



Alignment with the Royal College of Paramedics Paramedic Curriculum (6th Edition)

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1. Purpose of this document

This document maps the learning tools provided by Paramind to the curriculum content domains (C1.1–C1.8) and the Practice-Based Education and Learning section (P1) of the Royal College of Paramedics' pre-registration Paramedic Curriculum, 6th Edition. Its aim is to show, transparently and honestly, where Paramind supports a learner's development against the curriculum, and where it does not.

The Royal College's curriculum underpins all UK pre-registration routes — BSc, MSc and MSci, including UCAS, employer-supported and apprenticeship pathways — and is itself designed to align with the HCPC Standards of Proficiency for Paramedics (2023). This document therefore sits alongside Paramind's separate mappings to the HCPC standards and the paramedic apprenticeship standard as a coherent set.

2. Important framing

Paramind is a supplementary educational and CPD resource. It complements — it does not replace — a Royal College-endorsed pre-registration programme, the teaching delivered by a higher-education provider, or supervised practice-based learning. The Royal College of Paramedics endorses education programmes, not individual learning resources, so Paramind is best understood as a study, simulation and revision aid that supports learners and programmes working to the curriculum, rather than as something that is itself endorsable.

Paramind aligns most strongly with the science and clinical-assessment domains (C1.1 and C1.3) and with clinical reasoning (C1.7). It provides partial or supporting coverage of the remaining domains, principally by building underpinning knowledge and the communication, wellbeing and reflective behaviours that learners then apply in practice.

By design, Paramind generates no drug names, doses or treatment protocols; clinical detail is left to JRCALC and local trust guidance. All clinical content is positioned as revision and learning material.

3. How to read the coverage rating

Each domain in the summary table is given one of three 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.

4. Summary: domains at a glance

Curriculum domain	Paramind support	Coverage
C1.1 Physical, Life and Clinical Sciences	Hollie, A&P Connections, Bone Lab, ECG tool, Common Medications	Strong
C1.2 Psychology, Sociology and Safeguarding	Chat with Hollie, Patient Scenarios	Partial
C1.3 Clinical Assessment and Management	Patient Scenarios, ATMIST Handover, ECG tool, Cardiac arrest simulator, AI Differentials, OSCE, Hollie	Strong
C1.4 Ethics and Law	Chat with Hollie, Patient Scenarios	Partial
C1.5 Public Health and Well-being	Chat with Hollie	Supporting
C1.6 Personal and Professional Attributes and Development	ATMIST Handover, After the Call debrief, Interview Simulation	Partial
C1.7 Leadership and Non-Technical Skills	Patient Scenarios, AI Differentials, ATMIST Handover, Interview Simulation	Strong
C1.8 Research and Evidence-Informed Practice	Chat with Hollie	Supporting
P1 Practice-Based Education and Learning	Patient Scenarios, Cardiac arrest simulator, OSCE	Supporting

5. Domain-by-domain detail

C1.1 Physical, Life and Clinical Sciences

Topics: Principles of Physical Science; Physiology and Pathophysiology; Human Development; Pharmacology **Coverage:** **Strong**

A core strength. Hollie and the A&P Connections tool build anatomy, physiology, pathophysiology and human development across the lifespan. Bone Lab develops musculoskeletal anatomy with clinical context. The ECG tool develops the relationship between cardiac anatomy and physiology and the electrocardiogram, which sits explicitly within this domain. The Common Medications tool covers pharmacological principles (pharmacodynamics and pharmacokinetics). By deliberate policy, any drug-specific content in Paramind is positioned as revision that points users to JRCALC and trust formularies rather than as guidance.

C1.2 Psychology, Sociology and Safeguarding

Topics: Psychology of Health; Sociology of Health; Safeguarding **Coverage:** **Partial**

Hollie can explain the psychological and behavioural determinants of health, models of behavioural change, and the principles of cognitive behavioural therapy and motivational interviewing; the sociology of health, health inequalities and cultural diversity; and safeguarding legislation and the recognition of signs of abuse and neglect. Scenarios place these concepts in a clinical context. Applied safeguarding practice is developed under supervision.

C1.3 Clinical Assessment and Management

Topics: History-Taking, Record Keeping & Handover; Models of Patient Assessment; Special Patient Groups; Physical Assessment & Intervention; Electrocardiography **Coverage:** **Strong**

A core domain for Paramind. Scenarios develop structured history-taking, models of patient and scene assessment, and reasoning across the special patient groups and the lifespan. The ATMIST tool rehearses structured handover. The ECG tool maps directly onto the Electrocardiography topic — systematic interpretation and recognition of changes. The cardiac arrest simulator supports resuscitation learning (adult, paediatric and newborn). Hollie can explain the special patient groups, including mental health, paediatrics, older adults, and palliative and end-of-life care. Hands-on physical examination and the delivery of interventions are practised and assessed in person, and clinical-management content in Paramind is revision that defers to JRCALC.

C1.4 Ethics and Law

Topics: Equality, Diversity & Inclusion; Legal Systems & Healthcare Law; Frameworks for Professional Practice; Philosophy in Paramedic Practice; Healthcare Ethics **Coverage:** **Partial**

Hollie can explain equality and human-rights legislation and cultural humility; the legal systems and frameworks that inform practice; the HCPC framework and fitness to practise; and how ethical principles and frameworks apply to paramedic practice. Scenarios surface the ethical and consent dimensions of cases. The more academic, discursive elements — for example the philosophy of practice — are developed through higher-education teaching.

