



Primary Care Paramedic Preceptorship Programme

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Introduction

The Primary Care Workforce and Training Hubs have been working closely with the Primary Care workforce steering groups to develop a rotational model for paramedics to work in Primary Care from April 2021 when paramedics become reimbursable as part of the ARRS scheme for PCNs.

This ground-breaking scheme of collaborative working with Yorkshire Ambulance Service (YAS) aims to provide a scheme that delivers the staff needed for PCNs, provides a fulfilling work mix for paramedics that does not destabilise YAS and its capacity to deliver emergency services.

Experience with previous primary care pilots has shown that, while paramedics enjoy the role in primary care and opportunity to apply their skills in different ways, many would prefer a rotational model to full-time work in primary care. This way of working also helps increase the close working between primary care and this element of urgent care with better understanding on both sides of each other's roles and the opportunity to take learning into different environments. The benefits of close working between primary and urgent care services have been demonstrated to move care closer to home allowing accessing to a wider range of support services and improve financial efficiency within the system.

Whilst an obvious role for paramedics in primary care is supporting GPs with home visits, Paramedics also have significant experience in seeing acutely unwell patients in their role with YAS and can become a key member of the primary care team seeing acute presentations in clinic. Working in clinics as well as domiciliary care is important to achieve the volume of experience required to credential as a First Contact Practitioner. As registered professionals they can undertake further education in primary care including chronic disease management and are eligible to undertake prescribing courses.

Preceptorship Programme

This section sets out a suggested phased approach to the clinic structures of acute clinics, long term condition clinics and home visits for the Paramedics over the 12-week programme – setting out suggested appointment lengths and the level of support and supervision at each stage of the process. **This is intended as a guide and could be varied** (with more or less intense support) depending on the competence demonstrated by the Paramedic at the discretion of the Clinical Supervisor. Practices/networks are encouraged to adapt the rate of progress to the individual paramedic.

This programme provides an opportunity to establish paramedics in primary care within the ICS. A national ‘road map’ has been produced for paramedics entering primary care and whilst it is hoped that this programme will be a primer for that it will not replace it. <https://www.hee.nhs.uk/sites/default/files/documents/Paramedics-FINAL%20%28002%29.pdf>

The roadmap describes a process where there is a final sign off after 6 months full time, so this is not expected to be complete after this 12 week preceptorship. As each individual paramedic is in primary care for 50% of the time in most cases this should be completed within 12 months. The 12-week preceptorship allows time to complete stage 1 of the roadmap and make a substantial start on stage 2.

Duration of Training

The Primary Care Paramedic Preceptorship Programme is a 12-week programme, followed by rotational working between primary care and YAS. Supervision and completion of the HEE FCP roadmap stage 2 will be continued after the preceptorship.

The PCN and Paramedics will be asked to commit to an initial 18 months on the rotational programme. Prior to completion of the 18 months, feedback will be obtained from the Paramedics and PCN review meetings will be held, to decide whether all parties are happy to continue on the programme/current model or whether any party wishes to exit

Placements

Each Paramedic will be assigned to a training location placement for the duration of the programme at either a Practice or a PCN. Primary care networks are responsible for providing Clinical Supervision of Paramedics working with them. From the pilot and early cohorts, we have found paramedics have found it helpful to be based within a single practice during the 12-week programme, and where possible we would encourage PCNs to try to support this.

Clinical Supervisor

The Practice/PCN Clinical Supervisor needs to be a GP Trainer who has watched The Roadmap Supervision Top Up Session for GP Educational Supervisors video via E-Learning for Health ([Top Up Training](#)) or an FCP/ACP/GP who has attended the roadmap supervision course ([Roadmap supervision courses | Health Education England \(hee.nhs.uk\)](#)). If there are concerns with not having access to a roadmap supervisor then we can work around this using YAS roadmap supervisors and a tripartite meeting. For more information on accessing Clinical Supervisor training please contact your local Training Hub.

Employment

All Paramedics are employed and paid by Yorkshire Ambulance Service. Your PCN needs to claim the Additional Roles Reimbursement Scheme (ARRS) funding from NHSE&I/CCG and YAS will invoice your PCN for reimbursement.

