



# Alignment with the HCPC Standards of Proficiency — Paramedics

Standards reference: HCPC Standards of Proficiency — Paramedics, effective 1 September 2023  
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## 1. Purpose of this document

This document maps the learning tools provided by Paramind to the fifteen Standards of Proficiency for paramedics published by the Health and Care Professions Council (HCPC). Its aim is to show, transparently and honestly, where Paramind supports a paramedic's development against the standards, and where it does not.

The Standards of Proficiency are the threshold standards a person must meet to register as a paramedic, and which a registrant must continue to meet, for the areas in which they work, at every renewal. Paramind therefore supports both routes: it helps students and trainees prepare for the standards, and it helps registered paramedics maintain and evidence the standards relevant to their scope of practice through ongoing CPD.

## 2. Important framing

Paramind is an educational and continuing professional development (CPD) tool. It complements — it does not replace — an HCPC-approved programme of education, supervised clinical practice, or an employer's training and governance. Paramind does not assess, certify or sign off proficiency against any standard; meeting the standards remains a matter for the registrant and their approved programme or employer.

Paramind aligns most strongly with the knowledge-base standards (Standards 12 and 13), the autonomous-practice and judgement standard (Standard 4), and the reflection standard (Standard 10). It provides partial or supporting coverage across the remaining standards, principally by building the underpinning knowledge and the communication, record-keeping and self-care behaviours that paramedics then apply in practice.

*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 standard in the summary table is given one of three coverage ratings (none of the fifteen standards is out of scope for Paramind):

- **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: standards at a glance

Standard	Paramind support	Coverage
<b>Standard 1:</b> Practise safely and effectively within their scope of practice	Patient Scenarios, CPD portfolio, After the Call	Partial
<b>Standard 2:</b> Practise within the legal and ethical boundaries of their profession	Chat with Hollie, Patient Scenarios	Supporting
<b>Standard 3:</b> Look after their health and wellbeing, seeking appropriate support	After the Call debrief	Partial
<b>Standard 4:</b> Practise as an autonomous professional, exercising their own professional judgement	Patient Scenarios, AI Differentials, Chat with Hollie	Strong
<b>Standard 5:</b> Recognise the impact of culture, equality and diversity and practise inclusively	Chat with Hollie, Patient Scenarios	Supporting
<b>Standard 6:</b> Understand the importance of and maintain confidentiality	Chat with Hollie	Supporting
<b>Standard 7:</b> Communicate effectively	ATMIST Handover tool, the platform itself	Partial
<b>Standard 8:</b> Work appropriately with others	ATMIST Handover, Interview Simulation	Supporting
<b>Standard 9:</b> Maintain records appropriately	CPD portfolio & certificates	Partial
<b>Standard 10:</b> Reflect on and review practice	After the Call debrief, CPD portfolio	Strong
<b>Standard 11:</b> Assure the quality of their practice	Readiness Score, scenario grading, Chat with Hollie	Supporting
<b>Standard 12:</b> Understand and apply the key concepts of the knowledge base	Hollie, A&P Connections, Bone Lab, ECG tool, Common Medications, Scenarios	Strong
<b>Standard 13:</b> Draw on appropriate knowledge and skills to inform practice	Scenarios, AI Differentials, ECG, OSCE, Cardiac arrest simulator	Strong
<b>Standard 14:</b> Establish and maintain a safe practice environment	Patient Scenarios, Chat with Hollie	Supporting
<b>Standard 15:</b> Promote health and prevent ill health	Chat with Hollie	Supporting

## 5. Standard-by-standard detail

### Standard 1: Practise safely and effectively within their scope of practice

Sub-standards: 1.1–1.5 Coverage: **Partial**

Paramind reinforces recognising the limits of one’s practice and when to seek advice or refer (1.1): the scenario engine repeatedly prompts the user to identify presentations beyond their level. The integrated reasoning needed for unfamiliar, unpredictable situations (1.4) is rehearsed in the consequence-free scenario environment. Managing the emotional burden of pressured work (1.2) is supported by the After the Call debrief, and keeping skills and knowledge current (1.3) is supported across the platform and recorded in the CPD portfolio. Working safely in real challenging environments (1.5) is developed on placement.

### Standard 2: Practise within the legal and ethical boundaries of their profession

Sub-standards: 2.1–2.13 Coverage: **Supporting**

Hollie can explain the HCPC framework, the importance of valid consent (2.7) and capacity (2.8), safeguarding processes (2.3), the professional duty of care (2.9), and the legislation and guidance that govern paramedic practice — including the legal framework around the use of medicines by paramedics (2.12). Scenarios reinforce promoting and protecting the service user’s interests (2.2). Applied ethical practice with real patients is developed under supervision; Paramind builds the underpinning understanding.

