

Fitness to Practise Statement

Fitness to practise means having the necessary skills, knowledge, health and character to undertake and complete, safely and effectively, a programme that includes elements of professional practice, experiential learning or clinical work. Applicants to or students on the following programme of study are advised to read this statement in conjunction with the University of Limerick's [Fitness to Practise policy](#).

1. Programme Name(s): BSc Paramedic Studies

2. Professional Fitness to Practise Requirements

The professional regulator for all matters 'pre-hospital' is the Pre-Hospital Emergency Care Council (PHECC). PHECC is formed under statutory instrument 109 of 2000 and defines key competencies (see [here](#)) to which practitioners must adhere.

3. Professional Competencies

Competency	Description/justification of how the competency applies to the programme listed above
a) Uphold and maintain a duty of care to patients and public	Each PHECC-registered practitioner shall: <ul style="list-style-type: none">• engage in safe and competent practice in that registered practitioners must only practice in accordance with their status on the PHECC Register and their scope of practice• have the welfare of patients as their primary concern at all times• identify themselves by first name to patients in their care• provide care which would be judged against what could reasonably be expected from someone with a similar level of knowledge, skills and abilities when placed in these particular circumstances• assess patients' needs and provide, in full, the necessary care management interventions and medication treatment to a high standard• ensure that practice is congruent with the agreed standards; PHECC-approved Clinical Practice Guidelines (CPGs)• ensure competence in the English language to facilitate effective patient communication to enable the registrant to practise safely.
b) Seek consent of patient	Each PHECC-registered practitioner shall: <ul style="list-style-type: none">• where practicable, seek patients' verbal consent prior to care management interventions and medication administration• in emergencies where treatment is necessary to preserve life, PHECC-registered practitioners may provide care with implied consent, providing that one can demonstrate that they are acting in the patients' best interests.
c) Maintain high standards of professional accountability	Each PHECC-registered practitioner shall: <ul style="list-style-type: none">• maintain their skills in line with the scope of practice relevant to their status on the Register• participate in ongoing CPD requirements of the relevant division on the Register• only perform an intervention in which he or she has been adequately educated and trained and is competent in

	<ul style="list-style-type: none"> • keep themselves up-to-date with the current PHECC-approved CPGs.
d) Record keeping	<p>Each PHECC-registered practitioner shall:</p> <ul style="list-style-type: none"> • be committed to a high standard of clinical record keeping and data collection • use the Patient Care Report (PCR) as an account of pre-hospital care provided and a record of clear consecutive evidence of the assessment, decisions made, the care delivered and the response to care.
e) Accountability	<p>Each PHECC-registered practitioner shall:</p> <ul style="list-style-type: none"> • report any unprofessional, illegal or unethical conduct on the part of other health care practitioners • if the practitioner is aware of any personal impairment, report it and seek help • use CPGs as a guide to providing appropriate pre-hospital care; deviations from CPGs should be appropriate to the given clinical situation and appropriately documented • avoid all conduct likely to bring the profession into disrepute • take action if a situation of abuse of any individual, service or professional in the course of work is identified • student and intern practitioners shall perform interventions only under the supervision of a registered practitioner and shall limit such acts to those directly related to his or her education and training and scope of practice • commit to this code and adhere to it at all times. Failure by a practitioner to comply with any conduct determined in this code shall constitute an act of professional misconduct and may be referred for investigation in accordance with Council's Fitness to Practice Rules.
f) Co-operation and team work	<p>Each PHECC-registered practitioner shall:</p> <ul style="list-style-type: none"> • respect the integrity and experience of colleagues and other health professionals • identify and, where possible, control risks to other members of the healthcare/rescue team • continually evaluate the effectiveness of practice in consultation with other health professionals • take an active role with PHECC to guide the emerging profession • be committed to mentoring or coaching of trainees and peers as appropriate.
g) Maintain confidentiality	<p>Each PHECC-registered practitioner shall:</p> <ul style="list-style-type: none"> • maintain strict professional confidentiality with all information acquired in the course of professional duties except where: - <ul style="list-style-type: none"> – necessary to impart health/personal information in the course of duty/continuum of care and/or – required by law • manage with strict confidentiality all patient records, paper and electronic format • maintain strict confidentiality when conducting research.