Paramedic Study Sessions

Over the course of the 12-week programme formal teaching will be provided by the Training Hub in a number of different areas at weekly peer group learning sessions.

Core Capabilities

This is a short preceptorship programme, and it is not expected that Paramedics in the programme will achieve competency across any/all capabilities in that time frame. This preceptorship prepares the paramedic to work effectively with clinical supervision in primary care and prepare them to engage in the future in the specialist paramedic/primary care paramedic certification process. However, it takes many months of working in primary care in a supervised environment to achieve sufficient context-specific competence

Debrief in Clinics

Paramedics are experienced in initial patient assessment, particularly in terms of common acute presentations but clearly are less experienced in the assessment management of conditions in primary care. They also have less experience in assessing patients with a view to potential new diagnosis of cancer, chronic disease and rarer conditions. It is therefore essential that GPs and other primary care clinicians are available to support the paramedics during their preceptorship. Supervisors should encourage paramedics to take an inquisitive and holistic approach, exploring what significant conditions they have considered as well as general case management in the debrief process. This will complement the learning that the paramedics will undertake on their weekly study day during the 12 week programme. A requirement for similar support should also be anticipated beyond the initial preceptorship which should, as with all supervision, gradually reduce over time dependent on their confidence and competence.

Skills

The preceptorship programme will give the Paramedic skills to manage acute care, an introduction to some aspects of long-term condition management, an understanding of Primary Care and how it works and the importance of strong working relationships with a multidisciplinary primary care team.

Primary Care Preceptorship Programme

This suggested programme should be adapted to local arrangements during the COVID pandemic and the clinics that are running. This is not mandatory and can be adapted for local circumstances

Week 1

➤ **Practice/Network Induction**

- Initial induction
- Building tour
- Activate Smartcard and log in's
- Meet key staff members – Line Manager and Clinical Supervisor
- IT and clinical systems familiarisation

➤ **Mandatory Training (Mandatory training log needs completing)**

The following mandatory training needs to be completed unless it has already been completed through YAS:

- Data Security Awareness
- Equality and Diversity
- Infection Prevention Control
- Preventing Radicalisation (Level 1 & 3)
- Safeguarding Adults (Level 1 & 2)
- Safeguarding Children (Level 1, 2 & 3)

➤ **Observe Clinics**

- Acute clinics
- Home visits
- Long term conditions clinics

➤ **Protected Learning Time (Protected learning time log needs completing)**

- Clinical lead to deliver practice/network specific safeguarding training
- Clinician to deliver face to face SystemOne/EMISWeb training
- Paramedics to familiarise their self with pathways and systems

➤ **Role Definition & Education Planning**

Meet with Clinical Supervisor to:

- Define appropriate case mix/scope of the practice
- Assess the paramedics learning needs, PDP development.

Week 2 - 3

Acute Clinics

Paramedic continues shadowing clinics but may start to see patients in their own 30-minute appointment slots followed with a 10 minute debrief slot with a supporting GP.

Home Visits

Paramedic to see patients on a home visit in a 40-minute appointment slot followed with a 10 minute debrief slot with a supporting GP back at the practice.

Long Term Conditions Clinics

Long Term Conditions Nurse to directly observe Paramedic for two weeks. To enable the Paramedic to familiarise their self with pathways and systems.

Education

Complete a Consultation Observation Tool

Complete a Case Based Discussion

Week 4 - 5

Acute Clinics

Paramedic to see patients in 20-minute appointment slots followed with a 10 minute debrief slot with a supporting GP.

Home Visits

Paramedic to see patients on a home visit in a 30-minute appointment slot followed with a 10 minute debrief slot with a supporting GP back at the practice.

Long Term Conditions Clinics

Paramedic to see patients in 40-minute appointment slots followed with a 15 minute debrief slot with a supporting Long Term Conditions Clinic.

Week 6 - 9

Acute Clinics

Paramedic to see patients in 20 minute appointment slots followed with a 5 minute debrief slot with a supporting GP.

