareness to manage clinical challenges independently and effectively in all unfamiliar circumstances or situations.
1.4	be able to work safely in challenging environments, including being able to take appropriate action to assess and manage risk	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to work safely in challenging environments, including being able to take appropriate action to assess and manage risk
2	be able to practise within the legal and ethical boundaries of their profession	
2.1	understand the need to act in the best interests of service users at all times	<p>Two respondents commented on this standard. One respondent suggested referring to appropriate triage when dealing with multiple patients in this standard including when dealing with major incidents and treating multiple patients.</p>
2.2	understand what is required of them by the Health and Care Professions Council	

2.3	understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining their own health and wellbeing
2.4	recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • recognise that relationships with service users and other professionals should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
2.5	know about current legislation applicable to the work of their profession	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • know about current legislation applicable to the work of their paramedic profession; or • know about current legislation applicable to the work of their profession and its implication for practice.
2.6	be able to practise in accordance with current legislation governing the use of medicines by paramedics	<p>One respondent supported widening this standard beyond medicines legislation.</p>

2.7	understand the importance of and be able to obtain informed consent	<p>One respondent sought reference to knowledge of relevant legislation on informed consent in the country where a paramedic practices and suggested the following wording:</p> <ul style="list-style-type: none"> • understand the importance of and be able to obtain informed consent, where possible <p>They commented that ambulance service users are often unable to provide informed consent and that such consent – and related issues – may be informed by pre-existing clinical records which relate to the service user and that this must be used in decision making where available.</p>
2.8	be able to exercise a professional duty of care	
3	be able to maintain fitness to practise	
3.1	understand the need to maintain high standards of personal and professional conduct	<p>Two respondents commented on this standard. One respondent sought to strengthen the standard by requiring an employed registrant to respect and comply with their employer’s standards, values, policies and procedures. Whereas, the second respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • understand demonstrate the need to maintain high standards of personal and professional conduct
3.2	understand the importance of maintaining their own health	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • understand demonstrate the importance of maintaining their own health

<p>3.3</p>	<p>understand both the need to keep skills and knowledge up to date and the importance of career-long learning</p>	<p>A number of respondents commented on this standard. Three respondents sought to strengthen our requirements around CPD in the standards. These respondents suggested amending the standard to the following wording:</p> <ul style="list-style-type: none"> • understand both the need to keep skills and knowledge up to date and the importance of career-long learning and CPD; or • understand both the need for continual professional development to keep skills and knowledge up to date and implementation in practice the importance of career-long learning; or • understand demonstrate both the need to keep skills and knowledge up to date and the importance of career-long learning. <p>With regard to the latter point, this respondent supported the use of 'demonstrate' which they argued would strengthen the requirement for maintenance of CPD.</p> <p>Two respondents identified a number of other concerns with this standard. These included:</p> <ul style="list-style-type: none"> • voicing concerns with the increasing gap between ambulance technicians and paramedics with a resultant erosion of skills and knowledge and questioning the steps we are taking to ensure that paramedics are not disadvantaged; and • seeking to strengthen the standard with regard to the requirements around informatics, IT skills and the use of technology. <p>With regard to the latter point, this respondent recommended the inclusion of an underpinning statement on the interdependency between fitness to practise and the use of health informatics.</p>
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3.4	be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to maintain a safe working environment	<p>Two respondents commented on this standard. One respondent observed some ambiguity with the use of 'high standard', as it could be seen as a subjective statement with various interpretations. Whereas, the second respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to maintain a high standard of professional effectiveness by adopting strategies for physical and psychological self-care, critical self-awareness, and by being able to conform to relevant health and safety requirements maintain a safe working environment
3.5	recognise the need to engage in critical incident debriefing to ensure that lessons are addressed for future patient safety and management	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • recognise the need to engage in critical incident debriefing, reflection and review to ensure that lessons are addressed for future patient safety and management; or • be able to identify issues surrounding recognise the need to engage in critical incident debriefing to ensure that lessons are addressed for future patient safety and management implement changes to safeguard service users.
4	be able to practise as an autonomous professional, exercising their own professional judgement	<p>One respondent suggested amending 'autonomous' to 'independent' as they argued that paramedics do not operate on this basis and should be classified as independent practitioners. They observed that Essential Community Providers (ECPs) and other advanced practitioners operate at an autonomous level, but that paramedics are still largely governed by protocol.</p>

