The Specialist Paramedic Practitioner Programme

GP Training Practice Orientation

South East Coast Ambulance Service NHS Foundation Trust NHS Health Education Kent, Surrey & Sussex

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with special thanks to Daniel Dennis
What is a Specialist Paramedic Practitioner?

More effective NHS pathways and 111…

Both acute management and generalist assessment…
Specialist Paramedic Practitioner

- Paramedics with additional education and training equipped for greater patient assessment and management skills.
- Able to diagnose a wide range of conditions and treat many minor injuries and illnesses.
- Able to “signpost” care – referring patients to specialists in the community such as GPs, community nurses or social care professionals.
- Can also refer patients to hospital specialists, avoiding A&E.
- Aiming for over 300 SP/PPs in KSS.
Specialist Paramedic Practitioner Programme

- Innovative scheme and career pathway.
- Paramedics with 5yrs+ experience.
- Degree course.
- Fit for purpose, quality assured assessment.
- Inter-professional collaboration between Paramedics and General Practice.
- Improves quality of clinical decisions and management.
- Reduces unnecessary admissions.
- Contributes to community based integrated service for patients.
Why do we need a Specialist Paramedic Practitioner?

Evidence based need...

- Changes in volume and pattern of 999 demand favouring less acute and older populations [UK, Australia and US].
- Multiple studies validating the viability of extending paramedic practice in ‘undifferentiated urgent care type presentations.’
- Congruence with Health & Social Care Act 2012.
- College of Paramedic Position Statement: ‘Specialist Practice.’
- Implementation of NHS Pathways and 111.
- Formal South East Coast SHA academic and workforce evaluation.
Why the HEKSS GP Training Practice Placement?
Promoting Inter-professional Education of Primary Care Health Professionals
Why should we be interested? [a]

2010 RCGP Curriculum Statements:
- 2.03 The GP in the Wider Professional Environment [2012].
- 2.04 Enhancing Professional Knowledge [2012].

Clinical Commissioning Groups:
- Urgent and OOH care.

NHS Leadership Framework:
- Delivering the Service
  - Demonstrating Personal Qualities
  - Working with Others
  - Managing Services
  - Improving Services
  - Setting Direction
  - Creating the Vision
  - Delivering the Strategy
Why should we be interested? [b]

DoH NHS Strategy.
- Primary Care, General Practice and the NHS Plan June 2001.
- Health & Social Care Act 2012.
- Creating an Inter-professional Workforce.
  - “Fit for Purpose” in the emerging landscape of care.
- Review of urgent and emergency care services in England.
  - “Not just a matter of time.”
Why should we be interested? [c]

SEC SHA and HEKSS strategy.
- Academic and workforce evaluation of SECAmb PP programme.
  - *December 2008.*
  - *August 2010 report.*

- The HEKSS.
  - The style and educational philosophy of postgraduate GP education.
  - Promoting inter-professional education.
  - Providing leadership opportunities for ST3 GP Registrars.

- GP Trainer, ST3, SP/PP feedback surveys.
  - Overwhelmingly positive responses.
Why should we be interested? [d]

- This is enjoyable.
- Builds symbiotic relationships with colleagues who will probably work locally.
- Addresses the intended learning outcomes.
- Supernumerary experienced SP/PP student.
- There is some income generation.
- Good for ST3 GPR curriculum vitae.
The Specialist Paramedic Practitioner Curriculum
SP/PP Programme

- For selected Paramedics: a 15 month CPD pathway.
- Diploma programme at St George’s University of London.
- 2 month GP training practice placement with Workplace based assessments.
- Summative assessment:
  - Applied knowledge test.
  - Clinical skills test.
  - Quality assurance by appointed RCGP external examiner.
- Development of a CPD framework.
- Work in progress: Strengthening an Appraisal System.
GP Placement Programme

- Contract and orientation.
- PP student needs Workplace based assessment.

Planning the teaching and assessing –
  - Role of the GP trainer [Educational Supervisor].
  - Role of the SECAmb Clinical Education Manager [CEM].
  - Role of Practice Manager.
  - Role of ST3 [Clinical Supervisor].
  - Other members of PHCT.

- Timetable planning - a typical week.
The GP Placement Content [a]

- **Acute presentations in GP in Primary Care:**
  - Working in different environments.
  - Clinical assessment, management.
  - Communication, continuity of care.
  - Risk assessment/management.