<p>h) Health requirements</p>	<p>Testing for immunity and infection should be in accordance with current Department of Health, UK HEAOPS (DH) guidance or an equivalent evidence-based standard. This will change over time. Students should protect service users, colleagues and themselves by checking regularly which guidelines are current and reporting non-compliance to the Course Director.</p> <p>Under PHECC regulations, a minimum of 12 months' work placement must be completed as part of the course of study. This entails actual live response to emergency calls as part of an emergency services crew. By definition, the nature and unpredictability of the work and patient case load requires unaided physical interventions including but not limited to heavy lifting, running, confined space entry, hazardous areas, etc.</p> <p>To ensure a safe working environment for students and other staff, a pre-study health risk assessment is mandatory. This includes a comprehensive health assessment and programme of vaccinations to limit exposure to pathogens transmitted in bodily tissue and fluid.</p> <p>In the absence of a paramedic health screening protocol in Ireland, the Paramedic Studies programme of the Graduate Entry Medical School (GEMS) has adopted the Higher Education Occupational Physicians and Practitioners standard approved by the Health Care Professions Council (HCPC) and the Department of Health (DH) in the United Kingdom¹. This is the standard required by our co-operative partner, the North West Ambulance Service NHS trust.</p> <p>Immunisation against serious communicable diseases must be undertaken when vaccines are available. The current DH guidance recommends the following:</p> <ul style="list-style-type: none"> • TB – Evidence of immunity and freedom from TB disease. • Measles, rubella and chickenpox – Evidence of immunity. • Hepatitis B – Immunisation is only indicated for those exposed to unfixed human blood or tissues. This immunisation is for the protection of the student and not service users. Some training environments may expose students to increased risk. Local risk assessment should be undertaken to establish the risks. Students should be offered this immunisation if they are at significant risk but the decision to accept the immunisation is that of the student after provision of adequate information about risks and benefits. • Paramedics do not normally perform exposure-prone procedures (EPPs). However, paramedics who would be restricted from performing EPPs should not provide pre-hospital trauma care. Additional health checks for students who undertake EPPs are described in detail in online DH guidance.
<p>i) Assessment to achieve outcomes for paramedic students</p>	<p>Mandatory outcomes and competencies published by the HCPC include the following:</p> <ul style="list-style-type: none"> • Understanding the importance of maintaining their own health • The ability to communicate effectively with service users, carers and others, in English to the standard equivalent to level 7 of the International English Language Testing System (IELTS)

	<ul style="list-style-type: none"> • The ability to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others • The ability to keep accurate, comprehensive and comprehensible records • The ability to gather and evaluate qualitative and quantitative data • The ability to conduct a thorough and detailed physical examination of the patient using observations, palpation, auscultation and other assessment skills to guide the formulation of a diagnosis • The ability to ensure patients are positioned (and if necessary immobilised) for safe and effective interventions • The ability to meet the needs of patients when presented in emergency and urgent situations • The ability to apply appropriate moving and handling techniques safely.
j) Assessment of functional capacity	<p>These examples are not exhaustive. They are drawn from functions within the HCPC standards of proficiency.</p> <ul style="list-style-type: none"> • Mobility – Students must be able to apply appropriate moving and handling techniques, use basic life support techniques and be able to deal safely with clinical emergencies. • Upper limb function – Students must have manual dexterity sufficient to perform essential skills, including ensuring that service users are positioned (and if necessary immobilised) for safe and effective interventions. Students must be able to operate equipment safely and accurately. • Vision – N6 near vision is needed to read 1mm text. N8 near vision is needed to detect a 3mm movement. 6/18 acuity is required to read digital monitor at a distance. 6/18 and N8 are the threshold for seeking the opinion of an occupational physician. All acuities are with correction. Students must be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others. Students must be able to use independent methods to establish and confirm service user identity prior to treatment. Students must have sufficient visual acuity to be able to use appropriate techniques and equipment safely. • Hearing and Speech – Students must be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers. Hearing loss of 40dB across all speech frequencies should be referred to the occupational physician. Assessment of hearing should be after correction with hearing aids. Students should have the ability to speak clearly in English and be understood at 3 metres in quiet room with background noise of no more than 60dB.
k) Learning, language and numeracy skills	<p>This refers to the student's learning ability rather than educational attainment. Students must have the ability to:</p>