Home Visits

Paramedic to see patients on a home visit in a 30-minute appointment slot followed with a 5 minute debrief slot with a supporting GP back at the practice.

Long Term Conditions Clinics

Paramedic to see patients in 30-minute appointment slots followed with a 5 minute debrief slot with a supporting Long Term Conditions Clinic.

Education

Complete a Consultation Observation Tool

Complete a Case Based Discussion

Week 10 - 12

Acute Clinics

Paramedic to see patients in 20 minute appointment slots with two 10 minutes catch up slots in their clinic to enable them to see their overseeing GP if needed. At the end of the clinic a 30 minute debrief slot should be added to debrief on the clinic and home visits with the same overseeing GP.

Home Visits

Paramedic to see patients on a home visit in a 30-minute appointment.

Long Term Conditions Clinics

Paramedic to see patients in 30-minute appointment slots with two 10 minute catch up slots in their clinic to enable them to see their overseeing LTC Nurse if needed. At the end of the clinic a 25 minute debrief slot should be added with the same overseeing LTC Nurse.

Education

Multi Source Feedback (Workforce hub to administer).

Complete a Consultation Observation Tool

Complete a Case Based Discussion

Review PDP

Primary Care Paramedic Preceptorship Module Finishes.

Week 2 – 3

Acute Clinics (Adjust to trainee/practice needs)

Time Scale: 2 weeks

Appointment Time: 30 minutes per appointment

Appointment Debrief Time: 10-minute slots after every appointment

Home Visit Time: 40 minutes per visit

Home Visit Debrief: 10 minutes per visit after both visits

Break Time: 15 minutes

	Acute Paramedic Clinic
	Supporting GP is Dr X
8.30	Patient 1
9.00	Debrief on Patient 1
9.10	Patient 2
9.40	Debrief on Patient 2
9.50	Patient 3
10.20	Debrief on Patient 3
10.30	Break
10.45	Patient 4
11.15	Debrief on Patient 4
11.25	Patient 5
11.55	Debrief on Patient 5
12.05	Home Visit - Patient 1
12.45	Travel
12.55	Home Visit - Patient 2
13.25	Debrief on Home Visits
13.45	End of Clinic

	Dr X Clinic
	Supporting Paramedic
	Normal Working Clinic
9.00	Debrief with Paramedic
	Normal Working Clinic
9.40	Debrief with Paramedic
	Normal Working Clinic
10.20	Debrief with Paramedic
10.30	Break
	Normal Working Clinic
11.15	Debrief with Paramedic
	Normal Working Clinic
11.55	Debrief with Paramedic
	Normal Home Visits/Admin
13.25	Debrief with Paramedic
13.45	End of Clinic

Week 2 – 3

Long Term Conditions Clinic (Adjust to trainee/practice needs)

Time Scale: LTC Nurse to directly observe Paramedic for 2 weeks

Appointment Time: 40 minutes per appointment

Clinical Mentor Time: 15-minute slots after every appointment

Debrief Time: 25 minutes at the end of the clinic

Break Time: 15 minutes

	LTC Paramedic Clinic
	LTC Nurse Observing Clinic
8.30	Patient 1
9.10	Discuss Patient 1
9.25	Patient 2
9.55	Discuss Patient 2
10.10	Patient 3
10.40	Discuss Patient 3
10.55	Break
11.05	Patient 4
11.35	Discuss Patient 4
11.50	Debrief on Clinic
12.15	End of Clinic

	LTC Nurse Clinic
	Observing Paramedic
8.30 - 12.15	

Week 4 – 5

Acute Clinics (Adjust to trainee/practice needs)

Time Scale: 2 weeks

Appointment Time: 20 minutes per appointment

Appointment Debrief Time: 10-minute slots after every appointment

Home Visit Time: 30 minutes per visit

Home Visit Debrief: 10 minutes per visit after both visits

Break Time: 15 minutes

Acute Paramedic Clinic	
Supporting GP is Dr X	
8.30	Patient 1
8.50	Debrief on Patient 1
9.00	Patient 2
9.20	Debrief on Patient 2
9.30	Patient 3
9.50	Debrief on Patient 3
10.00	Break
10.15	Patient 4
10.35	Debrief on Patient 4
10.45	Patient 5
11.05	Debrief on Patient 5
11.15	Patient 6
11.35	Debrief on Patient 6
11.45	Home Visit - Patient 1
12.15	Travel
12.25	Home Visit - Patient 2
12.55	Debrief on Home Visits
13.15	End of Clinic

