



Subject Benchmark Statement

Paramedics

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About this Statement

This QAA Subject Benchmark Statement for Paramedics defines what can be expected of a graduate in terms of what they might know, do and understand at the end of their studies. Subject Benchmark Statements are an established part of the quality assurance arrangements in UK higher education. They are sector-owned reference points, developed and written by academics. Subject Benchmark Statements also describe the nature and characteristics of awards in a particular discipline or area. Subject Benchmark Statements are published in QAA's capacity as an expert quality body on behalf of the higher education sector. A summary of the Statement is also available on the QAA website.

Key changes from the previous Subject Benchmark Statement include:

- a revised structure for the Statement, which includes the introduction of cross-cutting themes of:
 - equity, diversity, and inclusion (EDI)
 - accessibility and the needs of disabled students
 - education for sustainable development (ESD)
 - employability, entrepreneurship and enterprise education (EEE)
 - generative artificial intelligence (GenAI).
- a comprehensive review updating the context and purposes, including course design and content in order to inform and underpin the revised benchmark standards.

How can I use this document?

Subject Benchmark Statements are not intended to prescribe any particular approaches to teaching, learning or assessment. Rather, they provide a framework, agreed by the subject community, that forms the basis on which those responsible for curriculum design, approval and update can reflect upon a course, and its component modules. This allows for flexibility and innovation in course design while providing a broadly accepted external reference point for that discipline.

They may also be used as a reference point by external examiners when considering whether the design of a course and the threshold standards of achievement are comparable with those of other higher education providers. Furthermore, Statements can support professional, statutory and regulatory bodies (PSRBs) with their definitions and interpretations of academic standards.

You may want to read this document if you are:

- involved in the design, delivery and review of Paramedic courses
- a prospective student thinking about undertaking a Paramedic course
- an employer, to find out about the knowledge and skills generally expected of Paramedic graduates.

Relationship to legislation

The responsibility for academic standards lies with the higher education provider which awards the degree. Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them by their relevant funding and regulatory bodies. This Statement does not interpret legislation, nor does it incorporate statutory or regulatory requirements.

The status of the Statement will differ depending on the educational jurisdictions of the UK.

In England, Subject Benchmark Statements are not [sector-recognised standards](#) as set out under the Office for Students' [regulatory framework](#). However, Subject Benchmark Statements are part of the current quality arrangements in Scotland, Wales and Northern Ireland. Because the Statement describes outcomes and attributes expected at the threshold standard of achievement in a UK-wide context, many higher education providers will use them as a tool for course design and approval, and for subsequent monitoring and review, in addition to helping demonstrate the security of academic standards.

Additional sector reference points

Higher education providers are likely to consider other reference points in addition to this Statement when designing, delivering and reviewing courses. These may include requirements set out by PSRBs and industry or employer expectations. In 2024 QAA published an update to the [Quality Code](#), which will be helpful when using this Statement.

Explanations of unfamiliar terms used in this Subject Benchmark Statement can be found in [QAA's Glossary](#). Sources of information about other requirements and examples of guidance and good practice are signposted within the Statement where appropriate.

Context and purposes of a Paramedic degree

1.1 A Paramedic degree provides the academic and practice-based education required by individuals seeking registration as a Paramedic. It is concerned with the assessment and clinical management of undifferentiated patients of all ages, in out-of-hospital urgent, emergency, primary and community care settings. It prepares students for autonomous practice within unpredictable, high-risk and time-critical environments.

1.2 This Subject Benchmark Statement relates specifically to pre-registration Paramedic programmes, including undergraduate, apprenticeship, and master's degrees, that lead to eligibility to apply for registration as a Paramedic with the Health and Care Professions Council (HCPC). The term 'Paramedic degree' is used throughout to refer collectively to these pre-registration programmes.

1.3 A Paramedic degree must therefore be designed and delivered in accordance with the [HCPC's Standards of Education and Training](#), [Standards of Proficiency for Paramedics](#), and [Standards of Conduct, Performance and Ethics](#). Successful completion of an approved programme is a requirement for application for entry to the HCPC Register as a Paramedic.

1.4 Paramedic practice in the UK has evolved from a transport-focused emergency role to a complex, evidence-informed profession spanning emergency, urgent, primary, and community care. Contemporary Paramedics are autonomous decision-makers who manage clinical uncertainty, risk, safeguarding, ethical complexity and system pressures, while working across organisational boundaries and different parts of the health and care system.

1.5 For the purposes of this Subject Benchmark Statement, autonomous practice is defined in line with HCPC expectations. Autonomous practice refers to working independently within the limits of one's knowledge, skills and experience, while remaining accountable for decisions, actions and omissions. It involves the exercise of professional judgement, including decision-making under uncertainty and in complex or high-risk situations. It also includes recognising the boundaries of competence, managing risk appropriately, and seeking support or escalating care where necessary. Throughout this Statement, autonomous practice is understood as a core characteristic of Paramedic practice at the point of registration.

1.6 A Paramedic degree is inherently interdisciplinary. It draws upon biosciences, clinical sciences, pharmacology, pathophysiology, behavioural and social sciences, public health, research methods, leadership and systems thinking. It integrates theoretical knowledge with substantial, structured practice-based and experiential learning, delivered across ambulance services and a diverse range of health and care environments.

1.7 As a regulated profession, Paramedic education ensures that graduates are safe, effective and competent to practise at the point of registration. Programmes therefore include a substantial proportion of supervised, practice-based and experiential learning, with structured assessment of clinical competence alongside academic study.