4.1	be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem	<p>Three respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem issue; or • be able to assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge, evidence and experience to deal with the problem; or • be able to assess a professional situation, determine the nature and severity of the problem and call upon the required apply knowledge and experience to deal with the problem. <p>One respondent commented that there is an informatics component within the standard with regard to accessing electronic clinical records, gaining supervision or help remotely and so on.</p>
4.2	be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to make evidence-based reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately; or • be able to make reasoned clinical decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately.
4.3	be able to initiate resolution of problems and be able to exercise personal initiative	
4.4	recognise that they are personally responsible for and must be able to justify their decisions	One respondent recommended reviewing this standard with regard to personal responsibility and accountability.

4.5	be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar circumstances or situations	Two respondents commented on this standard. One suggested amending this standard to the following wording: <ul style="list-style-type: none"> be able to use a range of integrated skills and self-awareness to manage clinical challenges effectively in unfamiliar and unpredictable circumstances or situations
4.6	be able to make and receive appropriate referrals	One respondent supported extending this requirement to encompass an increasing number of health and social care disciplines.
4.7	understand the importance of participation in training, supervision, and mentoring	Two respondents suggested amending this standard to the following wording: <ul style="list-style-type: none"> understand the importance of participation in training, supervision, and mentoring and leadership; or understand the importance of participation in training education, supervision, and mentoring.
4.8	be able to make a decision about the most appropriate care pathway for a patient and refer patients appropriately	
5	be aware of the impact of culture, equality, and diversity on practice	One respondent commented that the standards below need to strengthen the requirements for paramedics to be able to appropriately interpret available information. This would inform how practice could be modified to meet the needs of individual service users and improve outcomes.
5.1	understand the requirement to adapt practice to meet the needs of different groups and individuals	

5.2	understand the need to demonstrate sensitivity to the factors which shape lifestyle that may affect the individual's health and the interaction between the service user and paramedic	
6	be able to practise in a non-discriminatory manner	<p>Three respondents sought further detail and clarity in this standard. The noted the following:</p> <ul style="list-style-type: none"> • the term 'non-discriminatory' is subjective and open to interpretation; • the standards need to refer to protected categories and legal requirements for same; • the standards require a paramedic to take account of the wide interaction with a number of stakeholders involved in the care of service users; • the standards need to place a greater onus on paramedics promoting non-discriminatory practice; and • the standards need to place a greater onus on paramedic acting as advocates for their service users.
7	understand the importance of and be able to maintain confidentiality	
7.1	be aware of the limits of the concept of confidentiality	
7.2	understand the principles of information governance and be aware of the safe and effective use of health and social care information	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • understand the principles of information governance and be able to aware of the safely and effectively use of health and social care information, [whilst] maintaining confidentiality

7.3	be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public	<p>Two respondents commented on this standard. One respondent sought to strengthen the requirement for information sharing in the standards, where appropriate, and in order to improve patient outcomes. They argued that the current standard did not provide sufficient scope for a fitness to practise case to properly address a failing in this area. Whereas, the second respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public and colleagues
8	be able to communicate effectively	
8.1	be able to demonstrate effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, colleagues and others	
8.2	be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 ³	Two respondents commented on this standard. One respondent enquired about the use of the Welsh language and meeting this requirement and standard 8.3. Whereas, the second respondent was concerned that the English language proficiency requirement was too low.

³ The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.