- **Consulting skills:**
  - GP models vs traditional medical model.
  - *Reading: Peter Tate: Doctor’s Communication Handbook.*

- **Clinical examination skills:**
  - Beyond traditional paramedic training.

- **Team-working in primary care teams.**
The GP Placement Content [b]

- Introduction of the Generalist Role.
- Treatment skills:
  - Minor abscess drainage, suturing and wounds.
  - Appropriate management using Clinical Management Plans (CMP)s & Patient Group Directions (PGD)s.
  - ‘The paramedic as the drug.’
- Inter-professional teaching and learning.
- Familiarity with GP IT systems.
- Workplace based assessments.
Inter-professional Model of Learning and Teaching

Learner Centred

- Experiential: Lots of Patients
- Curriculum
- Apprenticeship Model
- Evaluation: Mutual Stakeholder
- Assessment: Gathering Evidence
- Tutorial System

Health Education Kent
Surrey and Sussex
One patient who has benefitted from the work of the paramedic practitioners is Jane Ingham from Caterham.

She said:

“We have an electric garage door I thought I would be able to get underneath before it closed but didn’t and it hit me on the head. As I had my glasses on my head at the time, they cut into my scalp causing blood to gush out. It was quite frightening.

I managed to get a towel on the wound and apply some pressure before I called my doctor’s surgery to ask for advice. They said if I came down to the surgery they would see me straight away.

I was seen by a paramedic practitioner who established that I hadn’t lost consciousness, cleaned the wound and stitched me up. He even washed my hair before treating the wound.

He was absolutely wonderful. I was seen, treated and back home within 45 minutes rather than potentially three to four hours had I gone to an A&E department. It makes perfect sense to me to have such services closer to home.”

Another patient who was also seen by one of SECAmb’s paramedic practitioners was a three-year-old boy called Danny Stanley.

His mum, Sarah Stanley, rushed him to the surgery after an iron fell on his foot.

Sarah said:

“I called the surgery who said if I came down they would see him. When I arrived the paramedic practitioner looked at Danny’s foot and after speaking with the doctor agreed that he needed to go to hospital. So the surgery contacted the hospital to inform them that we were coming and we were seen straight away when we arrived.

It was great that we were seen so quickly. It is very worrying when you child has been hurt but Dave (Paramedic Practitioner) was so reassuring.”
Evidence Based Clinical Management Plans

Patient Group Directions for Treatments in these Plans

Respiratory
- Asthma
- LRTI (Inc’ Exacerbation of COPD, bronchitis and pneumonia)
- Shortness of breath

Cardiovascular & Endocrine
- Heart Failure
- Chest pain (non cardiac)
- Palpitations, syncope and pre-syncope
- Care of patients with diabetes

Abdominal & Genito-Urinary
- Gastro-enteritis (Nausea, Vomiting and Diarrhoea)
- UTI
- Haematuria
- Abdominal Pain (With awareness of pathologies.)
- Catheter problems
- Retention of urine
- Constipation/impaction

Neurological
- Headaches
- Care of epileptic patients
- Febrile convulsions
- Head injury
- TIA/CVA pathways

Eyes
- FB in eye (inc’ Corneal abrasions)
- Arc eye
- Chemicals in eye
- Pain in eye, Loss of vision, Red eye (Iritis, AAG, Conjunctivitis)
- Blephritis
- Meibomian / Chalazion

Ear, Nose & Throat
- URTI/ Tonsilitis (sore throat)
- Otitis media
- Otitis externa
- Epistaxis
- Dental Problems

Integumentary & Wound Care
- Minor burns and scalds
- Pre-tibial lacerations
- Wound assessment and care
- Wound closure with sutures
- Wound closure with glue
- Animal and human bites
- Rashes (Local and systemic; to inc’ Allergic reactions & bites/stings)
- Skin infections (inc’ cellulitis)

Women’s Health
- Pelvic pain
- Dysuria/Discharge/Bleeding PV
- Pregnancy and obstetric complications
- Sexual Health