Purposes and characteristics of a Paramedic Degree

1.8 The primary purpose of a pre-registration Paramedic degree is to prepare graduates to be eligible to apply for HCPC registration, and to meet the threshold standards of safe and effective Paramedic practice.

1.9 Programmes aim to develop graduates who:

- practise safely, lawfully and ethically within the scope of paramedic practice

- undertake comprehensive patient assessment across physical, psychological and social domains
- formulate differential diagnoses and clinical impressions in conditions of uncertainty
- initiate and evaluate appropriate management plans, including pharmacological and non-pharmacological interventions
- make appropriate conveyance, referral and discharge decisions
- work effectively within multidisciplinary and multi-agency systems of care
- recognise and respond to safeguarding, vulnerability, health inequalities, and wider determinants of health
- contribute to health promotion and preventative healthcare, public health and service improvement initiatives
- engage in reflective, evidence-informed and research-aware practice.

1.10 A Paramedic degree is characterised by:

- integration of academic study with structured practice-based and experiential learning
- progressive development of clinical reasoning and decision-making in the management of undifferentiated presentations
- structured supervision and assessment of practice competence
- exposure to clinical environments across ambulance services and urgent, primary and community care settings
- explicit preparation for professional accountability and autonomous practice.

1.11 Programmes develop students' understanding of the legal and ethical frameworks governing paramedic practice, including consent, mental capacity, confidentiality, safeguarding, professional duty of candour and risk management. Graduates are expected to understand their personal accountability to the HCPC and to the public.

1.12 Paramedic degrees emphasises the management of clinical and systemic complexity. Students learn to balance individual patient needs with population health considerations, system demands, resource constraints and public safety considerations. They develop the ability to prioritise effectively, communicate under pressure and exercise professional judgement in dynamic and unpredictable environments.

1.13 As part of professional formation, students develop a clear professional identity as paramedics. This includes commitment to continuing professional development, engagement with research and evidence, and recognition of the evolving scope of paramedic practice within integrated care systems and community-based models of care.

1.14 Pre-registration programmes are distinct from post-registration or advanced practice awards. Their purpose is not to prepare students to undertake extended, specialist or consultant roles, but to enable safe, competent practice at the point of initial registration.

1.15 While the central purpose is preparation for HCPC registration, Paramedic degrees also cultivate transferable graduate attributes, including critical thinking, resilience, teamwork, leadership, digital literacy and effective communication. These attributes support employability, adaptability and ongoing professional development.

Equity, diversity and inclusion

1.16 Equity, diversity, and inclusion (EDI) principles ensure the development of inclusive learning environments and the preparation of graduates capable of delivering safe, effective

and compassionate care to diverse populations.

1.17 Programmes embed EDI through curriculum design, delivery and assessment. This supports all learners to achieve their potential and recognises the diverse backgrounds, experiences and perspectives they bring. Learning, teaching and assessment methods are inclusive by design.

1.18 Inclusive environments promote respect, openness and psychological safety. These enable learners to engage with complex and sensitive issues, including health inequalities, discrimination and trauma. A strong sense of belonging supports engagement, learning and professional identity formation.

1.19 Programmes support understanding of how social, cultural and structural factors influence health and access to care. This includes awareness of the social determinants of health, health inequalities, and the impact of bias and under-representation in evidence on outcomes and decision-making. Consideration of intersectionality is important, recognising that individuals may experience overlapping and interacting forms of disadvantage that influence health and care needs.

1.20 Teaching and learning approaches reflect the diversity of the populations served. These support the development of inclusive communication, cultural awareness and person-centred care within a range of practice contexts.

1.21 Reflection underpins inclusive practice. Learners develop the ability to critically examine their own values, assumptions and behaviours, supporting cultural humility and continuous professional development.

1.22 EDI is a core component of professional values, educational practice and organisational culture. It supports the development of graduates who can practise inclusively, challenge inequity and contribute to equitable healthcare systems.

Accessibility and the needs of disabled students

1.23 Education providers have legal responsibilities to support disabled students. These include duties under the Equality Act 2010 in England, Scotland and Wales, the Welsh Language (Wales) Measure 2011 for programmes delivered in Wales, and the Special Educational Needs and Disability (Northern Ireland) Order 2005 in Northern Ireland. Providers are expected to adopt proactive approaches that anticipate barriers to teaching, learning, assessment and the wider student experience, including for students with neurodiversity.

1.24 When considering the support required for participation in academic and practice-based learning, providers have regard to relevant occupational health and disability guidance, including the [Higher Education Occupational Practitioners \(HEOPS\)](#) guidance where appropriate. This facilitates informed consideration of reasonable adjustments and enables students to demonstrate achievement of programme learning outcomes and professional requirements, while maintaining the competence standards necessary for safe and effective Paramedic practice.

1.25 Accessibility and inclusion are integral to the design and delivery of Paramedic degree programmes. Programmes are designed to minimise unnecessary barriers and support equitable access to learning, assessment and practice-based experiences. Disabled students are supported to participate fully and achieve the required academic and professional standards.

1.26 Ensuring accessible learning and practice environments reflects both legal obligations

and the core values of the paramedic profession. Responsibility for inclusive practice is shared across education providers, placement partners and individuals involved in Paramedic education, supporting participation, progression and public confidence.