Dr X Clinic	
Supporting Paramedic	
	Normal Working Clinic
8.50	Debrief with Paramedic
	Normal Working Clinic
9.20	Debrief with Paramedic
	Normal Working Clinic
9.50	Debrief with Paramedic
10.00	Break
	Normal Working Clinic
10.35	Debrief with Paramedic
	Normal Working Clinic
11.05	Debrief with Paramedic
	Normal Working Clinic
11.35	Debrief with Paramedic
	Normal Home Visits/Admin
12.55	Debrief with Paramedic
13.15	End of Clinic

Week 4 – 5

Long Term Conditions Clinic (Adjust to trainee/practice needs)

Time Scale: 2 weeks

Appointment Time: 40 minutes per appointment

Debrief Time: 15-minute slots after every appointment

Break Time: 15 minutes

	LTC Paramedic Clinic
	Supporting Nurse is X
8.30	Patient 1
9.10	Debrief on Patient 1
9.25	Patient 2
10.05	Debrief on Patient 2
10.20	Break
10.35	Patient 3
11.15	Debrief on Patient 3
11.30	Patient 4
12.10	Debrief on Patient 4
12.25	End of Clinic

	LTC Nurse Clinic
	Supporting Paramedic
	Normal Working Clinic
9.10	Debrief with Paramedic
	Normal Working Clinic
10.05	Debrief with Paramedic
10.20	Break
	Normal Working Clinic
11.15	Debrief with Paramedic
	Normal Working Clinic
12.10	Debrief with Paramedic
12.25	End of Clinic

Week 6 – 9

Acute Clinics (Adjust to trainee/practice needs)

Time Scale: 4 weeks

Appointment Time: 20 minutes per appointment

Appointment Debrief Time: 5-minute slots after every appointment

Home Visit Time: 30 minutes per visit

Home Visit Debrief: 5 minutes per visit after both visits

Break Time: 15 minutes

Acute Paramedic Clinic	
Supporting GP is Dr X	
8.30	Patient 1
8.45	Debrief on Patient 1
8.50	Patient 2
9.05	Debrief on Patient 2
9.10	Patient 3
9.25	Debrief on Patient 3
9.30	Patient 4
9.45	Debrief on Patient 4
9.50	Break
10.05	Patient 5
10.20	Debrief on Patient 5
10.25	Patient 6
10.40	Debrief on Patient 6
10.45	Patient 7
11.00	Debrief on Patient 7
11.05	Patient 8
11.20	Debrief on Patient 8
11.25	Home Visit - Patient 1
11.55	Travel
12.05	Home Visit - Patient 2
12.35	Debrief on Home Visits
12.45	End of Clinic

Dr X Clinic	
Supporting Paramedic	
	Normal Working Clinic
8.45	Debrief with Paramedic
	Normal Working Clinic
9.05	Debrief with Paramedic
	Normal Working Clinic
9.25	Debrief with Paramedic
	Normal Working Clinic
9.45	Debrief with Paramedic
9.50	Break
	Normal Working Clinic
10.20	Debrief with Paramedic
	Normal Working Clinic
10.40	Debrief with Paramedic
	Normal Working Clinic
11.00	Debrief with Paramedic
	Normal Working Clinic
11.20	Debrief with Paramedic
	Normal Home Visits/Admin
12.35	Debrief with Paramedic
12.45	End of Clinic

Week 6 – 9

Long Term Conditions Clinic (Adjust to trainee/practice needs)