Men’s Health
- Scrotal swelling/pain
- Dysuria/discharge
- Sexual Health

Orthopaedic & Trauma
- Non traumatic musculo-skeletal back pain
- Hip pain (pain since mobilising after a fall)
- Knee pain/Injuries
- Shoulder injuries
- Wrist/Hard/Fingers (inc’ subungal haematomas)
- Ankle injuries (Inc’ foot and toes)
- Olecranon Bursitis
- Radial Head subluxation in children
- C-spine clearance following RTC/Whiplash
- Gout

Mental Health
- Panic/anxiety attack
- Depression
- Deliberate self harm/self neglect
- Overdose

Miscellaneous (& Palliative/Social)
- Palliative care
- Pyrexia of unknown origin
- Acopia
- Management of frequent fallers
- Management of multi-casualty RTC
- Non accidental injuries
Clinical Management Plan for Gastroenteritis

Any of the following associated with D&V:
- Signs of systemic compromise
- Severe pain
- Constant/‘colicky’ abdominal pain
- Dehydration and unable to replace fluids (e.g., concomitant vomiting)
  - Absent or scanty bowel sounds

**NO**

Pyrexia > 39
- Blood in stools/vomit
- Works in the food/catering industry
- Recent foreign travel
- Immunocompromised
- Symptoms lasting for more than 7 days
- Patient is from an institution
- Socially isolated/Lives alone/Acopia

**YES**

Refer to Primary Care for management. Initiate immediate advice and treatment as required.

If not in the above categories should be able to stay at home. Advice should be given as follows:
- Rehydrate regularly with clear fluids +/- rehydration salts
- Rest
- Bland diet avoiding dairy products and fatty foods
- The use of antibiotics is only appropriate following a stool sample
- Seek further advice if no improvement after 5 days or if concerned. Advise the patient that it may take up to 10 days to be free of all symptoms but they should steadily improve.

**References:**
- Oxford Handbook of General Practice
- Prodigy guidelines: [http://www.cks.library.nhs.uk](http://www.cks.library.nhs.uk)

**Pharmacology/Therapeutics/Treatments**
- Oral rehydration salts.

**Red Flags and Cautions**
- See exclusion criteria
Assessment of the SP/PP in GP
Collecting the Evidence

Using familiar simplified Workplace Based Assessments:

- **Case-based Discussions:** 5 required based on Clinical Evaluation Exercise (Mini-CEX).
  - CVS, RS, MSS, CNS, Other: e.g. Skin/ENT/Abdominal.

- **Consultation Observation Tool:** Sitting in, or video: 1 required.

- **Multi-Source Feedback:** after 4 weeks: 5 clinical + 5 non clinical.

- **Patient Satisfaction Questionnaire:** collect and reflect on 40 in last 4 weeks.

- **Clinical Supervisors Report.**
Summative Assessment of the SP/PP
Introducing the Medical Model

- **Applied Knowledge Test:**
  - 150 single best answer questions mapped to blueprint.

- **Clinical Skills Assessment:**
  - 14 x 10 minute OSCE stations mapped to blueprint.

- **Workplace Based Assessments during GP Placements:**
  - Case-based Discussions.
  - Consultation Observation Tool.
  - Multi-Source Feedback.
  - Patient Satisfaction Questionnaire.
  - Clinical Supervisors Report.
SP/PP Assessment
Quality Assurance

- Test writing and Examination Group all drawn from SECAm SP/P Ps.
- Trained by SGUL Medical School: Angela Hall and Keira Anderson.
- All SBA and OSCE questions written by PPs.
- QA of Test items by SGUL and General Practice.
- Standard setting [pass mark] using Angoff method – same as MRCGP.
- External examiner [Rob Caird] appointed by RCGP with developmental advice for 1st year & 3rd year of exam.
- Statistics provided by SGUL.
Paramedic Practitioner OSCE Exam: SGUL / RCGP External Assessment
Paramedic Practitioner Exam
The Examination Development Team
Where's the Evidence?

Evidence
BMJ November 2007

Paramedic practitioners and emergency admissions
Evidence suggests a positive effect, but future programmes need rigorous assessment before being expanded.

In this week’s BMJ, Mason and colleagues report on a cluster randomised controlled trial examining the effects of a “paramedic practitioner” service in a UK urban setting. The trial focused on managing older patients without life-threatening conditions who accessed the emergency ambulance service. It aimed to increase the proportion receiving care in the community and reduce admissions to the emergency departments.