8.3	understand how communication skills affect assessment of and engagement with service users and how the means of communication should be modified to address and take account of factors such as age, capacity, learning ability and physical ability	
8.4	be able to identify anxiety and stress in patients, carers and others and recognise the potential impact upon communication	One respondent sought reference to recognising the condition of stress in itself in this standard.
8.5	be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others	One respondent suggested amending this standard to the following wording: <ul style="list-style-type: none"> • be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users, colleagues and others
8.6	be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs	
8.7	understand the need to provide service users or people acting on their behalf with the information necessary to enable them to make informed decisions	

8.8	understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible	<p>One respondent suggested widening this standard beyond use of interpreter to the following wording:</p> <ul style="list-style-type: none"> • understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter alternative and augmentative communication methods, wherever possible; or • understand the need to assist the communication needs of service users such as through the use of aids to communication an appropriate interpreter, wherever possible
8.9	recognise the need to use interpersonal skills to encourage the active participation of service users	
9	be able to work appropriately with others	
9.1	be able to work, where appropriate, in partnership with service users, other professionals, support staff and others	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to work, where appropriate, in partnership with service users, other professionals, support staff and others; or • be able to work, where appropriate, in partnership collaborate [collaboration] with service users, other professionals, support staff and others. <p>The second respondent observed that ‘partnership’ is a more complex concept in terms of principles and theories and that ‘collaborate’ emphasises the need for effective teamwork.</p>
9.2	understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	One respondent sought more reference to leadership in both this and standard 9.1.

9.3	understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals	
9.4	understand the range and limitations of operational relationships between paramedics and other healthcare professionals	<p>Two respondents suggested broadening this standard beyond healthcare professionals:</p> <ul style="list-style-type: none"> • understand the range, scope and limitations of operational relationships between paramedics and other healthcare and social care professionals; or • understand the range and limitations of operational relationships between paramedics and other healthcare professionals
9.5	recognise the principles and practices of other healthcare professionals and healthcare systems and how they interact with the role of a paramedic	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • recognise the principles and understand [the] practices of other healthcare professionals and healthcare systems and how they interact with the role of a paramedic; or • recognise the principles and practices of other healthcare professionals, organisations and healthcare systems and how they interact with the role of a paramedic.
9.6	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	
10	be able to maintain records appropriately	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to maintain records appropriately, specifically including [the] maintenance of confidentiality

10.1	be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines	One respondent questioned how this standard could be checked. They commented that this standard can go unchecked until an incident highlights poor record keeping. But supported enforcement of the standard nonetheless.
10.2	recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines	Two respondents commented on this standard. One respondent sought more prescriptive detail for record keeping, safeguarding issues, and complying with local health and legal protection policies. Whereas the second respondent pointed to the difficulties in checking this standard.
11	be able to reflect on and review practice	
11.1	understand the value of reflection on practice and the need to record the outcome of such reflection	<p>One respondent commented that the wording of this standard was too simplistic and suggested alternative wording:</p> <ul style="list-style-type: none"> • understand the value of engage in critical reflection in and on practice and identify learning goals from the need to record the outcome of such reflection and demonstrate how to achieve this learning <p>Two respondents highlighted concerns about the reflective practice requirement of this standard. One respondent argued that this requirement is an anathema to most paramedics.</p>
11.2	recognise the value of case conferences and other methods of review	Two respondents commented on this standard. One respondent sought a strengthened requirement for paramedics to recognise the need to engage in case conferences across professional boundaries in order to improve outcomes.
12	be able to assure the quality of their practice	

12.1	be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • be able to engage in interpret and apply evidence-based practice, evaluate practice systematically, and participate in audit procedures; or • be able to engage in evidence-based practice, critically evaluate practice systematically and participate in audit procedures.
12.2	be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care	<p>Two respondents were concerned about a paramedic being able to meet this standard. One respondent argued that these requirements were not frequently carried out and sought greater emphasis on evaluation, reflective practice, and working with clinical and audit teams to improve practice. Although they supported the inclusion of this standard. This respondent made similar comments for standards 12.3 and 12.6.</p>
12.3	be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures	
12.4	be able to maintain an effective audit trail and work towards continual improvement	
12.5	be aware of, and be able to participate in, quality assurance programmes, where appropriate	
12.6	be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user	