1.27 Equitable access begins at the point of application. Clear information, fair admissions processes and early planning support informed decision-making. A supportive approach to disclosure enables disabled students to understand expectations and available support. Accessibility is reflected across programme design, learning resources, communication and the wider student experience.

1.28 Learning, teaching and assessment provide opportunities for disabled students to participate and demonstrate achievement of learning outcomes. This includes accessible materials, and reasonable adjustment. Digital, blended and simulated learning environments are designed to be accessible, and do not rely unnecessarily on a single mode of participation or assessment.

1.29 Accessibility and inclusion extend to practice-based learning. Placement learning is planned to reduce barriers, while supporting progression towards required standards of practice. This includes flexibility and adaptability, recognising that disabled students may progress in different ways. Approaches avoid assumptions about capability and support consistency between academic and practice settings.

1.30 Across the student journey, accessibility is supported through clear communication, timely support and coordinated planning, including at key transition points. Opportunities are provided for open discussion of individual needs. Inclusive approaches reduce unnecessary administrative burden and repeated disclosure, and support engagement, progression and success.

1.31 The experiences and perspectives of disabled students contribute to the development of inclusive learning environments and to the ongoing development of Paramedic practice.

Education for sustainable development

1.32 Paramedic students share a collective responsibility to contribute to a more sustainable and equitable future. Education for sustainable development (ESD) supports the preparation of graduates who can contribute to sustainable and equitable healthcare systems, and respond to the impacts of climate and environmental change on health and wellbeing.

1.33 Programmes embed ESD within curriculum design, delivery and assessment. This includes alignment with the [United Nations Sustainable Development Goals \(SDGs\)](#) and ensures that sustainability is addressed as a core dimension of professional practice.

1.34 Paramedic students develop understanding of the relationship between health, environment, climate and society. This includes the impact on public health, health inequalities and patterns of service demand. Graduates are equipped to support public health, health promotion and preventative healthcare within diverse and changing populations.

1.35 Programmes support awareness of how demographic change, including migration and shifting population needs, influences healthcare delivery. This enables graduates to adapt to evolving models of urgent, emergency and unscheduled care.

1.36 Paramedic degree programmes provide opportunities for students to engage with local communities, service users and stakeholders, supporting sustainable healthcare development and informing learning and curriculum enhancement.

1.37 Learning, teaching and assessment approaches support the development of knowledge, skills and behaviours for sustainable practice. These include active and practice-focused approaches such as simulation, case-based learning, interprofessional learning and engagement with practice settings.

1.38 ESD is supported through the development of cognitive, socio-emotional and behavioural capabilities. Graduates demonstrate knowledge and critical understanding of sustainability challenges, interpersonal and ethical awareness, and the ability to apply sustainable principles in decision-making, service improvement and clinical practice.

1.39 Programmes support students to understand the interrelationship between emergency care, public health, health inequalities, resource stewardship and environmental impact. This includes the development of digital literacy and the ability to engage with innovation and emerging technologies.

1.40 Graduates are prepared to practise in a manner that is clinically effective, socially responsive and environmentally responsible. They demonstrate professional responsibility and the ability to contribute to sustainable healthcare systems and improved population health outcomes.

Employability, entrepreneurship and enterprise education

1.41 Enterprise, entrepreneurship and employability are significant features of contemporary Paramedic education. They reflect the evolving nature of the Paramedic workforce and the diversity of roles, settings and career pathways available to graduates.

1.42 Programmes adopt an integrated approach to enterprise, entrepreneurship and employability across curriculum design, delivery and assessment. These elements are interconnected and support preparation for a broad and changing professional landscape.

1.43 Enterprise supports the development of behaviours and attributes that enable students to respond to challenge, identify opportunities and contribute to service development. These include problem-solving, initiative, adaptability, communication and reflective practice.

1.44 The development of enterprise capabilities is supported by appropriate learning, teaching and assessment methods. These include simulation, case-based learning, service improvement activity and interdisciplinary collaboration, reflecting the complexity and uncertainty of contemporary practice.

1.45 Entrepreneurship builds on enterprise by supporting the application of knowledge and skills to create value in clinical, social and service contexts. This includes engagement with service innovation, new models of care and digital health. Entrepreneurship in this context includes social and public value, particularly in improving patient outcomes and addressing health inequalities.

1.46 Programmes support entrepreneurial development through project-based learning, research activity and engagement with external partners, including employers, community organisations and professional bodies.

1.47 Employability encompasses the knowledge, skills and professional attributes required for safe and effective practice and for engagement with a changing workforce. Programmes align with professional and regulatory requirements while recognising variation in roles and employment contexts.

1.48 Work-based learning, including placements and apprenticeship routes, supports the

development of employability through engagement with real-world practice. This includes understanding organisational contexts, workforce expectations and patient needs.

1.49 Programmes support transition to practice, including awareness of early career pathways for new registrants, such as Newly Qualified Paramedic programmes, or similar. Employability is closely linked to lifelong learning, and graduates are prepared to engage in continuing professional development and career progression.

1.50 Enterprise, entrepreneurship and employability contribute to the development of adaptable, reflective and capable graduates who can respond to change and contribute to service improvement within healthcare systems.

Generative artificial intelligence

1.51 Generative Artificial Intelligence (GenAI) refers to systems capable of producing novel outputs, such as text, images and code, based on user prompts. These tools are increasingly embedded across health, care and educational environments. Engagement with GenAI is therefore situated within academic, ethical and professional values.

