



Alignment with the Paramedic Apprenticeship Standard

Standard reference: ST0567, version 2.0, Level 6 — updated 25 March 2026
Regulated by the Health and Care Professions Council (HCPC)

1. Purpose of this document

This document maps the learning tools provided by Paramind to the eleven duties and the knowledge, skills and behaviours (KSBs) set out in the Paramedic apprenticeship occupational standard (ST0567, version 2.0). Its aim is to show, transparently and honestly, where Paramind supports a learner's development against the standard, and where it does not.

It is intended to be shared with universities, training providers, ambulance trusts and professional bodies that wish to understand how Paramind complements an apprentice's formal programme.

2. Important framing

Paramind is an educational and continuing professional development (CPD) tool. It complements — it does not replace — university teaching, supervised clinical placement, or the End-Point Assessment (EPA). Paramind is not an approved training provider or End-Point Assessment Organisation, and it does not assess or sign off competence against the standard.

Paramind aligns most strongly with the knowledge base (the "K" criteria) and with the reflective, CPD and clinical-reasoning skills that can be developed cognitively — clinical reasoning, ECG interpretation and structured handover communication. It does not deliver or substitute for the practical, placement-based competencies (for example moving and handling, use of PPE, or emergency driving), which are developed and assessed in person.

All clinical content within Paramind is positioned as revision and learning material. The platform consistently directs users back to JRCALC and local trust protocols for real patient care.

3. How to read the coverage rating

Each duty in the summary table is given one of four coverage ratings:

- **Strong** — a core focus of one or more Paramind tools.
- **Partial** — meaningfully supported, alongside other learning.
- **Supporting** — underpinning awareness built, applied competence developed in practice.
- **Out of scope** — not addressed by a digital learning tool.

4. Summary: duties at a glance

Duty	Paramind support	Coverage
Duty 1: Practise safely and effectively within scope and legal/ethical boundaries	Patient Scenarios, Chat with Hollie, CPD portfolio	Partial
Duty 2: Look after own health and wellbeing, seeking support where necessary	After the Call debrief	Partial
Duty 3: Practise as an autonomous professional, exercising professional judgement	Patient Scenarios, AI Differentials, Chat with Hollie	Strong
Duty 4: Practise in a non-discriminatory and inclusive manner	Chat with Hollie, Patient Scenarios	Supporting
Duty 5: Communicate effectively, maintaining confidentiality and records appropriately	ATMIST Handover tool, Patient Scenarios, CPD portfolio	Partial
Duty 6: Work with others	ATMIST Handover, Interview Simulation	Supporting
Duty 7: Reflect on, review and assure the quality of own practice	After the Call debrief, CPD portfolio & certificates, Readiness Score	Strong
Duty 8: Draw on the knowledge base relevant to the profession	Hollie, A&P Connections, Bone Lab, ECG tool, Common Medications, Scenarios, OSCE, Cardiac arrest simulator	Strong
Duty 9: Establish and maintain a safe practice environment	Patient Scenarios, Chat with Hollie	Supporting
Duty 10: Promote public health and prevent ill health	Chat with Hollie	Supporting
Duty 11: Drive an ambulance or rapid response vehicle	—	Out of scope

5. Duty-by-duty detail

Duty 1: Practise safely and effectively within scope and legal/ethical boundaries

Relevant KSBs: K1, K3, K7, K8; S1, S12, S14 Coverage: **Partial**

Paramind reinforces the idea of practising within scope and recognising the limits of one's competence. The scenario engine repeatedly prompts the user to identify when a presentation falls outside their level and when to seek advice or refer. Hollie explains the HCPC framework and the legislation and guidance that govern paramedic practice. The platform is explicitly positioned as an educational tool that directs users back to JRCALC and local trust protocols for actual patient care, which itself models scope-aware behaviour. Recording learning in the CPD portfolio supports the continuing professional development expectation in K1.