12.7	recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> recognise the need to monitor and critically evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
13	understand the key concepts of the knowledge base relevant to their profession	
13.1	understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction, relevant to their profession	
13.2	be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> be aware of the principles and applications of evidence-based practice and scientific enquiry, including the evaluation of treatment efficacy and the research process
13.3	recognise the role of other professions in health and social care	<p>Two respondents suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> recognise the role and responsibilities of other professions in health and social care; or recognise the role of other professions in health, and social care and public health.
13.4	understand the structure and function of health and social care services in the UK	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> understand the structure and function of health, and social care and public health services in the UK

13.5	understand the concept of leadership and its application to practice	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • understand the concept of leadership, delegation, and its their application to practice
13.6	understand the theoretical basis of, and the variety of approaches to, assessment and intervention	<p>One respondent sought additional profession-specific detail in this standard which would prevent an over-reliance on 3 lead monitoring:</p> <ul style="list-style-type: none"> • understand the theoretical basis of, and the variety of approaches to, assessment and intervention including 12lead ECG
13.7	understand human anatomy and physiology, sufficient to recognise the nature and effects of injury or illness, and to conduct assessment and observation in order to establish patient management strategies	

<p>13.8</p>	<p>understand the following aspects of biological science:</p> <ul style="list-style-type: none"> • human anatomy and physiology, especially the dynamic relationships of human structure and function and the musculoskeletal, cardiovascular, respiratory, digestive, endocrine, urinary, reproductive, integumentary and nervous systems • how the application of paramedic practice may cause physiological and behavioural change • human growth and development across the lifespan • the main sequential stages of normal development, including cognitive, emotional and social measures of maturation through the human lifespan • normal and altered anatomy and physiology throughout the human lifespan • relevant physiological parameters and how to interpret changes from the norm • disease and trauma processes and how to apply this knowledge to the planning of the patient's pre and/or out-of-hospital care • the factors influencing individual variations in human ability and health function • the role of nutrition in health and illness across the life spectrum • microbiology: the main classes of pathogenic microorganisms, the spread of infection and universal precautions 	<p>Three respondents commented on this standard. One respondent sought additional reference to knowledge and understanding of research methodologies in the standard. Whereas, the second respondent suggested amending the standard to the following wording:</p> <ul style="list-style-type: none"> • the role of nutrition in promoting health and preventing illness across the life spectrum
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13.9	<p>understand the following aspects of physical science:</p> <ul style="list-style-type: none"> • principles and theories of physics, biomechanics, electronics and ergonomics that can be applied to paramedic practice • the means by which the physical sciences can inform the understanding and analysis of information used to determine a diagnosis • the principles and application of measurement techniques based on biomechanics and electrophysiology • the pathophysiological changes to normal homeostatic function and its implications 	<p>Three respondents commented on this standard. The issues identified included seeking clarification on the reference to electrophysiology.</p>
13.10	<p>understand the following aspects of sociological, health and behavioural science:</p> <ul style="list-style-type: none"> • psychological and social factors that influence an individual in health and illness • how psychology and sociology can inform an understanding of physical and mental health, illness and health care in the context of paramedic practice and the incorporation of this knowledge into paramedic practice • how aspects of psychology and sociology are fundamental to the role of the paramedic in developing and maintaining effective relationships 	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> • understand the following aspects of sociological social, psychological health and behavioural science: <p>This respondent also suggested that political and economic factors should be added to the key factors which influence health and illness.</p>