Time Scale: 4 weeks

Appointment Time: 30 minutes per appointment

Debrief Time: 5-minute slots after every appointment

Break Time: 15 minutes

LTC Paramedic Clinic	
Supporting Nurse is X	
8.30	Patient 1
9.00	Debrief on Patient 1
9.05	Patient 2
9.35	Debrief on Patient 2
9.40	Patient 3
10.10	Debrief on Patient 3
10.15	Break
10.30	Patient 4
11.00	Debrief on Patient 4
11.05	Patient 5
11.35	Debrief on Patient 5
11.40	Patient 6
12.10	Debrief on Patient 6
12.15	End of Clinic

LTC Nurse Clinic	
Supporting Paramedic	
	Normal Working Clinic
9.00	Debrief with Paramedic
	Normal Working Clinic
9.35	Debrief with Paramedic
	Normal Working Clinic
10.10	Debrief with Paramedic
10.15	Break
	Normal Working Clinic
11.00	Debrief with Paramedic
	Normal Working Clinic
11.35	Debrief with Paramedic
	Normal Working Clinic
12.10	Debrief with Paramedic
12.15	End of Clinic

Week 10 – 12

Acute Clinics (Adjust to trainee/practice needs)

Time Scale: 3 weeks

Appointment Time: 20 minutes per appointment

Appointment Debrief Time: 2 x 10 minute catch up slots if needed

Home Visit Time: 30 minutes per visit

Home Visit Debrief: 30 minutes at the end of the clinic to debrief on clinic and home visits

Break Time: 15 minutes

Acute Paramedic Clinic	
Overseeing GP is Dr X	
8.30	Patient 1
8.45	Patient 2
9.00	Patient 3
9.15	Catch up slot after seeing Overseeing GP
9.25	Patient 4
9.40	Patient 5
9.55	Break
10.10	Patient 6
10.25	Patient 7
10.40	Patient 8
10.55	Catch up slot after seeing Overseeing GP
11.05	Patient 9
11.20	Patient 10
11.35	Home Visit - Patient 1
12.05	Travel
12.15	Home Visit - Patient 2
12.45	Debrief on Clinic & Home Visits
13.15	End of Clinic

Dr X Clinic	
Overseeing Paramedic	
	Normal Working Clinic
9.15	Catch up slot for overseeing Paramedic
	Normal Working Clinic
9.55	Break
	Normal Working Clinic
10.55	Catch up slot for overseeing Paramedic
	Normal Working Clinic
	Normal Home Visits/Admin
12.45	Debrief with Paramedic
13.15	End of Clinic

Week 10 – 12 Long Term Conditions Clinic

Time Scale: 3 weeks

Appointment Time: 30 minutes per appointment

Catch Up Slots: 2 x 10 minute catch up slots if needed

Debrief: 25 minutes at the end of the clinic to debrief

Break Time: 15 minutes

LTC Paramedic Clinic	
Overseeing Nurse is X	
8.30	Patient 1
9.00	Patient 2
9.30	Catch up slot after seeing Overseeing GP
9.40	Patient 3
10.10	Break
10.25	Patient 4
10.55	Patient 5
11.25	Catch up slot after seeing Overseeing GP
11.35	Patient 6
12.05	Debrief on Clinic
12.30	End of Clinic

LTC Nurse Clinic	
Overseeing Paramedic	
	Normal Working Clinic
9.30	Catch up slot for overseeing Paramedic
	Normal Working Clinic
10.10	Break
	Normal Working Clinic
11.25	Catch up slot for overseeing Paramedic
	Normal Working Clinic
12.05	Debrief with Paramedic
12.30	End of Clinic

Schedule of Paramedic Study Sessions

Over the 12-week programme formal teaching will be provided by the Yorkshire and Humber Training Hubs in several different areas at the weekly peer group learning days. The sessions will focus on previous cohorts identified learning needs within primary care and will supplement the learning/teaching that occurs naturally in practices. Both in advance of a teaching session and following on from the session Paramedics will be asked to complete a reflective case study. The order and topic of these sessions is subject to change.

Morning Session: 9am – 12pm – Lecturer covers session across Yorkshire & Humber via Zoom

Afternoon Session: 1pm – 4pm – Case Base Discussions and Peer Learning across Yorkshire & Humber via Zoom.