Duty 2: Look after own health and wellbeing, seeking support where necessary

Relevant KSBs: K10, K11, K12; S15, S16 Coverage: **Partial**

The "After the Call" post-shift debrief gives users a structured, private space to process the emotional burden of difficult jobs and to reflect on their own response. This supports recognising personal stress (S15) and developing self-care strategies (S16). Paramind raises awareness and supports reflection on wellbeing; it does not provide clinical or psychological treatment and signposts users to appropriate professional support.

Duty 3: Practise as an autonomous professional, exercising professional judgement

Relevant KSBs: K13–K16; S17–S25 Coverage: **Strong**

This is a strong area of alignment. The realistic patient scenarios place the user in the position of an autonomous practitioner: they gather information, weigh findings, form a working impression and decide on an appropriate care pathway in a safe, consequence-free environment. This directly develops reasoned decision-making (S18, S19), a logical and systematic approach to problem solving (S22) and the use of reasoning to determine appropriate actions (S23). The AI Differentials tool builds the habit of generating and narrowing differential ideas as a revision aid.

Duty 4: Practise in a non-discriminatory and inclusive manner

Relevant KSBs: S26–S28; B1, B2 Coverage: **Supporting**

Paramind provides supporting rather than primary coverage here. Hollie can explain the principles of equality, diversity and inclusion and how they apply to practice, and scenarios can present a range of patient backgrounds and communication needs. The lived development of these behaviours happens predominantly in supervised practice; Paramind builds the underpinning awareness.

Duty 5: Communicate effectively, maintaining confidentiality and records appropriately

Relevant KSBs: K17–K23; S29–S38; B3 Coverage: **Partial**

The ATMIST handover tool is a direct, dedicated rehearsal of structured clinical communication, helping users develop clear, concise verbal handovers to receiving teams (S31). Scenarios culminate in forming and communicating a handover. Keeping CPD records in the portfolio develops record-keeping discipline (S36, S38). Hollie can explain the principles of confidentiality, consent and information governance.

Duty 6: Work with others

Relevant KSBs: K24–K28; S39–S45 Coverage: **Supporting**

The handover tool develops the interface with the wider multi-disciplinary team and receiving clinicians. The interview simulation surfaces teamwork and leadership themes and helps users articulate how they contribute within a crew and a wider service. Genuine team working is developed on placement; Paramind supports the communication and self-presentation aspects.

Duty 7: Reflect on, review and assure the quality of own practice

Relevant KSBs: K29–K31; S46–S50 **Coverage:** **Strong**

Another strong area. The “After the Call” debrief is built around structured reflection on real jobs, and the CPD portfolio lets users record the outcome of that reflection — exactly the behaviour described in K29. CPD certificates document topics covered for HCPC renewal. The Readiness Score and scenario grading give users objective feedback to evaluate and improve their own knowledge over time (S47, S48).

Duty 8: Draw on the knowledge base relevant to the profession

Relevant KSBs: K32–K50; S51–S65 **Coverage:** **Strong**

This duty covers the underpinning knowledge base — anatomy and physiology, pathophysiology, clinical and pharmacological science — and it is the core of what Paramind does. Hollie and the A&P Connections tool link anatomy and physiology to the presentations seen on the road (K32, K36, K37). Bone Lab builds musculoskeletal anatomy with clinical context. The interactive ECG tool develops rhythm recognition and interpretation. The Common Medications tool covers pharmacological principles relevant to the profession (K41). Scenarios, OSCE practice and the cardiac arrest simulator apply all of this to assessment and clinical reasoning (S53–S64). This is Paramind’s deepest and broadest area of alignment.

Duty 9: Establish and maintain a safe practice environment

Relevant KSBs: K51–K56; S66–S72 **Coverage:** **Supporting**

Scenarios open with scene and situation information and prompt the user to consider scene safety and risk before approaching the patient, supporting awareness of hazard control (S66) and triage concepts (S72). Hollie can explain major-incident roles and health and safety principles. Practical competencies — selecting and using PPE, moving and handling — are developed and assessed in person and are outside a digital tool’s scope.