13.11	<p>understand the following aspects of clinical science:</p> <ul style="list-style-type: none"> • pathological changes and related clinical features of conditions encountered in pre-hospital and out of hospital practice • physiological, pharmacological, structural, behavioural and functional changes in patient presentation and the effect of interventions • the theoretical basis of assessment, clinical decision making and treatment and the scientific evaluation of their effectiveness • principles of evaluation and research methodologies which enable the integration of theoretical perspectives and research evidence into the design and implementation of effective paramedic practice • the theories supporting problem solving and clinical reasoning • understand relevant pharmacology and the administration of therapeutic medications, including pharmacodynamics and pharmacokinetics 	<p>Two respondents commented on this standard. One respondent supported amending the standard to refer to research and specifics on pharmacology.</p>
14	be able to draw on appropriate knowledge and skills to inform practice	
14.1	know the theories and science that underpin the theory and principles of paramedic practice	
14.2	be able to change practice as needed to take account of new developments or changing contexts	<p>One respondent commented that this standard should require a paramedic to actively contribute to developing better practice which was based on the experience and observations obtained during clinical practice.</p>

14.3	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and effectively	
14.4	know how to position or immobilise patients correctly for safe and effective interventions	
14.5	know the indications and contra-indications of using specific paramedic techniques in pre-hospital and out of hospital care, including their limitations and modifications	One respondent commented that it is inappropriate for this standard to be limited to pre-hospital and out-of-hospital care as many paramedics practice inside a hospital.
14.6	be able to modify and adapt practise to emergency and urgent situations	
14.7	know how to select or modify approaches to meet the needs of patients, their relatives and carers, when presented in emergency and urgent situations	
14.8	be able to formulate specific and appropriate management plans including the setting of timescales	
14.9	be able to gather appropriate information	One respondent commented that this standard needed to be amended to reflect the changes in both the role of paramedics and the changing scope of epidemiology of patient demand. This respondent made a similar comment for standard 14.10.
14.10	be able to select and use appropriate assessment techniques	

14.11	be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> be able to provide undertake and record a thorough, sensitive and detailed an initial assessment, using appropriate techniques and equipment for patients presenting with emergency, urgent, mental health and social care needs, including in circumstances where there are multiple patients, modifying practice accordingly as necessary
14.12	be able to conduct a thorough and detailed physical examination of the patient using appropriate skills to inform clinical reasoning and guide the formulation of a differential diagnosis across all age ranges	One respondent sought more specific detail on our expectations and requirements for when a paramedic performs a physical examination of a service user.
14.13	be able to use observation to gather information about the functional abilities of patients	
14.14	understand the need to consider the assessment of both the health and psycho-social care needs of patients and carers	<p>One respondent suggested amending this standard to the following wording:</p> <ul style="list-style-type: none"> understand the need to consider the assessment ensure that patients are assessed, treated, referred or if appropriate discharged in accordance with their clinical of both the health and psycho-social care needs of patients and carers
14.15	be able to undertake or arrange investigations as appropriate	
14.16	be able to analyse and critically evaluate the information collected	
14.17	be able to demonstrate a logical and systematic approach to problem solving	

14.18	be able to use research, reasoning and problem solving skills to determine appropriate actions	
14.19	recognise the value of research to the critical evaluation of practice	One respondent argued that most paramedics were too busy to meet this standard in practice. This respondent made similar comments for standards 14.20 and 14.21.
14.20	be aware of a range of research methodologies	
14.21	be able to evaluate research and other evidence to inform their own practice	
14.22	be able to use information and communication technologies appropriate to their practice	
15	understand the need to establish and maintain a safe practice environment	
15.1	understand the need to maintain the safety of both service users and those involved in their care	
15.2	be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these	
15.3	be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation	
15.4	be able to select appropriate personal protective equipment and use it correctly	

15.5	be able to establish safe environments for practice, which minimise risks to service users, those treating them and others, including the use of hazard control and particularly infection control	
15.6	understand and be able to apply appropriate moving and handling techniques	
15.7	understand the nature and purpose of sterile fields and the paramedic's role and responsibility for maintaining them	Two respondents commented on this standard. One respondent questioned whether this standard was located in the correct section.
15.8	be aware of the role of the paramedic in responding to hazardous or major incidents	