1.52 Graduates recognise that GenAI and other digital technologies are intended to support, rather than replace, professional judgement, compassionate communication and person-centred decision-making. Paramedics remain professionally accountable for the care they provide and the decisions they make, irrespective of the technologies used to inform practice.

1.53 This theme sets expectations for responsible, informed and equitable use of GenAI in learning, teaching and professional programmes. Integration of GenAI relates to the development of critical digital literacies, ethical judgement and professional capabilities required in modern health and care settings. The scope extends beyond assessment security to include learning, teaching, clinical reasoning, communication, employability and patient-centred care.

1.54 GenAI is associated with a range of potential benefits, including but not limited to:

- opportunities for learners to analyse, question and verify AI-generated content, supporting critical thinking and appraisal skills
- use of AI-generated scenarios or summaries as shared starting points for discussion, group learning or reflection
- expanded access to varied clinical presentations or communication challenges, complementing simulation-based learning
- personalised or adaptive formative feedback that assists learners in revisiting complex material.

1.55 These possibilities relate to broader developments in digital pedagogies and the cultivation of critical digital literacy.

1.56 GenAI also raises considerations relevant to paramedic practice and education, such as:

- potential for inaccurate, fabricated or unsafe content requiring cross-checking against evidence, guidelines and professional standards
- limited contextual depth or real-world nuance in AI-generated material
- biases arising from training data, with implications for how conditions, populations or decision pathways are represented

- concerns around over-reliance, with implications for the development of core professional competencies
- challenges related to transparency, interpretability and evaluation of AI outputs.
- implications for academic integrity and assessment authenticity.

1.57 Access to devices, software, digital tools and digital literacy skills vary across learners. These inequities can influence attainment and shape perceptions of fairness. Consideration of digital equity therefore forms part of the wider context in which GenAI use is situated.

1.58 GenAI systems require substantial energy demands, contributing to wider environmental impacts associated with digital technologies. Patterns of engagement with such tools influence institutional and sector-wide sustainability ambitions, and conversations about environmentally responsible digital practice.

1.59 Learning environments offer opportunities to explore concepts such as privacy, accuracy, bias awareness, intellectual honesty, opportunities and limitations associated with GenAI. These elements contribute to learners' capacity to navigate technology change within academic and professional settings.

1.60 Paramedic graduates may encounter AI-enabled technologies within emergency, urgent and community care settings. Engagement with GenAI in education can support understanding of:

- how digital tools feature in clinical workflows, documentation and decision support
- how algorithms are developed, validated and governed in health contexts
- how data gaps, representational bias and digital systems may interact with health inequalities
- the role of professional judgement when working alongside automated or semi-automated tools.

1.61 Within paramedic education, assessment practices sit within a wider landscape where GenAI tools are increasingly accessible to learners. Approaches that emphasise learners' clinical reasoning, communication, applied judgement and reflective insight are well positioned to enable students to evidence capability, irrespective of the presence of AI tools. A variety of assessment formats (scenario-based reasoning, practical demonstrations, verbal and/or non-verbal examinations or reflective work) create opportunities for learners to demonstrate personal experience, applied understanding and professional judgement.

1.62 Engagement with GenAI also creates space for learners to evaluate, interrogate or verify AI-generated material as part of their broader academic and professional development. Ensuring staff are familiar with GenAI and its implications can support confidence in designing and interpreting assessments within an evolving digital environment.

1.63 GenAI sits within a broad trajectory of increasing digital and data-enabled practice across health and care, including developments in triage systems, predictive analytics, real-time translation and remote monitoring. Awareness of these emerging technologies supports learners in developing the evaluative skills and professional judgement needed for evolving clinical environments.

2. Distinctive features of a Paramedic degree

2.1. A Paramedic degree is characterised in academic and professional terms by its distinctive focus on preparing safe, ethical and reflective practitioners who are equipped to deliver person-centred care across a range of complex, unscheduled, urgent and emergency care contexts. Pre-registration programmes provide the academic and professional foundation required for graduates to enter the profession and seek regulatory registration. These distinctive features are expressed through programme design, learner progression, flexibility of provision, partnership working, and monitoring and review. Together, these support professional formation, academic standards and public confidence.

Design

2.2. Paramedic pre-registration programmes in the UK are designed to provide the academic and professional foundation required for graduates to seek entry to the professional register as a Paramedic with the Health and Care Professions Council (HCPC).

2.3. Programme design reflects the educational distinctiveness of Paramedic practice, particularly the requirement for clinical decision-making and the management of uncertainty in complex environments. To achieve this, programmes integrate academic learning with simulation and practice-based education throughout the course of study. This approach supports the development of clinical reasoning, professional judgement and reflective capability, while fostering an understanding of ethical responsibilities, accountability and scope of practice within wider health and care systems.

2.4. Programmes are informed by a range of sector reference points. These include regulatory expectations, professional body guidance and wider sector perspectives. Higher education providers draw on these points of reference while retaining responsibility for overall programme design and academic standards.

2.5. Entry requirements for paramedic degree programmes are determined by individual providers in accordance with their institutional admissions policies, relevant regulatory requirements, and professional body guidance. Selection processes enable providers to assess applicants' potential to develop the knowledge, skills, values and behaviours required for safe and effective paramedic practice.