Date	Topic	Tutor
Tuesday TBC	<p style="text-align: center;">Primary Care Consulting</p> <p>Basic structure and how to survive in 10-15 mins. Paramedics are trained in the medical model of history taking (PC, HPC, PMH, DH etc) during their initial training. As part of this preceptorship, they will have an introduction to primary care consulting and this session will focus on the Calgary-Cambridge model.</p>	TBC
Tuesday TBC	<p style="text-align: center;">Eye Problems in Primary Care</p> <p>Eye problems are a common presentation in primary care but are not part of their previous scope of practice. This session will introduce trainees to the management of common eye conditions as well as identification of significant eye disease which requires urgent referral. This is a practical session, including fundoscopy teaching.</p>	TBC
Tuesday TBC	<p style="text-align: center;">Social Prescriber</p> <p>This interactive session will consider the complex way that socioeconomic factors can influence patient care, including presentation, management, and outcomes. We will look at the use of non-medical interventions via the use of 'social prescribing' and the ways we can signpost patients to appropriate services, third-sector organisations and other non-medical groups.</p>	TBC

<p>Tuesday TBC</p>	<p style="text-align: center;">Ears & Hearing in Primary Care</p> <p>This session includes the management of common primary care ear conditions including otitis externa & media, wax, Tinnitus, and hearing loss. Assessment of acute sore throat and upper respiratory problems including allergic rhinitis. This is a practice session, including otoscopy teaching.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">Diabetes</p> <p>Paramedics should already have skills in the identification of serious exacerbations e.g., DKA and HONK. This session will focus on the diagnosis of Diabetes, with a focus on adult patients, and initial management of T2DM including explanation, lifestyle and initial drug management.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">Managing Chronic Respiratory Disease</p> <p>The session is split between Asthma and COPD. Paramedics are usually skilled in management of acute exacerbations, so this session focuses on diagnosis and non-emergency management.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">MSK</p> <p>This session includes appropriate examination skills and focuses on common primary care presentations including:</p> <p>Shoulder – ACJ, Glenohumeral disease & impingement. Tennis/Golfers elbow and olecranon bursitis. Carpal tunnel syndrome. Small joint arthritis. Hip pain. Trochanteric bursitis. Knee problems. Achilles tendinitis. Plantar Fasciitis.</p>	<p>TBC</p>

<p>Tuesday TBC</p>	<p style="text-align: center;">Prescribing Matters</p> <p>The session will aim to give a flavour of the prescribing course and what to expect post-qualification:</p> <p>Defining supplementary/independent prescribing Assessing and demonstrating scope of practice/competence Understanding legal frameworks Exploring common prescribing themes How to counsel patients Risk management, documentation, professional indemnity What the prescribing qualification and portfolio entail.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">Skin Problems in Primary Care</p> <p>Discussion of the identification and simple management of common skin conditions in primary care, with some emphasis on the housebound elderly population which is likely to be a core part of their scope of practice.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">Mental Health</p> <p>Common mental health problems that present to primary care and an overview of their diagnosis and management. This session will cover biopsychosocial assessment, depression, generalised anxiety disorder, panic disorder, post-traumatic stress, psychosis, bipolar disorder and available resources in the community.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">Suspected Cancer Referrals</p> <p>Previous urgent care work will have exposed the paramedics to patients with cancer and suspected cancer. However, it is essential that the group are introduced to the NICE 2WW criteria to ensure early cancer detection. This session will introduce the criteria and their application including role play for explaining 2WW referrals to patients.</p>	<p>TBC</p>
<p>Tuesday TBC</p>	<p style="text-align: center;">Organisation of Primary Care</p> <p>Understanding the business model of primary care and its influence on care provision. What is a Primary Care Network (PCN) and how do they work? Developing the multi-disciplinary GP practice team.</p>	<p>TBC</p>

Paramedic Induction Booklet

This booklet includes a personal details form for the Paramedic and covers essential policy's such as health and safety guidelines, expected standards of behaviour and confidentiality guidelines. This is intended as a guide and can be replaced with your own induction forms.