Duty 10: Promote public health and prevent ill health

Relevant KSBs: K57, K58; S73, S74 **Coverage:** **Supporting**

Hollie can explain the paramedic’s role in health promotion and the wider determinants of health, and how social, economic and environmental factors influence wellbeing. This builds the underpinning knowledge (K57, K58); the applied public-health behaviours are developed in practice.

Duty 11: Drive an ambulance or rapid response vehicle

Relevant KSBs: K59–K61; S75, S76 **Coverage:** **Out of scope**

This duty is a practical driving competency developed through accredited emergency response driver training and supervised on-road practice. It is outside the scope of a digital learning platform and Paramind makes no claim to address it. It is included here for completeness so that the mapping is transparent about what Paramind does and does not cover.

6. Feature cross-reference

The same information viewed from the other direction — each Paramind feature and the duties and example KSB criteria it supports.

Paramind feature	What it develops	Maps to
Chat with Hollie (AI tutor)	Conversational explanations of anatomy, physiology, pathophysiology and paramedicine topics, pitched to the user's level.	Duties 1, 4, 8, 10 (K32, K36, K37)
Realistic Patient Scenarios	Dispatch-to-handover simulations: gather information, form a working impression, choose a care pathway.	Duties 1, 3, 5, 9 (S18, S22, S53–S64)
A&P Connections	Links anatomy and physiology theory to the clinical presentations seen in practice.	Duty 8 (K32, K36, K37)
AI Differentials tool	Generates differential ideas from signs and symptoms as a revision aid.	Duty 3 (S22, S23, S64)
Interactive ECG tool	Study and self-test rhythm recognition and interpretation.	Duty 8 (K37, S55)
Common Medications	Revision of pharmacological principles relevant to paramedic practice.	Duty 8 (K41)
Bone Lab	Skeletal landmarks, quiz mode and clinical fracture scenarios.	Duty 8 (K36, K37)
ATMIST Handover tool	Structured rehearsal of clear, concise clinical handovers.	Duties 5, 6 (S31)
OSCE practice / Cardiac arrest simulator	Applied clinical reasoning and structured-assessment rehearsal.	Duties 3, 8 (S58–S64)
Interview Simulation	Mock interviews with feedback; surfaces teamwork and leadership themes.	Duty 6 (K26, K27)
After the Call (post-shift debrief)	Private, structured reflection on real jobs.	Duties 2, 7 (K10, K29, S15, S46)
CPD portfolio & certificates	Records reflection and learning; generates certificates for HCPC renewal.	Duties 5, 7 (K1, K29, S36)
Readiness Score	Timed self-assessment giving objective feedback.	Duty 7 (S47, S48)

7. What Paramind does not cover

For transparency, the following elements of the standard are developed and assessed through the university programme, supervised placement and the End-Point Assessment, and are not claimed by Paramind:

- Practical psychomotor skills assessed in person — moving and handling, selecting and using PPE, vehicle checks and emergency driving (Duty 11 in full).
- Real-world supervised patient contact and the demonstration of behaviours with live patients, carers and colleagues.
- Formal assessment or sign-off of competence against any KSB. Paramind supports learning; it does not certify proficiency for HCPC registration.

Paramind is a study and CPD companion that strengthens the knowledge base and reasoning that underpin the standard, and gives apprentices a safe, repeatable space to rehearse before applying skills under supervision.

8. Summary

Paramind aligns strongly with the knowledge-base duty (Duty 8), the autonomous-practice and clinical-reasoning duty (Duty 3), and the reflection and CPD duty (Duty 7). It provides partial or supporting coverage across most of the remaining duties, principally by building the underpinning knowledge and the communication and self-care behaviours that apprentices then apply in practice. One duty — emergency driving — is openly out of scope.

Used alongside a formal apprenticeship programme, Paramind helps apprentices arrive at placement and assessment better prepared, more confident in their clinical reasoning, and with a clear, documented record of their CPD.

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