2.6. Inclusive design principles are embedded throughout the curriculum and complemented by reasonable individual adjustments where necessary. Learning and assessment experiences are designed to be varied and authentic, reflecting the diversity of Paramedic practice and supporting accessibility and meaningful engagement for all students.

Progression

2.7. Over the course of a standard Paramedic undergraduate degree with honours (FHEQ level 6; SCQF level 10), an Integrated Master's degree or a pre-registration Master's degree (FHEQ Level 7; SCQF Level 11), a student will progress from one level of study to the next, in line with the regulations and processes for each institution. However, it is expected that each level would see the attainment of increasing expertise and experience, autonomy and professional responsibility, and knowledge of clinical complexity, that builds towards the final achievement of meeting the threshold subject-specific and transferable skills listed in this Statement. This will usually include successful completion and the award of credit for the full range of academic and practice-based components.

2.8. Upon graduation from an undergraduate degree, it would be expected that a student

who had achieved a second-class degree or higher would be capable of, and equipped for, undertaking postgraduate study in advanced clinical studies, or a related discipline, or for undertaking lifelong learning related to career progression. Entry requirements to postgraduate courses are determined by individual providers and may require specified levels of achievement at undergraduate level, while access to learning associated with career progression, including advanced practice, is determined by employers.

2.9. Undergraduates studying Paramedic courses as part of a combined or joint degree with other subjects (including courses that specify major and minor options) will achieve core elements of the specific and generic skills outlined in this Statement and will add others according to the areas covered in the other subject(s) of their degree. Additionally, they may explore the overlap between different disciplines, creating further opportunities for interdisciplinary study

2.10. Any student enrolled in a standard undergraduate Paramedic degree course may exit earlier and be eligible for a Certificate of Higher Education (FHEQ level 4; SCQF level 7), a Diploma of Higher Education (FHEQ level 5; SCQF level 8), or other awards depending upon the levels of study completed to a satisfactory standard. These intermediate exit awards do not confer eligibility to apply for registration as a Paramedic with the HCPC. Please refer to the [Characteristics Statement -Short Cycle Qualifications](#) for more detailed information on 'break points' in degree programmes.

Flexibility

2.11. In England, Wales and Northern Ireland, the duration of a full-time standard undergraduate Paramedic degree is typically three years. Integrated master's degrees typically require four years of study. Accelerated pre-registration routes, for example graduate-entry programmes, may be delivered over a shorter, intensive duration. In Scotland, a bachelor's degree or ordinary degree is set at three years at Level 9 of the SCQF, and a bachelor's degree with honours is designed to include four years of study at Level 10 of SCQF. Whilst pre-registration paramedic degree programmes are delivered through a range of educational pathways and modes of study across the UK, all are expected to achieve the same threshold standards for professional registration and reflect the shared identity, values and purpose of the profession.

2.12. Students following part-time routes accumulate academic credit in proportion to the intensity of their study, and their total study time and credit value would be equivalent to those achieved on full-time routes.

2.13. Depending on the educational mission of the provider and workforce requirements, programmes may include opportunities to engage in learning on site, online, or through blended and hybrid learning, arranged in terms, semesters, year-long blocks or other formats, including apprenticeships. These may be offered in full- and/or part-time modes of study and credit may be accumulated through the completion of micro-credentials, short-accredited learning, recognition of prior learning or accreditation of prior experiential learning. Accredited prior experiential learning (APEL) and recognition of prior learning (RPL) align with the regulatory requirements of the HCPC.

Partnership

2.14. Degree-awarding bodies may deliver courses in partnership with other providers through validation and franchising arrangements, or work with partners who deliver specific elements of the course through placement learning or as part of a degree apprenticeship. Regardless of the delivery model, partnerships are integral to the design, delivery and authenticity of Paramedic pre-registration programmes. Ongoing collaboration with

employers, practice learning partners, service users, carers and professional bodies ensures that curricula reflect contemporary Paramedic practice, evolving models of care and the wide range of settings in which paramedics work. These relationships support the relevance of the discipline, the formation of professional identity and practice, and public confidence.

2.15. Where partners deliver specific elements of the course through practice-based learning, these arrangements provide vital opportunities for students to engage safely with the realities of professional practice across diverse health and care contexts. Through structured collaboration with practice and service partners, programmes support the development of person-centred care, interprofessional working and a holistic understanding of the wider integrated health and social care systems within which Paramedics practise. Subject Benchmark Statements, such as this one, play an important role in helping partners design provision that contributes to threshold standards being met.

Monitoring and review

2.16. Degree-awarding bodies and their collaborative partnerships routinely collect and analyse information and undertake periodic course review to ensure that provision remains current, relevant and aligned with the needs of the discipline. Consideration of the student voice forms an important part of this process, alongside the systematic integration of feedback from alumni, employers, practice learning partners and service users. Evaluation uses information from current and historic monitoring to develop a holistic understanding of student achievement and to inform future course planning.

2.17. Externality is an essential component of the quality assurance system in the UK. Providers use external reviewers as part of periodic review to gain an independent perspective on any proposed changes, ensuring that threshold standards are achieved and content is appropriate for contemporary Paramedic practice.

2.18. The external examining system currently in use across the UK higher education sector also helps to ensure consistency in the way academic and professional standards are secured by degree-awarding bodies. External examiners evaluate the types, principles and purposes of both academic and practice-based assessments, comparing cohort outcomes against similar provision across the UK. They are asked to produce a report each year and make recommendations for changes to modules and assessments (where appropriate). To support public confidence and academic credibility, external examiners for the discipline typically hold appropriate professional registration and practice experience. Subject Benchmark Statements, such as this one, can play an important role in supporting external examiners in advising on whether threshold standards are being met in a specific subject area.