### Standard 3: Look after their health and wellbeing, seeking appropriate support

Sub-standards: 3.1–3.4 Coverage: **Partial**

The “After the Call” post-shift debrief gives a private, structured space to recognise personal anxiety and stress and its potential impact on practice (3.1), and to develop strategies for physical and mental self-care (3.4). Paramind raises awareness and supports reflection; it signposts users to appropriate professional support and does not provide treatment.

### Standard 4: Practise as an autonomous professional, exercising their own professional judgement

Sub-standards: 4.1–4.10 Coverage: **Strong**

A core area of alignment. Scenarios place the user in the role of an autonomous practitioner who must justify decisions (4.1), use the information available to make informed decisions (4.2), apply a logical and systematic approach to problem solving (4.6), use reasoning to determine appropriate actions (4.7), and decide on the most appropriate care pathway (4.10). The AI Differentials tool builds the habit of generating and narrowing differential ideas.

### Standard 5: Recognise the impact of culture, equality and diversity and practise inclusively

Sub-standards: 5.1–5.7 Coverage: **Supporting**

Hollie can explain equality legislation and how it applies to practice (5.2), the impact of unconscious bias (5.3), and barriers to inclusion (5.5). Scenarios can present a range of patient backgrounds and communication needs. The lived demonstration of inclusive practice happens predominantly in supervised practice; Paramind builds the underpinning awareness.

### Standard 6: Understand the importance of and maintain confidentiality

Sub-standards: 6.1–6.5 Coverage: **Supporting**

Hollie can explain the professional duty of confidentiality and when disclosure may be required (6.1), and the principles of information and data governance (6.2). Standard 6.5 — that confidentiality and consent extend to all mediums including photography, video, audio

and digital platforms — is directly reflected in Paramind’s own data-governance approach, which keeps user learning data private and separate.

### **Standard 7: Communicate effectively**

**Sub-standards:** 7.1–7.8    **Coverage:** **Partial**

The ATMIST handover tool is a dedicated rehearsal of clear, structured verbal clinical communication (7.1). Standard 7.7 — using information, communication and digital technologies appropriate to practice — is supported simply by confident, regular use of a digital learning platform. Adapting communication to individual service-user needs (7.5) is primarily developed face to face.

### **Standard 8: Work appropriately with others**

**Sub-standards:** 8.1–8.11    **Coverage:** **Supporting**

The handover tool develops the interface with the wider multi-disciplinary team (8.4). The interview simulation surfaces leadership qualities and behaviours (8.6–8.9) 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.

### **Standard 9: Maintain records appropriately**

**Sub-standards:** 9.1–9.3    **Coverage:** **Partial**

The CPD portfolio develops the discipline of keeping full, clear and accurate records (9.1) and managing them appropriately (9.2), using digital record-keeping tools (9.3). Clinical record-keeping for patient care is, of course, practised in the workplace; Paramind builds the habit and the principles in a CPD context.

### **Standard 10: Reflect on and review practice**

**Sub-standards:** 10.1–10.2    **Coverage:** **Strong**

A 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 to support continuous improvement — exactly the behaviour described in 10.1.

### **Standard 11: Assure the quality of their practice**

**Sub-standards:** 11.1–11.6    **Coverage:** **Supporting**

Hollie promotes evidence-based practice (11.1), and the Readiness Score and scenario grading give users objective feedback to evaluate and improve their knowledge over time (11.2). Formal quality management and clinical governance processes (11.3–11.6) are organisational and developed within a service; Paramind supports the individual evidence-based and self-evaluation elements.

### **Standard 12: Understand and apply the key concepts of the knowledge base**

**Sub-standards:** 12.1–12.14    **Coverage:** **Strong**

This standard covers the underpinning knowledge base — anatomy and physiology across the lifespan, biological, physical and clinical science, and pharmacological principles — and it is the deepest and broadest area of Paramind’s alignment. Hollie and A&P Connections link structure and function to clinical presentation (12.1, 12.6, 12.7). Bone Lab builds musculoskeletal anatomy with clinical context. The ECG tool develops interpretation skills. The Common Medications tool covers the pharmacological principles relevant to the profession (12.11). Together these support clinical science (12.10) and the theories that underpin practice.

