



# Designing and Implementing an Educational Framework for Advanced Paramedic Practitioners rotating into Primary Care in North Wales



Ymddiriedolaeth GIG Gwasanaethau Ambiwlians Cymru  
Welsh Ambulance Services NHS Trust

Georgette Eaton<sup>1</sup>; Ian Happs<sup>2</sup>; Robert Tanner<sup>3</sup>

<sup>1</sup> NIHR Doctoral Research Fellow, Nuffield Department of Primary Care Health Sciences, University of Oxford;  
<sup>2</sup> NHS Wales Health Education and Improvement Wales; <sup>3</sup> Llangollen Health Centre, Llangollen, Wales



## Introduction

The Welsh Government Pacesetter programme is an initiative to encourage and support innovation in primary care. The money is allocated to health boards to support projects which test and evaluate new and innovative ways of working in order to achieve sustainability, improve access and deliver more care in the community. This project was part of the second round of funding in 2018 and asked the question 'Does a rotational model utilising the skills and knowledge of Advanced Practice Paramedics support a sustainable model of Primary Care Services in North Wales?' As part of the project, a group of experienced local GP educators were commissioned to produce and deliver an educational framework to support the integration of the Advanced Paramedic Practitioners into primary care settings.

## Background

Rotational working has been offered as a solution to bridge the retention crises faced by ambulance services in the United Kingdom due to the inception of paramedics working in primary care. One project in North Wales examines the viability of rotating Advanced Paramedic Practitioners employed by Welsh Ambulance Services NHS Trust into primary care. As part of this project, an educational framework was developed to prepare and support Advanced Paramedic Practitioners in the provision of clinical care in primary care settings. This educational framework was evaluated to determine how it supported the development of the Advanced Paramedic Practitioners in the primary care setting.

## Methods

Semi-structured focus groups were undertaken with Advanced Paramedic Practitioners (n=7) and GP trainers (n=4).

## Outcome

A narrative analysis of the information collected highlighted three overarching themes concerning the need for clinical supervision and feedback in primary care, and the usefulness of the education framework in regard to a tailored curriculum and recording progression.

The APPs felt they could be "beneficial and effective" [APP3] working in their role in primary care, but they felt "like a conveyor belt" [APP7] in regard to high patient contact without supervision. They voiced concerns that their need to ask questions of GPs during clinics was "slowing things down" [APP4]. This was echoed by the GPs, who outlined their need "to triage the clinics, otherwise the poor GP who is supervising next door is going to be in and out [supervising the APP] all the time" [GP2]. Whilst there was an acknowledgement that the APPs were there to work and contribute to patient care, the lack of "supervision, [was] not really beneficial" [APP6] to their clinical development.

There was consensus across both the APPs and GPs that the underpinning curriculum was extensive. At the start, the APP group were "excited" [APP1] about the framework which covered areas such as mental health and endocrinology "where we're notoriously weak as paramedics" [APP2]. The APPs felt it was important to "cover everything, as anything can come through the door in primary care settings" [APP4] whereas the GPs found it "unrealistic to cover it in a year" [GP1] and "overwhelming" [GP4].

Primary Care

Clinical Supervision

The Ambulance Service

Within WAST, the APPs outlined a lack of "senior clinical supervision" [APP1] acknowledging that "there isn't anybody in the ambulance service that can provide" [APP2] such support for advanced practice roles.

Feedback

GPs felt that feedback was regularly given to the APPs as part of their supervision, either "on the spot all the time" [GP2] or retrospectively: "I looked back at all the cases he'd seen [to] see if they'd been seen again or since then" [GP1]. The APPs felt that feedback was informal where "you could have a chat if you wanted it" [APP5]. Whilst this informality likely has practical benefits, it is unlikely to have supported the use of the education framework for this project, which is based on written feedback from clinical supervision in primary care.

Curriculum

Education Framework

Gaps in knowledge

The GPs felt that studying for a Master's degree in Advanced Practice "gives [the APPs] a grounding" [GP2] to work in primary care. APPs were unanimous in their view that the content of the Master's degree expanded their knowledge, and the formal education sessions as part of the Pacesetter bridged the gap between theory and practice. The biggest gap outlined by the GP group was the understanding and interpretation of blood tests, and this related to the knowledge required to undertake medicines' prescribing. When asked specifically about bloods in the second focus group, the APPs preferred a "functional" [APP7] knowledge.

## Conclusion

This evaluation provides a practical insight into the delivery of an education framework to support APPs rotating between the ambulance service and primary care. The provision of education days provided a platform to address knowledge gaps in APP education and fostered a community of practice within the project. However, the application of the RCGP curriculum was deemed too extensive for APPs, and a curriculum with more practical components was advised. In addition, documentation recording APP supervision and development was insubstantial. It may be that broadly benchmarking the curriculum against the core capabilities of paramedics outlined by Health Education England does not assist with the attainment of capabilities for APPs in primary care. A more concise model may be more beneficial. This evaluation highlights the need for formal clinical supervision for APPs in primary care, linking such provision to their development as clinicians.

## Acknowledgements

The authors would like to thank the participants of this project for their time, commitment and honesty in the evaluation of this education framework.