2.19. As a regulated profession with direct implications for public safety, Paramedic pre-registration programmes must meet the statutory requirements for approval and monitoring by the professional regulator, the HCPC. This regulatory oversight, conducted through a combination of reporting, desk-based reviews and site visits, sits alongside institutional review processes to ensure the continuing quality, safety and professional credibility of the provision.

3. Content, structure and delivery

3.1 This section explores how the content of the curriculum for a Paramedic degree shapes the likely teaching and learning strategy and the modes of assessment that allow learners to demonstrate they have met the benchmark standards, and to discriminate between different levels of attainment.

3.2 Programme content, structure and delivery in a Paramedic degree are characterised by sufficient flexibility to respond to the evolving nature of clinical practice, service delivery and educational approaches. Providers ensure that curricula remain current, enabling timely adaptation to change in healthcare systems, professional roles and external circumstances, while maintaining alignment with regulatory and professional requirements.

3.3 The design and delivery of programmes reflect principles of inclusive practice designed to support diverse learners and promote equitable access to learning opportunities.

3.4 Where appropriate, programme development and delivery are shaped through co-creation and collaboration with students, people with lived experience as patients, service users or carers, practice partners and other stakeholders to ensure relevance, authenticity and responsiveness to contemporary Paramedic practice.

Content

3.5 Curriculum content is informed by the most recent [Royal College of Paramedics \(RCoP\) Paramedic Curriculum](#) and enables learners to meet the Health and Care Professions Council (HCPC) Standards of Proficiency for Paramedics required for professional registration. Programmes reflect the evolving role, scope and professional autonomy of Paramedics, preparing learners to practise safely and effectively within increasingly complex and unpredictable care environments.

3.6 Curricula support the development of graduates who can manage a diverse and undifferentiated caseload, apply clinical reasoning in conditions of uncertainty, and engage in shared decision making with people, their family and/or carers and other professionals across a range of settings.

3.7 In addition, programmes ensure that learners are adequately prepared for the full breadth of 'traditional' Paramedic practice. This includes structured clinical skills development, protocol-based learning and the use of high-fidelity simulation to support the management of acute, high-risk and time-critical clinical presentations.

3.8 The overarching aim of a Paramedic degree curriculum is to prepare graduates to practice as competent, reflective, person-centred and compassionate professionals. Graduates demonstrate professional values, support and contribute positively to the wellbeing and development of colleagues, and play an active role in the ongoing advancement of the paramedic profession and the wider health and care system.

3.9 Key areas within the curriculum reflect all domains set out in the Royal College of Paramedics' Curriculum, providing a coherent and integrated framework for academic study, practice-based learning and professional development. The domains are:

- Physical, Life and Clinical Sciences
- Psychology, Sociology and Safeguarding
- Clinical Assessment and Management
- Ethics and Law

- Public Health and Well-Being
- Personal and Professional Attributes and Development
- Leadership and Non-Technical Skills
- Research and Evidence-Informed Practice

Teaching and learning

3.10 Teaching and learning in Paramedic programmes is designed to support the development of integrated academic knowledge, professional skills and behaviours required for contemporary paramedic practice. Programmes are structured to enable learners to build capability and confidence over time, progressing towards greater independence, professional judgement and responsibility for learning. Teaching and learning approaches are aligned with programme learning outcomes and the requirements of the HCPC, and support graduates in meeting the expectations of safe, effective and ethical practice.

3.11 Learning and teaching strategies are inclusive, adaptive, evidence-informed and support the development of critical thinking, clinical reasoning, decision-making and reflective practice. Approaches are designed to enable learners to integrate theory and practice across academic and practice-based settings, reflecting the applied and professionally regulated nature of paramedic education. Learning and teaching strategies are enriching, challenging, inclusive and effective, and support the development of professional identity, autonomy and lifelong learning.

3.12 Learning and teaching strategies are learner-centred and utilise a range of delivery modes, which may be synchronous, asynchronous or blended, and delivered face-to-face, digitally, or through hybrid approaches to enhance accessibility. Simulation-based learning is commonly used to support the development and application of knowledge, skills and professional behaviours in a safe environment. Programmes make appropriate use of digital technologies to support learning and assessment, and to develop learners' critical and ethical use of emerging technologies.

3.13 Teaching and learning activities encompass a range of approaches, including:

- lectures, seminars, tutorials and workshops
- case-based, problem-based and enquiry-led learning
- workshops, including sessions led by employers / external stakeholders / those with lived experience as patients, service users or carers
- peer and collaborative learning
- other interactive sessions, including debates, quizzes and poster presentations.
- simulation and skills-based learning
- practice-based learning and work-based placements (including virtual placements)
- interprofessional and collaborative learning
- independent and self-directed study
- reflective practice and portfolio development
- recordings (taught sessions and skills demonstrations) and broadcasts
- research projects.

Practice-based Learning

3.14 Practice-based learning is a core component of Paramedic degrees and is undertaken across a range of healthcare and community settings including unscheduled, undifferentiated, emergency and urgent care. Practice-based learning is guided by principles of co-production between learners, education providers and practice partners, supporting

learning across the range of pre-registration paramedic practice. Programmes promote inclusive and supportive practice learning environments and utilise flexible and appropriate models of supervision, in line with guidance from the Royal College of Paramedics.