	<ul style="list-style-type: none"> • communicate information, advice, instruction and professional opinion to and from colleagues, service users, relatives and carers • undertake assessments of risk, need and capacity and respond appropriately • gather, analyse, critically evaluate and use information and knowledge • keep accurate, comprehensive and comprehensible records • Occupational physician assessment of the above functions will determine if reasonable accommodations may be possible.
l) Skin function	<p>Skin must have integrity compatible with protection of patients from increased risk of infection. This is especially so for the scalp, face and hands, which cannot easily be covered with dressings. Skin conditions that may be aggravated by frequent hand cleaning or which cannot be readily decontaminated should be assessed by an occupational physician.</p>
m) Interruption of consciousness	<p>The risk must be low enough to represent minimal risk to service users.</p>
n) Concentration, awareness, memory and ability to learn and understand	<p>Students must be able to meet HCPC proficiency standards in relation to spoken, written and electronic communication with service users, colleagues and carers. Students must have a full awareness of their own mental health, when to seek help and from whom. Students must understand the need to maintain the safety of service users, carers and colleagues.</p>
o) Aerobic physical fitness	<p>Standards and a matching trade test are necessary within each training institution as a proportionate means of achieving the legitimate aim of ensuring the students are physically capable of undertaking the more strenuous manual handling tasks that are inherent in this discipline. This test of physical fitness is most appropriately applied by senior educational trainers with detailed understanding of the physical demands of a career as a paramedic, and not by the occupational health team.</p>
p) Occupational health process	<p>The occupational health process to assess the fitness of students who declare specific functional impairments will usually require referral to an accredited specialist in occupational medicine. Screening and assessment should only be undertaken by qualified occupational health professionals or practitioners working under the clinical governance of specialist occupational health professionals.</p> <p>Occupational health opinions should always be provided by a suitably qualified practitioner, evidence based, logical and reasoned and should lie within a reasonable range of professional opinion.</p> <p>Depending on the nature of the condition being assessed, this process may involve:</p> <ul style="list-style-type: none"> • Taking a full, relevant medical history • Physical examination and functional assessment • Full mental state examination • Seeking targeted, specific medical evidence, with consent, from treating physicians, educational psychologists or other specialists to confirm diagnosis, severity, treatment and prognosis

	<ul style="list-style-type: none"> • Referral for physical or psychiatric assessment by medical specialists without a therapeutic conflict of interest • Reporting to the HEI in a timely manner, in accordance with current data protection legislation and rules of medical confidentiality <p>The format of health screening should be in accordance with DH guidance and should include the following steps:</p> <ul style="list-style-type: none"> • A health questionnaire completed and submitted to an occupational health service as soon as possible after an offer of a training place is issued. GP certification of accurate declaration is desirable. • An interview with an occupational health nurse to clarify any answers on the health questionnaire and to undertake specific tests and vaccinations where appropriate • Onward referral to an occupational physician if this is appropriate <p>An active clinical operational placement is an integral part of the training process. An occupational physician will, where required, complete a full examination of the potential student. This will include a review of any conditions or accommodations required to declare the student fit to complete the course. The feasibility of such accommodations will be subsequently discussed between the placement provider and the Course Director. Upon successful completion of the examination, the occupational physician will issue a certificate of fitness to study to the potential student.</p>
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4. Health Requirements

The role of the paramedic is both unpredictable and, in many cases, strenuous in terms of physical activity. Students are required to attend placements that include physical and mental wellbeing as a prerequisite. The unique nature of the role when in placement requires the student to act as part of a response team; therefore, they will be expected to carry out patient lifts, patient rescues, running, resuscitation and patient care over protracted time periods without relief.

A registered occupational health physician who will apply the HEOPS (Higher Educational Occupational Physicians/Practitioners) Paramedic Fitness Criteria must undertake specific screening requirements. Successful completion of this screening is mandatory prior to course commencement.

Driving of commercial vehicle category C1 is also a prerequisite of the programme. Students must maintain a level of fitness commensurate with holding such a driving license.

Contact with body fluids and other pathogens is inevitable. Affected students must undertake the immunisation programme or produce evidence of immunity to the satisfaction of the occupational health physician.

Professional settings and practice will generally require the student to maintain a level of good health to ensure the student and service users are not adversely affected by any health condition that may arise. As part of a general health protection, the University and/or the external placement provider may require students to undergo health screening or other forms of health assessment.

Students undertaking programmes with a vaccine and/or health requirement will be required to comply with the vaccination and/or health requirements of the University, as may be updated from time to time.

In addition, students undertaking programmes with an external placement will be required to comply with the vaccination and/or health requirements of the external placement provider, as may be updated from time to time.

All requirements are listed in the Table below.

Any restriction and supporting justification on students with disabilities enrolling on this programme and seeking to avail of accommodations provide by Disability Support Services should also be listed below in the table below.

<i>Vaccination and/or health requirements of the University in relation to this programme of study</i>	<i>Vaccination and/or health requirements of the external placement provider in relation to this programme of study Please note these may be updated from time to time</i>	<i>Restriction and supporting justification on students with disabilities enrolling on this programme</i>
Details can be found at https://www.ul.ie/medicine/sites/default/files/BMBS_Health%20Screen_Immunisation_Policy.pdf	Details can be found at Immunisation Guidelines https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter4.pdf	Not Applicable.

Reference

1. HEOPS (2015) Paramedic Students – Standards of medical fitness to train (online) available: [1521731174HEOPS_Paramedic_student_fitness_standards_2015_v3.pdf](https://www.heops.ie/1521731174HEOPS_Paramedic_student_fitness_standards_2015_v3.pdf) [accessed 17 May 2021].

Signed: _____ or _____

Course Director

Associate Dean Academic Affairs