It found that people in the intervention group were less likely to attend the emergency department (relative risk 0.72, 95% confidence interval 0.64 to 0.79) or needed hospital admission within 28 days (0.83, 0.81 to 0.84).

However, use of secondary care services after the initial episode increased (1.23, 1.15 to 1.31).

Paramedic practitioners underwent a three week theory course followed by 65 days of supervised clinical experience. Their scope of practice was restricted to common presentations for examination and to an inability to result in serious injury, including falls, lacerations, strains, and minor burns. Skills acquired beyond these normally practised by UK paramedics included wound care and bandaging, examination of the joints, examination of the musculoskeletal, cardiovascular, respiratory, and ear, nose, and throat systems, social needs assessment, administration of drugs, simple analgesics, and tourniquet control. Skills for radiography or to a general practitioner, district nurse, or social services.

As long ago as 1994, it was reported that services that departed for general practitioners often could not cope with the demand for out of hours consultations. Health
Evaluation

Academic Needs:
- Curriculum development.
- Accredited teaching and learning environment.
- Faculty development.
- ‘Fit for purpose’ Competence Assessment Development.

Workforce Needs:
- Career pathway – College of Paramedic ‘Specialist Paramedic’
- Changes in volume and pattern of 999 demand and 111.
- Congruence with DoH NHS strategy.
- Patient safety requirements.
Postgraduate Medical Education and Training Board established to develop a single, unifying framework for postgraduate medical education and training.

Current best practice for medical assessment.

All medical Royal Colleges membership exams.

Merged with General Medical Council April 2010.
Diagnosis: Endocrine

Scenario:
You are called to the home of a 61 year old woman by concerned neighbours. She has been feeling unwell for a while but has not seen her GP. You note a restless patient who appears to be mentally excitable. She has a HR of 120 bpm with PVCs noted on the 12 lead ECG. On questioning she reposts sweating, weight loss and difficulty sleeping.

Lead in:
What endocrine disorder would cause these signs?

Options:
A: Diabetes Mellitus
B: Chronic Adrenal Cortex Insufficiency (Addison’s Disease)
C: Hypersecretion of Glucocorticoids (Cushing’s Syndrome)
D: Hyperthyroidism
E: Hypothyroidism

Difficulty Index: Easy
Diagnosis : Endocrine

Answer: D
Scenario:
You are called to the home of an 82 year old woman who has had an episode of unconsciousness. She is fully recovered on your arrival and as part of your assessment you carry out cardiovascular checks. You auscultate her heart in the four recommended areas and hear normal sounds S1 & S2.

Lead in:
What valves of the heart closing, do the sounds S2 relate to?

Options:
A: Aortic Valve and Pulmonary Valve
B: Aortic Valve and Tricuspid Valve
C: Mitral Valve and Pulmonary Valve
D: Tricuspid Valve and Mitral Valve
E: Tricuspid Valve and Pulmonary Valve

Difficulty Index: Medium
Clinical Science : CVS

Answer: A
OSCE: Fall

Secamb
Paramedic Practitioner Assessment.
Practice OSCE.
Candidate Instructions.
This is a 10-minute station.

You are a Paramedic Practitioner responding to a 999 call from a 72-year-old man who has fallen at home today.

Tasks:
Please take a focused and relevant history from this patient.
After you have completed your history, you will be given the patient’s base line observations and results of further investigations.

At 8 minutes, you will be asked:
Your impression of the most likely cause of this patient’s fall.
To explain your treatment and management plan to your patient.
Acute presentations in GP in Primary Care:
- Working in different environments.
- Clinical assessment, management, communication and continuity of care.
- Risk assessment/management.

Consulting Skills:
- GP models vs traditional medical model.

Clinical Examination Skills:
- Beyond traditional paramedic training.

Team-working in primary care teams.
The GP Placement Content In Partnership with HEKSS PG GP [2]

Introduction of the Generalist Role

Treatment Skills:
- Minor abscess drainage, suturing, wounds.
- Appropriate management.
- ‘The paramedic as the drug’

Inter-professional teaching and learning.
Familiarity with GP IT systems.
Workplace based assessments.
Formal Evaluation and ongoing development.
Practical Issues, Troubleshooting and Quality Assurance

- Contracts.
- What happens if there are problems?
- What does success look like?
- Future developments.