3.15 Practice-based learning provides access to authentic and diverse learning environments that enhance learning, teaching, and assessment within authentic settings. As well as supporting the achievement of programme learning outcomes, practice-based learning ensures that professional and regulatory standards can be met in settings where learners are supported and appropriately supervised by Practice Educators.

3.16 Practice-based learning primarily takes place within ambulance service settings. Opportunities across a range of other healthcare settings are also provided to give learners greater breadth of experience in the development of both clinical and non-clinical skills. In line with the Royal College of Paramedics' Principles of Practice-based Learning for Paramedics, non-clinical settings, and non-physical settings such as virtual or simulated practice environments, may provide additional opportunities to support clinical practice learning environments.

3.17 Practice-based learning environments are strategically identified by programmes for their relevance to course learning outcomes and applicability to curriculum teaching, learning and assessment. Each practice-based learning environment is considered in relation to its sequencing, scheduling, duration, location, and purpose to maximise learning opportunities.

3.18 Where student achievement is assessed via practice-based learning, the education provider retains responsibility for the assessment of benchmark standards.

Assessment

3.19 Assessment in a Paramedic degree is designed to ensure that learners who successfully complete the programme meet the standards of proficiency for paramedics, including the knowledge, skills, behaviours and professional values required for safe and effective practice. Assessment strategies are constructively aligned with programme learning outcomes, teaching and learning activities, and relevant professional and regulatory standards.

3.20 A diverse range of formative and summative assessment methods are employed to support learner development and to provide valid, reliable and fair measures of progression and achievement. Assessment is inclusive and enables all learners to demonstrate attainment, with appropriate reasonable adjustments where required. Assessment is developmental in nature, supporting progression from supported learning to autonomous practice in complex and/or unpredictable environments. Timely and constructive feedback supports learners' development by identifying strengths, areas for improvement, and the steps necessary to enhance future performance.

3.21 Assessment methods reflect the breadth and complexity of paramedic practice and may include, but are not limited to:

- written examinations (seen, unseen and open-book)
- multiple choice and short answer assessments
- written coursework, including essays, reports and critical analyses
- case-based assessments and individual management plans
- simulation-based assessments, including high-fidelity scenarios
- objective structured clinical examinations (OSCEs)
- practice-based assessments, including direct observation and competency evaluation

- major projects, research projects and data analysis tasks
- verbal and/or non-verbal and recorded presentations, including clinical handovers
- reflective portfolios, journals and critical incident analyses.

3.22 These approaches enable students to demonstrate the integration of scientific knowledge, clinical reasoning, decision-making, communication skills and professional behaviours.

3.23 Practice-based assessment is central to paramedic education and provides evidence of competence in real-world settings. Assessment in practice includes direct observation, clinical documentation and evaluation of professional behaviours. Programmes may incorporate the involvement of people with lived experience as patients, service users or carers, lay people and clinicians in the design, delivery or evaluation of assessment to enhance authenticity and validity.

3.24 Assessment design supports academic integrity and ethical practice through diverse approaches, including authentic tasks, clear guidance on the appropriate use of digital technologies (including artificial intelligence), and the assessment of professional values such as honesty, accountability and professional judgement.

3.25 Assessment policies clearly articulate requirements for progression and award, and programmes provide transparent and accessible processes for academic support, feedback and appeals. Feedback is timely, constructive and developmental, enabling students to reflect on their performance and to support their progression towards competent, reflective and autonomous paramedic practice.

4. Benchmark standards

Introduction

4.1 This Subject Benchmark Statement sets out the minimum threshold (and, where appropriate, typical and excellent) standards that a student will have demonstrated when they are awarded a pre-registration degree leading to eligibility to apply to register with the HCPC as a paramedic. Demonstrating these standards over time will show that a student has achieved the range of knowledge, understanding and skills expected of graduates of a Paramedic degree.

4.2 The vast majority of students will perform significantly better than the minimum threshold standards. Each higher education provider has its own method of determining what appropriate evidence of this achievement will be and should refer to Annex D in [The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#). This Annex sets out common descriptions of the four main degree outcome classifications for bachelor's degrees with honours – 1st, 2:1, 2:2 and 3rd.

4.3 Please note that minimum threshold standards are not intended to specify universal competence standards for a discipline. If a provider chooses to develop competence standards (as defined by the Equality Act 2010) as part of a programme specification, these can be informed by the relevant Benchmark Statement along with any PSRB requirements. In these circumstances providers should follow the most recent guidance from the [Equality and Human Rights Commission](#).

4.4 A Pre-registration Paramedic degree is informed by:

- the requirements of the professional, statutory and regulatory body for paramedics through the HCPC
- the professional body curriculum for pre-registration education through the RCoP
- the [UK Quality Code for Higher Education 2024](#) and the Frameworks for Higher Education Qualifications.

4.5 All graduates of pre-registration paramedic programmes must meet the minimum threshold standard required for safe and effective practice and eligibility for registration with the HCPC. This reflects the regulatory expectation that all registrants are able to practise autonomously within the defined scope of the profession at the point of entry to the register.

Bachelor's degree with honours

Threshold level

4.6 The threshold educational standard details the minimum level of professional knowledge and understanding, the cognitive, practical and transferable skills, and the professional competences required for entry to the Health and Care Professions Council register.