### **Standard 13: Draw on appropriate knowledge and skills to inform practice**

**Sub-standards:** 13.1–13.20    **Coverage:** **Strong**

Scenarios develop gathering and critically evaluating information (13.2, 13.3), formulating a differential diagnosis (13.18), creating management plans with appropriate timescales (13.17), and supporting decisions with safety-netting (13.14). The platform builds knowledge of the theories and science underpinning practice (13.12) and the indications and limitations of paramedic techniques (13.13). The hands-on physical examination and the conduct of procedures (13.5, 13.7) are practised and assessed in person; Paramind develops the clinical reasoning that drives them.

#### **Standard 14: Establish and maintain a safe practice environment**

**Sub-standards:** 14.1–14.10    **Coverage:** **Supporting**

Scenarios open with scene and situation information and prompt the user to consider scene safety and risk (14.3, 14.5). Hollie can explain the paramedic's role in major incidents (14.7), triage (14.8) and the importance of communication in major incidents (14.9). Practical competencies — selecting and using PPE (14.4) and moving and handling (14.6) — are developed and assessed in person.

#### **Standard 15: Promote health and prevent ill health**

**Sub-standards:** 15.1–15.4    **Coverage:** **Supporting**

Hollie can explain the paramedic's role in health promotion and education (15.1) and how the wider determinants of health influence wellbeing (15.2). This builds the underpinning knowledge; the applied public-health behaviours are developed in practice.

## 6. Feature cross-reference

The same information viewed from the other direction — each Paramind feature and the standards and example sub-standards it supports.

Paramind feature	What it develops	Maps to
<b>Chat with Hollie (AI tutor)</b>	Conversational explanations of A&P, pathophysiology, the legal/ethical framework, EDI and public health.	Standards 2, 5, 6, 12, 15
<b>Realistic Patient Scenarios</b>	Dispatch-to-handover simulations: gather information, reason, choose a care pathway.	Standards 1, 4, 13, 14
<b>A&amp;P Connections</b>	Links anatomy and physiology to clinical presentation.	Standard 12 (12.6, 12.7)
<b>AI Differentials tool</b>	Generates and narrows differential ideas as a revision aid.	Standards 4, 13 (13.18)
<b>Interactive ECG tool</b>	Study and self-test rhythm recognition and interpretation.	Standards 12, 13
<b>Common Medications</b>	Pharmacological principles relevant to paramedic practice.	Standard 12 (12.11)
<b>Bone Lab</b>	Skeletal landmarks, quiz mode and clinical fracture scenarios.	Standard 12
<b>ATMIST Handover tool</b>	Structured rehearsal of clear clinical handovers.	Standards 7, 8 (7.1, 8.4)
<b>OSCE practice / Cardiac arrest simulator</b>	Applied clinical reasoning and structured-assessment rehearsal.	Standard 13
<b>Interview Simulation</b>	Mock interviews; surfaces leadership and teamwork themes.	Standard 8 (8.6–8.9)
<b>After the Call (post-shift debrief)</b>	Private, structured reflection on real jobs.	Standards 1, 3, 10 (1.2, 3.1, 10.1)
<b>CPD portfolio &amp; certificates</b>	Records reflection and learning; certificates for HCPC renewal.	Standards 9, 10 (9.1, 10.1)
<b>Readiness Score</b>	Timed self-assessment giving objective feedback.	Standard 11 (11.2)

## 7. What Paramind does not cover

For transparency, the following are developed and assessed through an HCPC-approved programme, supervised practice and the workplace, and are not claimed by Paramind:

- Practical psychomotor skills assessed in person — conducting physical examinations and procedures, selecting and using PPE, and moving and handling (e.g. 13.5, 13.7, 14.4, 14.6).
- Real-world supervised patient contact and the demonstration of behaviours and communication with live patients, carers and colleagues.
- Formal assessment, certification or sign-off of proficiency against any standard. Paramind supports learning and CPD; it does not confer or evidence registration-level competence on its own.

*Paramind is a study and CPD companion that strengthens the knowledge and reasoning that underpin the standards, and gives paramedics a safe, repeatable space to learn, reflect and rehearse — before and alongside applying skills in supervised practice.*

## 8. Summary

Paramind aligns strongly with the knowledge-base standards (Standards 12 and 13), the autonomous-practice and judgement standard (Standard 4), and the reflection standard (Standard 10). It provides partial or supporting coverage across all of the remaining standards — there are no standards that fall entirely outside its scope. It does this mainly by building underpinning knowledge and the communication, record-keeping and self-care behaviours that paramedics apply in practice.

Used alongside formal education and ongoing practice, Paramind helps students prepare for the standards and helps registered paramedics maintain and evidence the standards relevant to their scope of practice through documented CPD.

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