C1.5 Public Health and Well-being

Topics: Infection Prevention & Control; Population & Public Health; Health Education & Promotion; Resilience & Disaster Preparedness **Coverage:** **Supporting**

Hollie can explain population and public health concepts and health inequalities, the paramedic's role in health promotion and education, infection prevention and control principles, and major-incident triage and interoperability concepts. The applied public-health and infection-control behaviours are developed in practice.

C1.6 Personal and Professional Attributes and Development

Topics: Communication Skills; Personal & Professional Behaviours; Personal Growth, Wellbeing & Resilience **Coverage:** **Partial**

The ATMIST tool and scenarios develop verbal and professional communication. The “After the Call” debrief maps closely onto Personal Growth, Wellbeing and Resilience — recognising when wellbeing is affected, understanding fatigue, emotional labour and moral injury, and developing adaptive coping and self-care. The interview simulation supports reflection on professional behaviours and values. Demonstrating these behaviours with colleagues and patients is developed in practice.

C1.7 Leadership and Non-Technical Skills

Topics: Situational Awareness; Clinical Reasoning & Decision-Making; Leadership & Teamworking; Human Factors **Coverage:** **Strong**

Clinical Reasoning and Decision-Making is a core strength: scenarios and the differentials tool develop the construction of problem lists, the prioritisation of differential diagnoses, hypothesis-driven inquiry and awareness of cognitive bias. Situational Awareness is supported through scene assessment and dynamic risk within scenarios. Leadership and teamworking are touched through the handover interface and interview preparation, and human-factors theory is developed more fully through higher-education teaching and practice.

C1.8 Research and Evidence-Informed Practice

Topics: Accessing Evidence; Understanding Evidence; Evaluating Evidence; Evidence-Informed Practice **Coverage:** **Supporting**

This domain sits at the centre of the College’s curriculum model. Hollie reinforces an evidence-based ethos and can explain research concepts, hierarchies of evidence and the principles of critical appraisal. The substantive academic research skills — literature searching, critical-appraisal coursework and project work — are developed and assessed through the higher-education programme.

P1 Practice-Based Education and Learning

Topics: Practice-Based Education; General Principles; Practice-Based Education Areas **Coverage:** **Supporting**

The curriculum recognises simulated, virtual and technology-enhanced care services (TECS) learning as legitimate models that sit alongside traditional placement. Paramind’s scenarios, simulator and OSCE practice align conceptually with these models and are valuable for preparing learners before and between placements. Importantly, however, Paramind is not supervised practice-based education: it is not delivered or assessed by practice educators and does not count towards the College’s recommended practice-based learning time (no less than 30 weeks / 1,125 hours, with around 40 weeks / 1,500 hours anticipated for most learners). It complements, but does not replace, supervised practice.

6. Feature cross-reference

The same information viewed from the other direction — each Paramind feature and the curriculum domains it supports.

Paramind feature	What it develops	Maps to
Chat with Hollie (AI tutor)	Explains A&P and pathophysiology, psychology/sociology, ethics and law, public health and research concepts.	C1.1, C1.2, C1.4, C1.5, C1.8
Realistic Patient Scenarios	History-taking, patient and scene assessment, clinical reasoning across the lifespan.	C1.3, C1.7, P1
A&P Connections	Links anatomy and physiology to clinical presentation.	C1.1
AI Differentials tool	Problem lists, prioritising differentials, hypothesis-driven inquiry.	C1.3, C1.7
Interactive ECG tool	Cardiac A&P–ECG relationship; systematic interpretation.	C1.1, C1.3
Common Medications	Pharmacological principles (pharmacodynamics / pharmacokinetics).	C1.1 (Pharmacology)
Bone Lab	Musculoskeletal anatomy with clinical context.	C1.1
ATMIST Handover tool	Structured clinical communication and handover.	C1.3, C1.6
Cardiac arrest simulator / OSCE	Resuscitation and structured-assessment rehearsal; simulation model.	C1.3, P1
Interview Simulation	Professional behaviours, leadership and teamworking reflection.	C1.6, C1.7
After the Call (post-shift debrief)	Wellbeing, resilience, recognising the impact of emotional labour.	C1.6
CPD portfolio & certificates	Records reflection and learning across the lifelong-learning end of the spiral.	C1.6, spiral curriculum
Readiness Score	Self-assessment supporting reasoning and knowledge consolidation.	C1.7

7. What Paramind does not cover

For transparency, the following are delivered through a College-endorsed programme, a higher-education provider and supervised practice, and are not claimed by Paramind:

- Supervised practice-based education and the recommended practice-based learning hours (no less than 30 weeks / 1,125 hours) — delivered and assessed by practice educators.
- Hands-on psychomotor skills and the delivery of clinical interventions, which are practised and assessed in person.
- Substantive academic research skills, critical-appraisal coursework and dissertation or project work.
- Drug-specific and treatment-protocol content — by deliberate policy Paramind generates no drug names, doses or management protocols, deferring to JRCALC and trust guidance.
- Formal assessment, programme endorsement or sign-off. The College endorses programmes, not learning resources; Paramind supports learners on an endorsed programme.

Paramind is a study, simulation and CPD companion that strengthens the knowledge and reasoning at the heart of the curriculum, and gives learners a safe, repeatable space to learn, reflect and rehearse before and alongside supervised practice.

8. Summary

Paramind aligns strongly with the science and clinical-assessment domains (C1.1 and C1.3) and with clinical reasoning (C1.7). It provides partial coverage of psychology/sociology/safeguarding, ethics and law, and personal and professional development, and supporting coverage of public health, research and evidence-informed practice, and practice-based learning.

Used alongside a College-endorsed programme, Paramind helps learners build and consolidate the knowledge and reasoning the curriculum describes, supports their wellbeing and reflection, and gives them a simulation and revision environment that prepares them for supervised practice and registration.

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