4.7 While these benchmark standards are presented within the context of paramedic education and professional practice, many of the skills and attributes described are transferable across a wide range of professional, educational and societal contexts. These include, but are not limited to, critical thinking, communication, leadership, teamwork, problem-solving, digital literacy, ethical decision-making, reflective practice, evidence appraisal and the ability to work effectively under conditions of complexity and uncertainty. Programme teams support students to recognise, develop and articulate these transferable capabilities alongside subject-specific knowledge and professional competence.

Subject Skills

4.8 On graduating with a Paramedic degree with honours, students should be able to:

- demonstrate detailed knowledge and conceptual understanding of human anatomy and physiology across the lifespan, sociology, psychology, pathophysiology and pharmacology
- demonstrate in-depth knowledge and contextual understanding of paramedic practice and apply evidence-informed approaches to clinical care
- determine the role of paramedics in influencing health and wellbeing through health education and promotion
- distinguish between key features of common mental health presentations and evaluate the scope and limitations of paramedic care
- undertake systematic and comprehensive clinical assessment of a diverse range of service users
- apply clinical reasoning to make safe, proportionate decisions on undifferentiated caseloads
- critically interpret physiological data using appropriate technologies to inform diagnoses and management plans
- deliver care across a broad range of urgent and emergency presentations
- justify decisions relating to referral, non-conveyance and safety-netting
- formulate, justify and adapt safe management plans in complex, dynamic environments
- exercise professional judgement autonomously, recognising uncertainty and escalating care appropriately
- plan, deliver and evaluate evidence-informed interventions across the lifespan
- safely administer and manage medicines in line with pharmacological principles and legislation
- use consultation and procedural skills to manage patients in emergency, urgent and/or primary care settings
- manage time-critical and high-risk situations while maintaining safety
- apply a holistic approach to patient care, recognising underlying or hidden health needs
- consider prevention strategies and holistic patient-centred care
- demonstrate knowledge of the principles underpinning major incident preparedness and response, including the roles and responsibilities and triage methodologies to prioritise patient care
- practise autonomously within a defined scope of pre-registration competence and demonstrate an understanding of the principles and responsibilities associated with ongoing fitness to practise
- understand the relationship between wellbeing, mental health, learning and professional practice
- provide accurate handovers and maintain clear clinical documentation

- contribute appropriately to care pathways within health and care systems
- navigate healthcare systems, referral pathways and inter-agency working.

Transferable Skills

4.9 On graduating with a Paramedic degree with honours, students should be able to:

- apply theoretical and practical knowledge from multiple subjects and experiences
- communicate effectively using verbal and non-verbal means of communication, as appropriate, including written documentation
- analyse complex information and situations to make informed decisions in complex, uncertain or changing circumstances
- critically evaluate evidence, research and data to support effective problem-solving and decision-making
- demonstrate leadership, accountability and responsibility for actions and decisions
- recognise personal limitations by engaging in critical self-reflection and continuous improvement and seek support when appropriate
- recognise the influence of personal, social, cultural, environmental, political, and economic factors on individuals, communities, organisations, and society, and appreciate the diversity of perspectives and experiences that shape decision-making and outcomes
- evaluate the impact of wider contextual factors, evidence, and competing priorities on decision-making, identifying opportunities to promote inclusion, fairness, and positive outcomes in a range of professional and societal contexts
- act within ethical, legal and regulatory frameworks and maintain professional boundaries, confidentiality and ethical conduct
- demonstrate knowledge of safeguarding principles, legislation and policy frameworks and their application
- demonstrate ethical and responsible use of emerging technologies
- identify and examine values and ethics within personal, cultural and societal contexts
- work effectively with others in a range of professional contexts
- critically understand cultural diversity and actively challenge inequality and discrimination
- demonstrate curiosity, adaptability and a commitment to continuous improvement.

Typical and Excellent level

4.10 Threshold standards define the minimum level of achievement that students must demonstrate to successfully complete a Paramedic degree and be eligible for the award. Typical and Excellent performance represent achievement beyond this threshold and reflect increasing academic depth, criticality, independence, and consistency in the application of professional knowledge, skills and judgement. Programmes are expected to use the full range of degree classifications to recognise differing levels of achievement above the threshold standard.

4.11 In the context of a Paramedic degree, achievement above threshold may be evidenced through the ability to justify and adapt clinical decisions using a wide range of

evidence; critically evaluate and apply emerging research and innovation; demonstrate leadership behaviours that enhance team and patient outcomes; and produce work that reflects originality, analytical depth, and a holistic understanding of patient care.

Master's and Integrated Master's (pre-registration)

4.12 The threshold standard set out in this Subject Benchmark Statement applies equally to all pre-registration paramedic programmes, including bachelor's, integrated master's and master's degrees. This reflects the professional and regulatory requirement that all graduates, irrespective of award, must meet the same threshold standards for safe and effective practice and eligibility for registration with the HCPC.

4.13 Accordingly, all graduates must demonstrate, as a minimum, the threshold level of attainment across all relevant categories of knowledge, understanding, skills and generic skills described in this Benchmark Statement. Differences between award types do not relate to scope of practice at the point of registration.

4.14 Master's and integrated master's awards are distinguished by the level of academic demand and the depth, complexity and independence of academic study. This includes a more advanced and systematic understanding of the discipline, a critical awareness of current issues and developments, and the ability to evaluate and synthesise complex evidence to inform practice and service improvement

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