Name: _____

Job Title: _____

Start Date: _____

End Date: _____

	DATE RECIEVED	INITIAL	DATE RETURNED	INITIAL
Access Fob				
Add To Car Registration List				
Add To Staff Database				
Fire Walk/Assembly Point				

Personal Details Form

Title	
Forename	
Middle Name	
Surname	
Department	
Job Title	
Date of Birth	
Passport Number	
National Insurance Number	
Car Registration	
Languages Spoken	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
Any relevant information that the practice needs to know? (optional)	
GP Name, Address and Telephone	
1st Next of Kin	Name: Address: Telephone Number: Relationship to employee:
2nd Next of Kin	Name: Address: Telephone Number: Relationship to employee:

Mandatory Training and Protected Learning Time

This is a guide to help the Paramedic complete all the mandatory training modules on “E-Learning for Health” if the relevant mandatory training hasn’t already been completed through YAS. This includes data security, preventing radicalisation, child & adult safeguarding, infection control and equality & diversity. There is an overall cover sheet for this training to show it has all been completed.

Protected learning time should be completed within the first week of the programme.

Protected Learning Time	
Module	Date Completed
Safeguarding training with clinical lead	
SystemOne training with clinical lead	
Familiarise yourself with pathways and systems	

Mandatory training should be completed within the first or second day of the programme, using E-learning for health website (guidance booklet provided). **Unless the mandatory training has already been completed through YAS.**

Mandatory Training		
Module	Date Completed	Certificate Attached
Data Security Awareness		
Equality and Diversity		
Infection Prevention Control		
Preventing Radicalisation (Level 1)		
Preventing Radicalisation (Level 3)		
Safeguarding Adults (Level 1)		
Safeguarding Adults (Level 2)		
Safeguarding Children (Level 1)		
Safeguarding Children (Level 2)		
Safeguarding Children (Level 3)		

Portfolio of Evidence

Paramedics undertaking the preceptorship have the opportunity to start building a portfolio of evidence to demonstrate their competency. The methodology has been closely aligned to the RCGP processes and the HEE FCP roadmap. The latest version of the roadmap can be found here:

[First Contact Practitioners and Advanced Practitioners in Primary Care: \(Paramedics\) \(hee.nhs.uk\)](https://www.hee.nhs.uk/first-contact-practitioners-and-advanced-practitioners-in-primary-care-paramedics)

A link to HEE website with supervisor resources, roadmaps, verification process etc can be found here:

[Roadmaps to Practice | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/roadmaps-to-practice)

Protected Study Time for Portfolio Completion

We recognise that learning in primary care is a career-long practice, but it is particularly important for those on a training pathway such as the FCP Roadmap. **To recognise this ongoing need, as part of the ongoing scheme, those paramedics undertaking the subsequent 6-week rotations in primary care will be provided with protected time (1 half-day session per week, ideally a Tuesday afternoon) to allow time for reflection and completion of the relevant entries in their portfolio to ensure they are able to obtain sufficient evidence for the completion of the Roadmap.** They will also be able to join the afternoon sessions run for the paramedics undertaking the first 12-week rotation in primary care - this will allow consolidation of knowledge as well as facilitating peer support and benchmarking.

PCN Application Form

PCN Name	
Lead GP Practice	
Most Appropriate PCN/Practice Contact	Name: Tel: Email:
Named Clinical Supervisor (GP Trainer who has watched The Roadmap Supervision Top Up Session for GP Educational Supervisors video via E-Learning for Health (Top-up Training) or an FCP/ACP/GP who has attended the roadmap supervision course (Roadmap Supervision Course))	Name: Role: Watched Top Up Session for GP Educational Supervisors video: Y/N Completed roadmap supervision course: Y/N Email:
PCN ARRS Invoicing Contact	Name: Email:
Clinical System Used	
Number of Paramedics Requested (If 2 requested for example, they would both start at the same time, with the subsequent 2 joining your PCN for the second 12 weeks, and so on)	
Proposed Paramedic Working Days/Hours (Mon-Fri)	
Signed on behalf of PCN	Print Name: Signature: