

Paramedic

Career Framework

2020

To make the most of the document's interactive features, we recommend opening with **Google Chrome** or **Adobe Acrobat Reader**.



Contents

Introduction

**The Career
Framework**

Clinical Practice

**Leadership
& Management**

Education

**Research
& Development**

Introduction



Foreword

Paramedics have a unique role that intersects healthcare, public health, social care and public safety. The rapidly evolving face of healthcare affords increasing opportunities for paramedics to break down barriers, help to remove inefficiencies and be a key contributor to the future model of health and care delivery.

The delivery of healthcare continues to shift in line with the vision outlined in the NHS Long Term Plan (2019). Care will be facilitated more and more in the community ('left shift') and historic barriers between healthcare delivery teams will continue to be broken down enabling dynamic multidisciplinary team functioning to deliver the best possible care to service users. As an Allied Healthcare Professional with the ability to work across pre-hospital, primary and secondary care the paramedic is perfectly placed to be a key contributor in delivering the vision of the plan.

In order to meet these new ways of providing care the workforce must have the right skills and competencies to meet the demands of the contemporary healthcare setting and the changes it is likely to go through. The workforce will also need to have the values and behaviours expected within the NHS and the ability to be flexible, and above all provide excellent and safe patient care. Looking to the future, we know that education and training will be central to delivering and developing these skills. Therefore, the education and training that is attained must be of an excellent standard, meet the requirements of the contemporary regulatory and strategic framework, and encourage widening participation.

The College of Paramedics continues to work to ensure development routes in the key areas of: clinical practice, education, leadership and management, and research and development; are available and accessible for paramedics.

This framework acts as a guide to highlight the most appropriate education, knowledge, and expertise available to paramedics as they develop their skills along their career pathway. Initially published in 2015 and revised in 2017, it has now been updated to reflect on-going work undertaken by the College of Paramedics, and includes in excess of 50 individual case studies to help illustrate these pathways. It is a key milestone in leading the development of the paramedic profession, which Health Education England and the College of Paramedics are committed to furthering. We believe it provides a great illustration and guidance for paramedics seeking to develop their skills, and we would like to thank all those involved for their hard work, time and contributions in getting us to this point.

This interactive career framework showcases the wide variety of roles in which paramedics are now working and demonstrates the variable routes taken by individuals to develop their careers. Looking forward, paramedics will continue to play a leading role in the multi-professional health and care workforce across all four pillars of clinical practice, education, leadership and management, and research and development.

Kirsty Lowery-Richardson

Interactive Career Framework Subgroup Chair

Further resources are available at:

[The College of Paramedics](#)

[Health Education England](#)

[The Health and Care Professions Council](#)

[The Quality Assurance Agency for Higher Education](#)

[NHS Education for Scotland](#)

[Workforce, Education and Development Services](#)

[The Department of Health Northern Ireland](#)

Where Paramedics Work

Where Paramedics Work

In recent years, the roles and areas in which paramedics work have become increasingly diverse, and paramedics are now employed within the following roles (note that this list is not exhaustive):

Roles cover: clinical practice, leadership and management, research and development and education.

- NHS ambulance trusts: roles include both emergency and urgent care, encompassing solo responding as well as working as part of an ambulance crew; operational management and leadership roles; clinical management and leadership roles; research and development roles; education roles; and emergency operations centre roles (including management and leadership roles and clinical support and triage).
- Other roles include: telephone triage systems (including NHS 111); NHS acute trusts (ED roles, for example); NHS primary and secondary care (urgent care centres, mental health, and community settings, for example); GP surgeries; national NHS services, including NHS England, Health Education England, Scottish and Welsh Governments, Northern Ireland Department of Health, NHS Digital, local authority, higher education, military, private and independent sector, forensic and custody services, offshore and remote medic roles, helicopter emergency medical services, hazardous area response teams, special operations response teams; and international services.

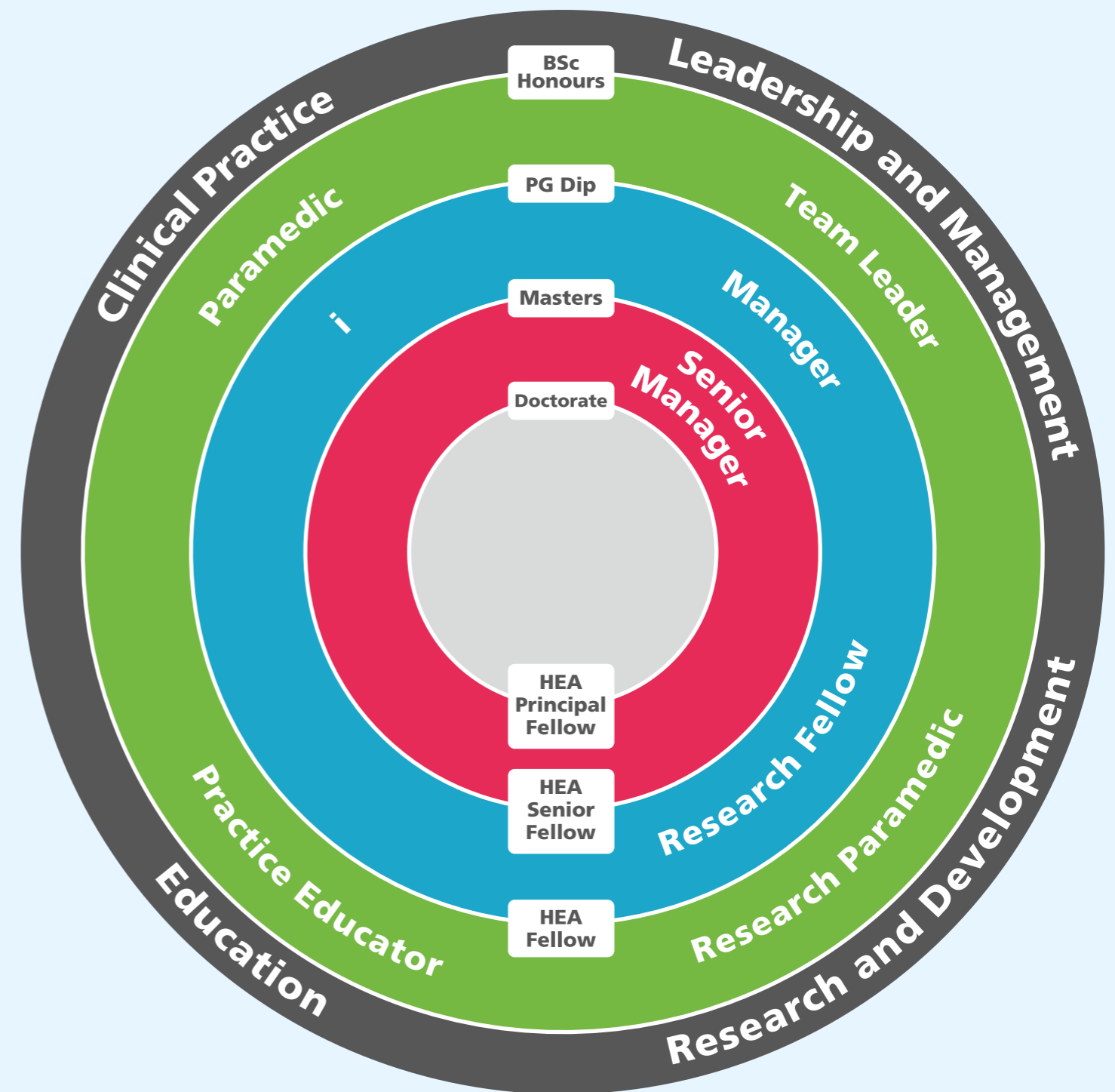


The Career Framework

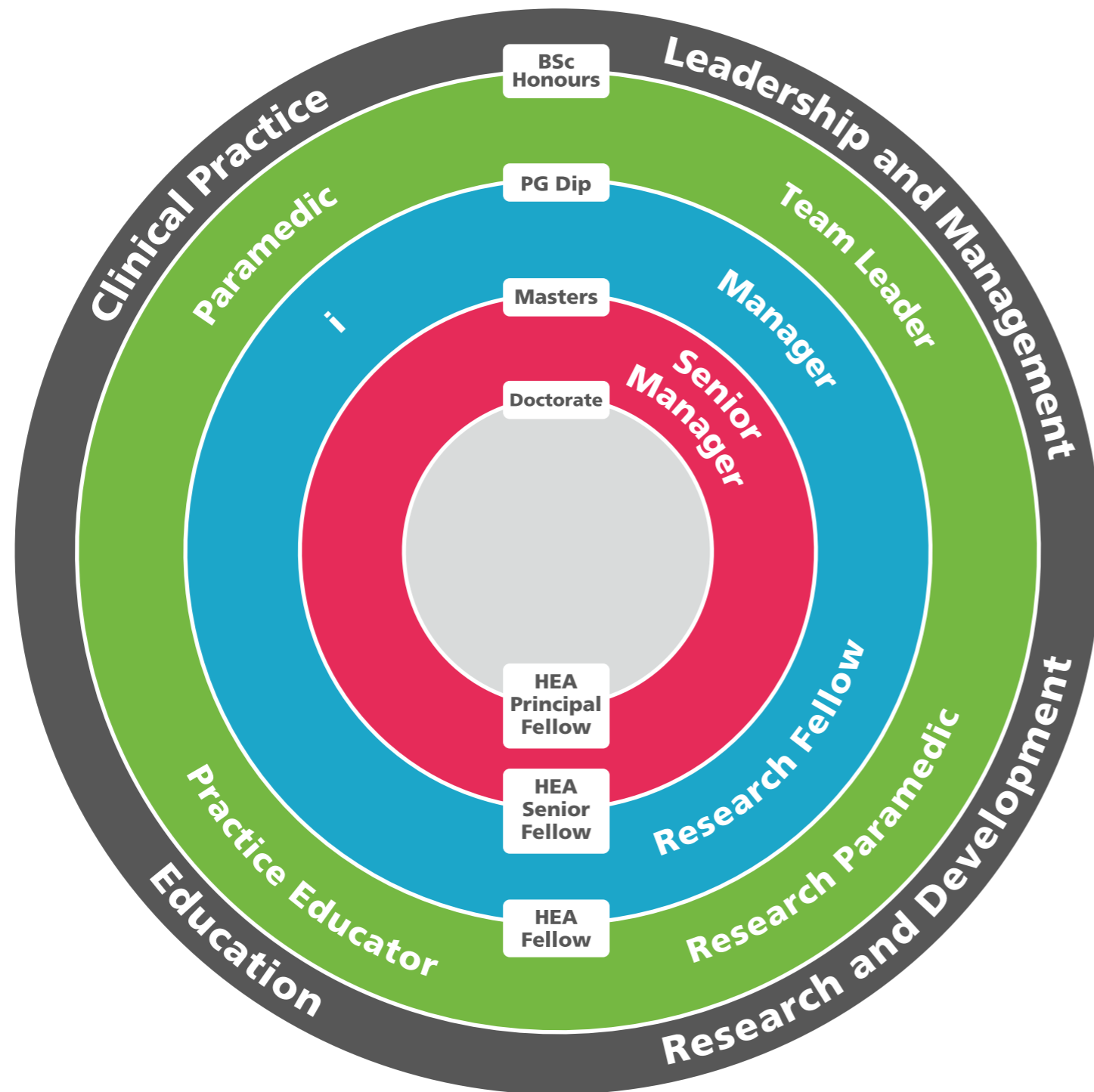
In most cases, a paramedic will commence their career in the clinical field upon registration. In some NHS ambulance services they will need to complete a period of preceptorship whilst deemed a Newly Qualified Paramedic.

From the start of their career, paramedics possess knowledge, skills and behaviours from all four quadrants of the career framework.

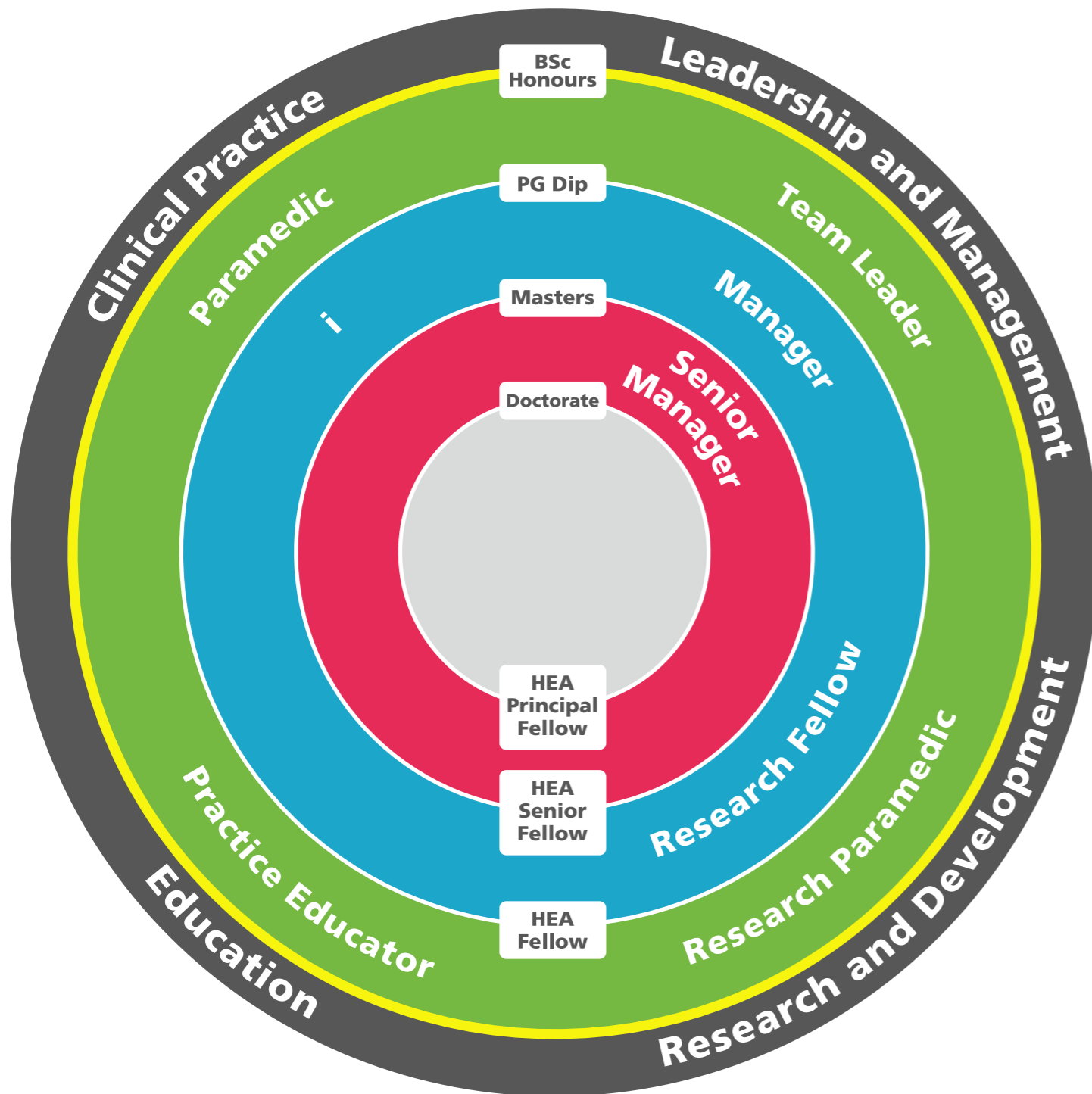
Individuals may then start to develop more formally into the other quadrant disciplines as they make career choices.



Role Definitions



Role Definitions

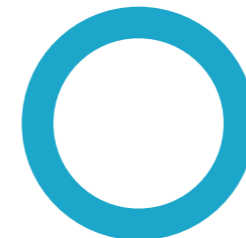
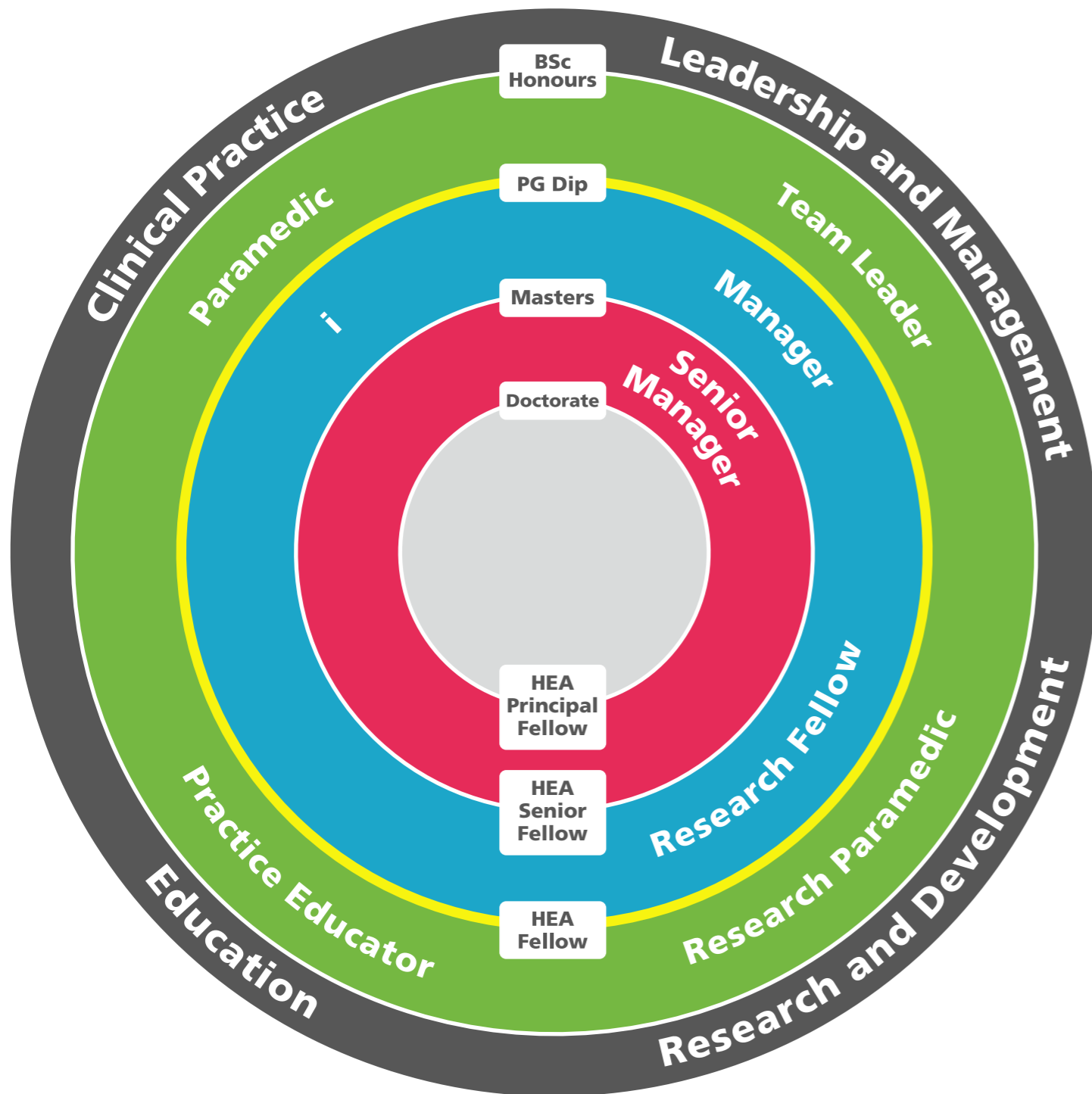


Paramedic

Paramedics are autonomous practitioners who are exposed to a potentially undifferentiated and unpredictable case-load of service users, undertaking a wide range of clinical assessment, diagnostic and treatment activities, as well as directing and signposting care. Paramedics work in a multitude of environments and care settings, either as a sole clinician or a contributory member of a wider health and social care team.

Paramedics generally commence their career in a clinical practice environment. As registered health professionals, there are also expectations for paramedics to undertake activities relating to leadership and management, research and development and education (which includes the role of a practice educator and preceptor).

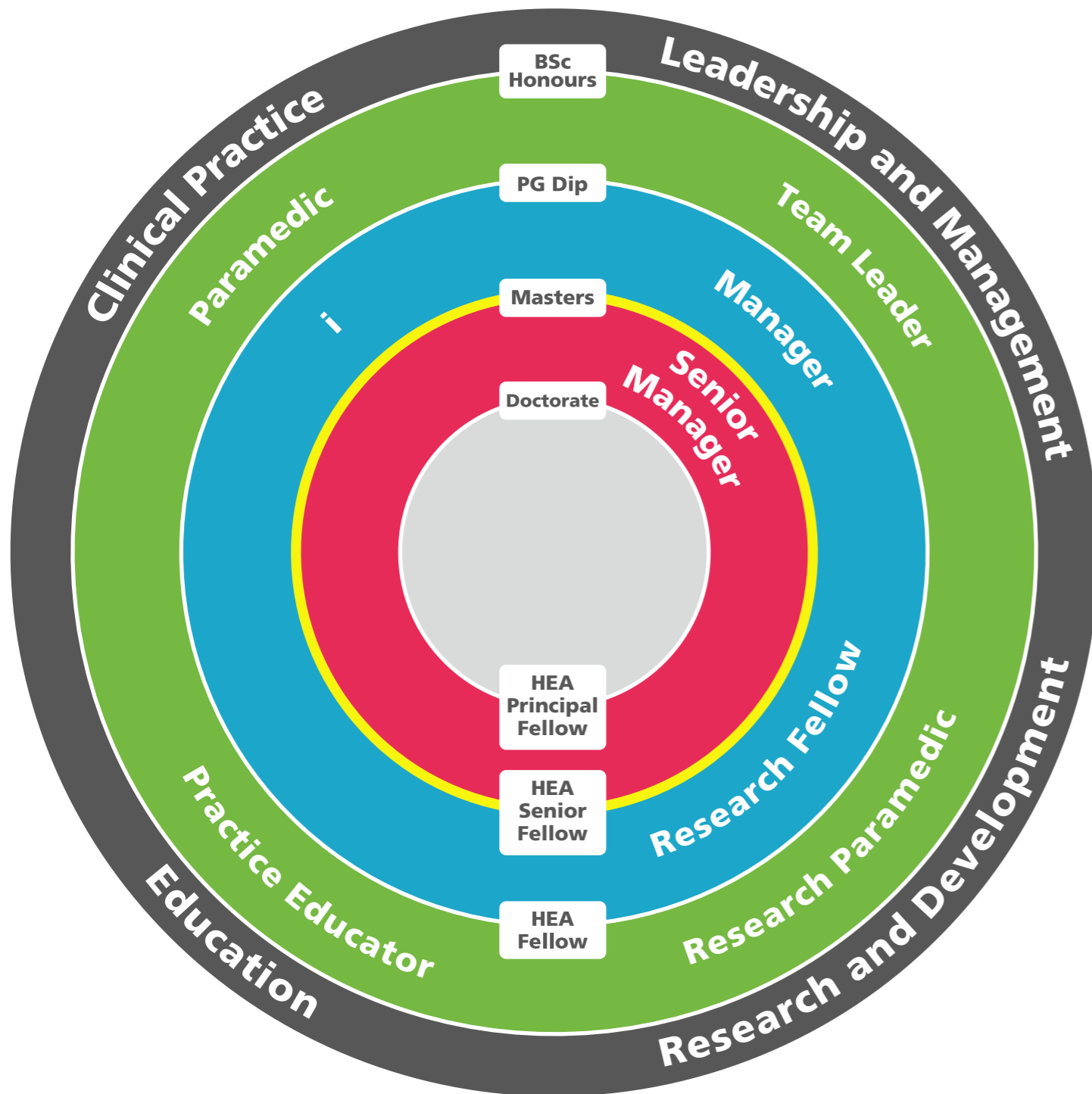
Role Definitions



Specialist Paramedic

A specialist paramedic is a paramedic who has undertaken - or is working towards - a post-graduate diploma (PGDip) in a subject relevant to their practice. They will have acquired and continue to demonstrate an enhanced knowledge base, complex decision-making skills, competence and judgement in their area of specialist practice. The role of a specialist paramedic will include all aspects of the four quadrants of the paramedic career framework, however they will develop within a specific quadrant. Roles may include manager, research fellow and lecturer.

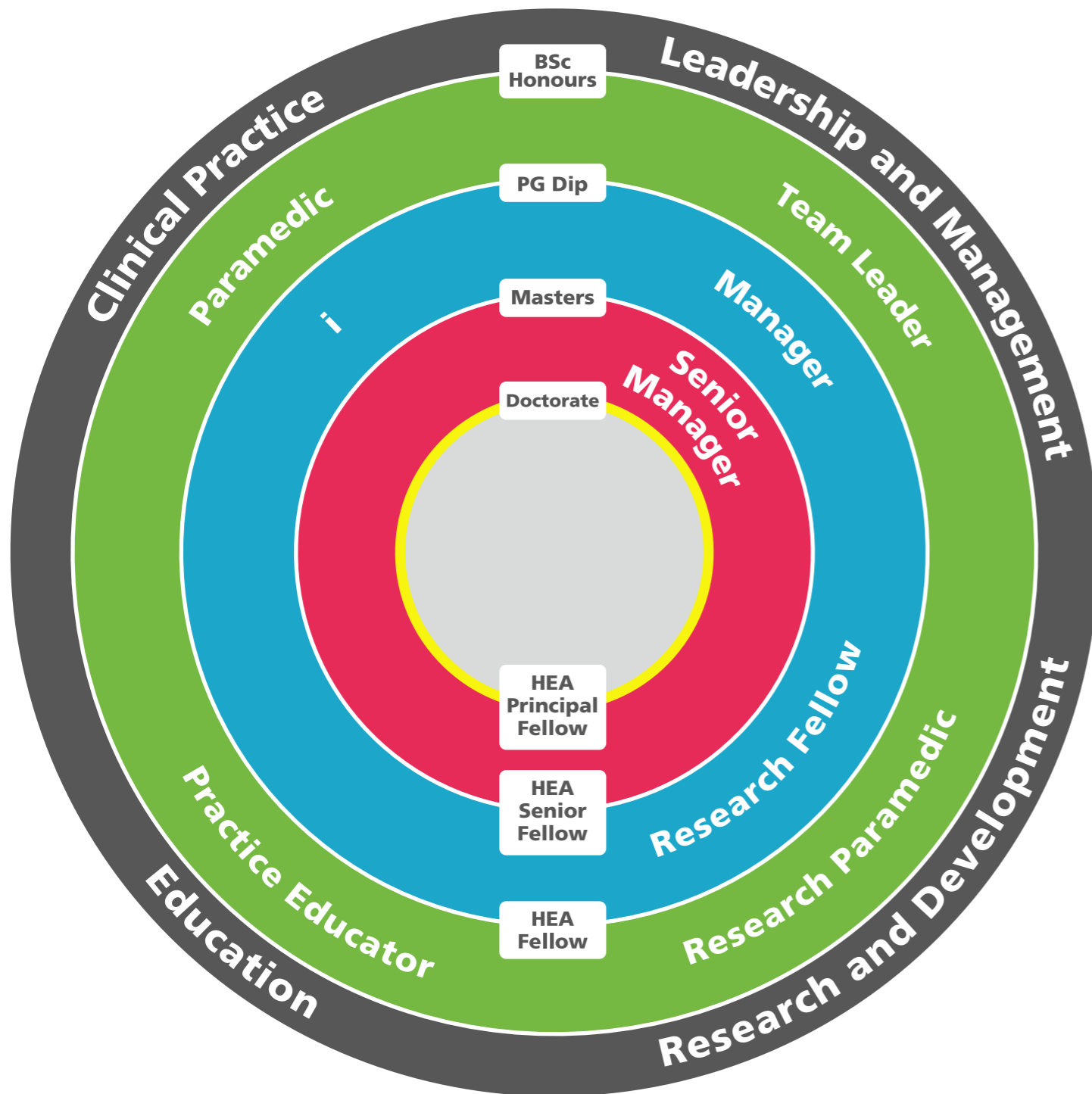
Role Definitions



Advanced Paramedic

An advanced paramedic is a paramedic who has undertaken - or is working towards - a master's degree in a subject relevant to their practice. They will have acquired and continue to demonstrate an expert knowledge base, complex decision-making skills, competence and judgement in their area of advanced practice. The role of an advanced paramedic will include all aspects of the four quadrants of the paramedic career framework, however, they will develop within a specific quadrant. Roles may include senior manager, reader and senior lecturer.

Role Definitions



Consultant Paramedic

Core responsibilities may include organisational development in areas of new and innovative clinical practice as well as ensuring that current research findings are used to inform the practice of colleagues. The key responsibility for a Consultant Paramedic is to make significant and original contributions to the profession and engage in critical dialogue with peers. There is a strong influence of research within the role, whether working clinically, in education, management or academia. Working at strategic or executive level, Consultant Paramedics apply a highly developed theoretical and practical knowledge over a wide range of clinical, scientific, technical and/or management functions. The qualities and transferable skills necessary for employment in these roles require the exercise of personal responsibility and largely autonomous initiative in complex and unpredictable situations, in professional, clinical or equivalent environments.

Education Requirements

The College of Paramedics makes known that the educational levels described below relate only to the clinical career pathway.

Paramedic title	Academic level	Assessment standard	Period of study to achieve competency	Experience/competency required to be eligible to apply for the next level
Paramedic	<ul style="list-style-type: none"> • BSc (Hons) • FHEQ – 6 • SCQF – 10 	<ul style="list-style-type: none"> • College of Paramedics- Paramedic Curriculum Guidance • HCPC Standards of Education & Training • HCPC Standards of Proficiency - Paramedics • QAA Subject Benchmark Statement – Paramedics 	3 to 5 Years	Paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post-graduate capability and competence.
Specialist Paramedic	<ul style="list-style-type: none"> • PGDip • FHEQ – 7 • SCQF - 11 	<ul style="list-style-type: none"> • CPD Portfolio of evidence • College of Paramedics - Post Graduate Curriculum Guidance • College of Paramedics - Post Registration Paramedic Career Framework • QAA Subject Benchmark Statement – Paramedics 	2 to 3 Years	Specialist paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post-graduate capability and competence.
Advanced Paramedic	<ul style="list-style-type: none"> • MSc • FHEQ – 7 • SCQF – 11 	<ul style="list-style-type: none"> • CPD Portfolio of evidence • College of Paramedics – Post-Graduate Curriculum Guidance • College of Paramedics – Post-Registration Paramedic Career Framework • QAA Subject Benchmark Statement – Paramedics 	3 to 5 Years	Advanced paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post-graduate expertise and competence.
Consultant Paramedic	<ul style="list-style-type: none"> • Doctorate • FHEQ – 8 • SCQF – 12 	<ul style="list-style-type: none"> • CPD Portfolio of evidence • College of Paramedics – Post-Graduate Curriculum Guidance • College of Paramedics – Post-Registration Paramedic Career Framework 	6 Years	

Clinical Practice



Further resources are available at: [The College of Paramedics](#) [Health Education England](#) [The Health and Care Professions Council](#) [The Quality Assurance Agency for Higher Education](#)
[NHS Education for Scotland](#) [Workforce, Education and Development Services](#) [The Department of Health Northern Ireland](#)

Paramedic

Paramedics are experienced autonomous allied health professionals. They are patient-focused and are responsible for and capable of delivering safe, effective and appropriate treatment to patients with urgent, emergency, and unscheduled healthcare requirements. This includes, management at the scene, or in-hospital of critically ill and injured patients. Their focus includes the care of acutely ill and/or injured patients at initial presentation, including those who with acute exacerbation of a long-term illness or disease.



“ I absolutely love the variety of challenges the HART Paramedic role brings and have enjoyed undertaking additional training opportunities to allow me to deliver Paramedic care in unusual environments”.

Brad Gander



Case study: Brad Gander

Job title: HART Paramedic – South East Coast Ambulance Service NHS Foundation Trust

Entry route: FdSc Paramedic Science

How I got the role

I had always wished to become a Paramedic since a young age. After studying medical science at college, I joined the South East Coast Ambulance Service as a patient transport liaison assistant. After just under a year I then transferred to the emergency operations centre and undertook several roles over the next 5 years, including Emergency Medical Advisor, Response Desk Co-ordinator and Resource Dispatcher. During this time, I was offered the opportunity to work as a 'dual-role' Emergency Care Support Worker (ECSW), rotating between 6 weeks in the control room and 6 'on the road'. This was my first clinical role and provided me a great platform to develop and learn about the opportunities available within the ambulance service. After two years as an ECSW I was successful in applying for a funded place as a student Paramedic at St Georges University. During my time as an in-service student I joined a number of working groups within the Trust, including the Cardiac Arrest Survival Team and Quality Improvement Group, and also undertook a secondment working on a Critical Care Paramedic unit. I have always remained thankful for these opportunities, particularly as they reinforced my desire to continue my development into a Specialist Paramedic role in the future. After achieving a Foundation Degree in Paramedic Science, I qualified as a Paramedic in August 2016.

In February 2017, following a rigorous assessment and interview

process, I was delighted to be successful in applying to join one of the Trust's Hazardous Area Response Teams. I joined in July 2017 and finished my initial training in December 2017.

Are you studying or working towards another role at the moment?

I found I really enjoyed academic study during my time at university when studying for my Paramedic Science degree, mainly in acute and critical care practice. As such, I have enrolled onto a BSc in Professional Practice at the University of Brighton and so far have completed modules on the care of critically unwell children and acutely unwell adults.

What I do

A typical day as a HART Paramedic can be extremely varied. There are a number of daily tasks we have to carry out, such as checking our vehicles, breathing apparatus sets and the vast array of PPE we carry! We work as a team of 6 paramedics and are dispatched to deliver clinical care and assistance at incidents involving hazardous or challenging environments.

Paramedic case studies



Case study: Brad Gander

Job title: HART Paramedic – South East Coast Ambulance Service NHS Foundation Trust

Entry route: FdSc Paramedic Science

These include working at height, in or around water, collapsed or unstable structures and incidents involving hazardous materials, firearms and explosions, or mass casualty events and major incidents.

When not attending HART incidents we maintain our skills by using the training facilities available on our base, providing a Solo Response Vehicle (SRV) response to local high-priority emergency calls and undertaking CPD study.

Within our rota we have a dedicated training week, which allows us time to undertake training exercises and any required recertification in the various HART disciplines. Due to the nature of the incidents we attend we often work alongside other services so also frequently attend multi-agency training exercises.

The best bits

I absolutely love the variety of challenges the HART Paramedic role brings and have enjoyed undertaking additional training opportunities to allow me to deliver Paramedic care in unusual environments, such as in urban search and rescue operations and CBRN incidents. I feel being aware of how practice can be adapted to suit a range of different

situations and the frequent requirement to 'think outside the box' has improved my decision-making and clinical skills. I am also really thankful for the opportunity to work within a close team, train regularly and learn from the experiences of my colleagues.

Paramedic case studies



Case study: James Short

Job title: Specialist Motorsports Paramedic - Freelance

Entry route: DipHE Paramedic Science

How I got the role

I've always been fascinated by motorsport, the speed, the noise, the excitement. I grew up watching the Lombard RAC Rally with my father and tinkering under old cars. I had a change of career in my early twenties which led to a fulltime role as a Paramedic with an NHS trust. The spark of motorsport, however, still smoldered.

Prior to gaining my registration, whilst as an IHCD Technician, I approached my local Motor Sports UK (MSUK) registered rescue unit to see if there was a way I could combine my medical knowledge with something different and reignite that spark.

They were delighted and my path into motorsports medicine and rescue was set. I joined them initially as a Rescue Trainee and now as a qualified rescue crewman, I provide a primary paramedic response in the event of injury or illness at motorsports events across the UK.

Are you studying or working towards another role at the moment?

I have completed my Rescue license, , a two-year practical apprenticeship covering extrication, cutting, crew resource management, firefighting

and medical assessment. This requires a combination of structured training days alongside on the job experience under more experienced licensed staff. Academically I am also embarking upon a Post Graduate Certification in Critical Care to allow me to increase my decision-making capability with the aim to move into a critical care role within my full time NHSTrust role.

What I do

Every event starts with a crew briefing and equipment check. Motor Sports UK mandates that a licensed rescue unit must be present at any event. These voluntary units have at least two MSUK registered rescue staff and an MSUK accredited Paramedic or Doctor aboard. Depending upon the type of event, more than one rescue unit may be required. These units function not just as firefighting and extrication vehicles but are also fully registered Ambulances that are able to transport patients either to an RVP point or in some circumstances direct to hospital.

Once the equipment is checked and a briefing undertaken with the rescue crew then I'll liaise with the Circuit Medical Officer or Clerk of the Course to discuss any competitors with underlying healthcare issues,

Paramedic case studies



Case study: James Short

Job title: Specialist Motorsports Paramedic - Freelance

Entry route: DipHE Paramedic Science

new drivers or issues with the course as well as discussing previous incidents the event may have faced and how we can mitigate these issues going forward.

Then it's time to deploy with my assigned rescue unit. In the event of an incident we aim to have a unit on scene within 90 seconds of an emergency call from a driver or marshal. A Safe Scene is created, rapid triage is then undertaken and an E.T.H.A.N.E. message is passed to the clerk of the course allowing the organizers to notify the relevant emergency services. Patients are treated, stabilized and extricated before being handed over for further care.

The best bits

I work in a wide array of motorsport settings, from entry level sprints up to high level international meetings, seeing all this without paying a penny. My work is unpredictable, I can go for a run of events on standby or I can have a multi incident event. No day is the same. In addition, working with a variety of people from all walks of life is interesting and the camaraderie of motorsport is fantastic.

Paramedic case studies



Case study: Michael Ryan

Job title: Paramedic - South Central Ambulance Service NHS Foundation Trust

Entry route: FdSc Paramedic Science

How I got the role

I began my journey in Health Care back in 2000 when I began working as a Plaster Technician in Trauma and Orthopaedics. I progressed with an in-house apprenticeship to train as an Orthopaedic Practitioner and worked across numerous hospitals in the south of the UK. My childhood ambition was always to become a Paramedic, and I never lost hope of this. From an early age I volunteered with the British Red Cross within event first aid and youth & school liaison work. Joining the ambulance service was challenging, I had a couple of failed attempts at the mathematics entry paper, to then be recruited onto a training programme for the funding to be unfortunately lost. I was finally successful in securing a place on a university programme in 2012, and graduated with an FdSc Paramedic Science, registering with the HCPC in October 2014. In April 2016 I was unfortunately involved in a hit and run RTC rendering me with a nasty fracture to my leg which required internal fixation. This however did not hold me back. While recovering from injury I requested to work in EOC where I supported the Clinical Advice Desk – adding another experience and competence to my portfolio. I also used this time to complete my top-up degree to BSc Professional Practice (Emergency Care) where I undertook a module in 'Leading Clinical Teams' as well as 'Assessment and Management of Minor Injury and Illness'. This allowed me to move my career into a Minor Injury unit within a busy Accident and Emergency Unit.

This facilitated my recovery and rehabilitation well, however I missed the "bug" of being out in green and therefore returned to full operational Paramedic "road" work.

Are you studying or working towards another role at the moment?

I am currently on a waiting list to start my MSc modules for Specialist Paramedic in Urgent and Emergency Care and I am also applying for the role of Clinical Mentor locally.

Paramedic case studies



Case study: Michael Ryan

Job title: Paramedic - South Central Ambulance Service NHS Foundation Trust

Entry route: FdSc Paramedic Science

What I do

There is no “typical” day in ambulance work, however there are some routine similarities. I begin my shift with a cuppa and a chat on station with fellow crew mates (I’m always in early) – this I feel gives me the important opportunity to support colleagues as well as off-load any concerns. Before the shift start time arrives I gather the keys for the operational vehicle to be used for the shift; either a solo response car or double crew ambulance, place my personal protective gear and kit onboard then proceed to the daily checks of equipment and vehicle safety. I am then dispatched via the computerised terminal in the vehicle to a range of emergency and urgent care jobs. This can vary from childbirth to assisting people at the end of their lives, road traffic collisions to assisting the elderly off the floor. Each patient contact episode is unique and requires skill, compassion, empathy, care, communication and often a lot of patience. Not all patients travel to hospital, often alternative care pathways are used referring to other community-based services.

The best bits

The best bit about my job is helping people – which sounds clichéd, but it’s true. I get to drive about the countryside, visit various towns, villages, cities and meet a variety of people from all ages, races, religions and cultures.

Often the people I meet are at their own individual point of crisis, and I enjoy being able to offer them hope and support in their time of need. A big part of my role also involves supporting and educating; both the general public as well as colleagues and peers. Healthcare is such a vast field there is always the opportunity to learn and develop.

Paramedic case studies



Case study: James Stubley

Job title: HEMS Paramedic, Yorkshire Ambulance Service NHS Trust

Entry route: IHCD

How I got the role

Having left the catering industry in early 2000 I pursued my career in the health service starting as a Support Worker in Mental Health Services. Whilst working as a chef previously I had also had a bank contract as a HCA on the same unit. After a couple of months I started my ambulance service journey with what was then South Yorkshire Ambulance Service as an ambulance health care assistant, working as part of a discharge crew. A year later I became a trainee technician, before qualifying twelve months later. I worked on an emergency ambulance until 2008 when I became a Paramedic via the traditional IHCD route.

To supplement my experience I completed a Foundation Degree in Paramedic Science via Teesside University before topping up to my BSc. Following a promotion to Clinical Supervisor, I worked as an operational supervisor until gaining a secondment to HEMS at the start of 2015. In 2017 I became full-time aircrew with the Yorkshire Air Ambulance and continue to be part of the critical care team today.

Are you studying or working towards another role at the moment?

I am currently on a waiting list to start my MSc modules for Specialist Paramedic in Urgent and Emergency Care and I am also applying for the role of Clinical Mentor locally.

What I do

Once you join HEMS, you quickly realise there is no such thing as a typical day, particularly tasking wise anyway. One shift we may not see base until end of shift other than to refuel, other days we may not lift at all, although rarely. In Yorkshire, we have two operational bases providing critical care. At one base I fly with a critical care doctor and the other as a double Paramedic crew. When working with the doctor, the team provide the latest clinical interventions, both medical and surgical, including for the last twelve months prehospital blood transfusions. As a double Paramedic crew, we keep our clinical skillset, working autonomously and maximising the critical care resource in Yorkshire. As well as the clinical elements we are trained as Technical Crew Members. We task until midnight, which gives us the additional experience of operations on night vision goggles.

Paramedic case studies



Case study: James Stubley

Job title: HEMS Paramedic, Yorkshire Ambulance Service NHS Trust

Entry route: IHCD

When not on task, as a unit, we undertake daily training drills and simulation.

As well as my clinical role I am also the regional Trustee for the College of Paramedics, representing the views of our members from across a variety of fields. This allows me to interact with a whole host of varying individuals from around the UK, sharing ideas and practices to develop the profession.

I am also a Specialist Visiting Lecturer at my local university; this allows me to share my experiences, using them to help to develop the latest recruits to the profession.

The best bits

The un-predictable nature and variety of not only HEMS but the Paramedic profession as a whole. Coming into work and not knowing what you will be doing all shift keeps you on your toes and means you need to be on top of your game clinically.

Delivering prehospital critical care brings satisfaction to know that patients have received in-hospital care at the roadside.

Getting to work with a whole host of fellow professionals from other services both statutory and voluntary to provide clinical care in a dynamic environment is very rewarding.

Paramedic case studies

Specialist Paramedic

Specialist paramedics (primary care, urgent and emergency care and critical care) provide care at the point of contact, whether this focuses on the care of the acutely ill or critically injured patient. In collaboration with the patient, service user, or carer, they initiate and implement a care and/or action plan that meets their requirements, assessing, diagnosing and administering drugs as appropriate. Specialist paramedics are either working towards or have completed a relevant PGDip programme of education that has developed their knowledge, ability and clinical expertise to an enhanced level of practice through the following:

- Assessment, diagnosis, referral, and discharge;
- Assessing and managing risk;
- Clinical governance;
- Critical thinking and analytical skills incorporating critical reflection;
- Decision making/clinical judgement and problem solving;
- Developing higher levels of autonomy;
- Developing confidence;
- Developing therapeutic interventions to improve service user outcomes;
- Development of advanced psychomotor skills;
- Equality & diversity;
- Ethical decision-making;
- Higher level communication skills;
- Managing complexity;
- Non-medical prescribing in line with legislation;
- Promoting and influencing others to incorporate values based care into practice;
- Service user focus/public involvement.



“My role is diverse and affords me the freedom to integrate into different community teams and support specific patient groups that are unique to my community area; the demography in West Lancashire shows a prevalence of long term lung and heart conditions, within an ageing population.” **Kieran Potts**



Case study: Michael Henson

Job title: Advanced SAR Paramedic, Bristow Helicopters

Entry route: A HCPC approved paramedic training provider (non-university) which was delivered at level 5.

How I got the role

The move of UK helicopter search and rescue (SAR) to a solely civilian service has afforded a less complicated pathway for anyone wishing to pursue a career as a SAR Paramedic. Prior to this, gaining the opportunity to become a SAR Winchman necessitated joining the military and completing many years of service, gaining many hours of flying experience, before getting the opportunity to even attempt search and rescue training.

Having personally completed this often arduous process, which took almost 10 years of military service prior to becoming SAR crew, the skills I developed are certainly evident in my paramedic practice: leadership, communication, problem solving, teamwork, sense of humour, overcoming adversity and many other non-technical skills. During my time in SAR, the service's medical capability has developed exponentially; not only have winch-men gone from being advanced first aiders to medical technicians and then paramedics, it has also had to catch up and keep pace with the rapid development of the paramedic profession. Experiencing this evolution has been profound.

Are you studying or working towards another role at the moment?

During my BSc (Hons) in Paramedic Science, one of the compulsory modules focused on clinical decision making. This module highlighted that non-technical skills and human factors are just as important and have as much influence on patient safety/outcome as clinical skills. Although this may appear obvious, I found myself asking why? This motivated me to consider an alternative MSc; thus, I decided to conduct an MSc in Human Factors & Ergonomics (HFE) in Patient Safety. I'm almost half way through the programme and more and more I'm realising that HFE is fundamental to everything we do in paramedic practice.

There are several goals/roles that I'm working towards however, as yet some don't exist. I'd like to share my new-found passion for HFE with current and future paramedics through education and immersive training. I'd like to become a HCPC panel member and provide HFE advice during fitness-to-practice hearings. In addition, I believe the current, poor physical and mental well-being of pre-hospital staff is a systemic problem that will only improve with specialist HFE input. Within UKSAR, some of these issues and concerns are the responsibility of the advanced paramedic, therefore I think progressing through this route may allow partial attainment of these goals.

Specialist Paramedic case studies



Case study: Michael Henson

Job title: Advanced SAR Paramedic, Bristow Helicopters

Entry route: A HCPC approved paramedic training provider (non-university) which was delivered at level 5.

What I do

SAR paramedic winchmen are paramedics and aviators, who are specialists in helicopter search and rescue techniques; they make up a quarter of the SAR helicopter crew. They are at 15 minutes' notice throughout the day and 45 minutes during silent hours to: launch; search; locate; and recover person(s) that are in distress and return them to a place of safety, while providing emergency medical care.

During the 24hr shift the whole crew, along with 2 helicopter engineers, are located onsite at one of the 10 UKSAR bases. At the start of the shift we conduct a briefing where we discuss relevant issues and requirements, such as weather, aircraft serviceability, helicopter maintenance requirements and crew training needs. We then plan how to achieve all these things throughout the 24hr period.

Generally, we always conduct at least 2 hours' airborne training per day. However, as I'm based at one of the UK's busiest SAR bases - receiving more than one call-out per day - inevitably, we are kept busy. Typical taskings include major trauma in the mountains; coastal events where people have taken ill or suffered injuries in inaccessible areas; diving-related emergencies; assisting boat crew who have suffered illness or

injury while at sea, and providing medical transfers of acutely-ill patients from remote hospitals to mainland specialist centres. Although one job per day may seem quiet (especially to those front-line road clinicians who encounter huge patient flow), it is not uncommon to get involved in a search that takes several hours, or encounter taskings where we work with specialist retrieval services and it takes hours to stabilise a patient enough to conduct the transfer.

When on the ground, I hold the secondary duty of Base Medical Coordinator (BMC). This involves ordering medical stores, organising peer training, implementing clinical governance policy at local level, acting as a practice placement educator for peers and subordinates, liaising with external agencies for medical related issues within the local area and advising the advanced paramedics and governance chain of any local issues that affect the delivery of service from a clinical/medical perspective. Other areas of responsibility, such as equipment usability trials, audits, clinical improvement recommendations from front-line staff, mentoring and advising the base manager on medical matters, are also the responsibility of the BMC.

Specialist Paramedic case studies



Case study: Michael Henson

Job title: Advanced SAR Paramedic, Bristow Helicopters

Entry route: Medical Technician- A HCPC approved paramedic training provider (non-university) which was delivered at level 5.

The best bits

Without a doubt, the best part of my role is getting the opportunity to work alongside many others in a multi-agency system to achieve a common goal. The dedication I witness whilst operating with other national services, and expert volunteers, such as ambulance and in-hospital staff, mountain rescuers, lifeboat and coastguard rescue teams, really does expose you to the best of humanity. Being a part in this system is a real privilege.

Specialist Paramedic case studies



Case study: Vicki Brown

Job title: Specialist Paramedic-Critical Care Great Western Air Ambulance Charity. South Western Ambulance Service Trust
Entry route: IHCD

How I got the role

Having been a HEMS paramedic since 2006 I wanted to further my knowledge and skills. I gained a Post Graduate Certificate in Pre-Hospital Critical Care at Warwick University in 2010 during my secondment with Midlands Air Ambulance. I applied for the role of Critical Care Paramedic with Great Western Air Ambulance in 2012. I then went through a rigorous training programme and completed further post graduate modules at the University of West of England to complete an MSc in 2016.

Are you studying or working towards another role at the moment?

I have just successfully completed the Non-Medical Prescribing course.

What I do

I don't really have a typical day! As part of the Critical Care Team I often work alongside a Critical Care Doctor enabling us to optimally treat and manage a patient. This will include anaesthetising patients on scene. I also work without a doctor and can use my extended knowledge and skills to best manage a patient. This includes the use of advanced analgesia and sedation, administration of blood and managing post Return of Spontaneous Circulation (ROSC) patients.

A big part of my role is clinical decision making and to assist ambulance crews enabling the best patient care possible.

I mentor new paramedics joining the unit and also trainee doctors going through the Pre-Hospital Emergency Medicine (PHEM) programme, this is something I really enjoy. My role allows me the opportunity to educate others and talk at conferences. I currently sit on the FPHC Faculty Advisory Board and examine on the Diploma in Immediate Care

The best bits

Being able to take to the patient, wherever they are, the treatment they need. It is satisfying to know we have done the best that we can and it is very rewarding when seriously ill or injured patients come to see us after their recovery.

Specialist Paramedic case studies



Case study: Islam Faqir

Job title: Clinical Leadership Fellow in Emergency/Urgent Care Quality Improvement

Entry route: IHCD

How I got the role

I have worked within the NHS for 20 years, 17 of those with the Yorkshire Ambulance Service. I started within the service as a Patient Transport Driver and this was one of the best groundings I had. I then progressed through the roles of Primary Care Assistant, Emergency Medical Technician, Paramedic, Major Trauma Clinical Triage Coordinator, Paramedic Senior Clinical Advisor, Associate Tutor and to my current role as Clinical Leadership Fellow in Emergency/Urgent Care Quality Improvement.

What I do

In my substantive role as Paramedic Senior Clinical Advisor (SCA) my role involves the triage of calls coming in to the ambulance control room. As part of a team I triage all categories of calls to ensure the appropriate response is initiated. The role of the control room has drastically changed in recent years, no longer is the default to dispatch an ambulance, we now make an analysis of all available information and initiate referrals to the most appropriate care. SCAs also give clinical advice to other team members within the control room and manage the crew line if clinicians need further advice or consultation around any issues they may have whilst with a service user, assisting decisions and giving guidance where appropriate.

My role on the future leaders programme with HEE allows me to gain practical and academic experience in Clinical Leadership; it also allows me to build a network of expert contacts within the Future Leaders Programme. In my role I aim to develop competencies relevant to the domains defined in the Healthcare Leadership Model. I have also been able to enhance my own skills and competencies that are essential for future leaders.

To be given an opportunity on the Future leaders Programme as a Clinical Leadership Fellow I am currently developing various simulation training packages with the aim to deliver and embed a quality driven project that is relevant to the specific needs of the NHS, within the Emergency Operational Centre and 111. The simulation that I am helping to develop is a unique telephone triage and treating service which will allow service users to be treated closer to home, this is an integral part of the NHS 5 year forward view. The systems by which this is to be delivered must be robust and of sound quality, the design of simulation within this environment was developed with the primary aim of improving quality and patient outcomes.

Specialist Paramedic case studies



Case study: Islam Faqir

Job title: Clinical Leadership Fellow in Emergency/Urgent Care Quality Improvement

Entry route: IHCD

The Future Leader Programme gives the opportunity to undertake a one year post graduate qualification with an element of leadership included in the course selected. This is also something that I try incorporate in to all my work to develop myself and apply skills and knowledge I am constantly gaining.

The best bits

In the past it has been quite easy to almost feel like you're in a tunnel where your objectives around your current day to day role are quite straight forward. My role as a Clinical Leadership fellow has given me the opportunity to think strategically as part of a team which involves decision making, not just at a departmental level but also being involved in a process which affects all within the organisation. As opposed to have tunnel vision, thinking outside the box and bringing about positive change with regards to quality improvement projects.

Other aspects of my role include working with other professionals and future leaders to network, to be in a position where an idea around quality can be developed, harnessed and implemented. I am also in the privileged position where I attend various conferences around my own self- development as well as improvement to patient services.

Leadership, teamwork, clinical directorate, strategic thinking, commissioning challenges, structural challenges within an organisation, Human Factors, Quality, political landscape around healthcare, Sustainability and Transformation Programmes: these words and phrases are now something I can relate to and better understand as a result of the exposure I have had in my short time in my as a Clinical Leadership Fellow.

I am really enjoying my role as a Future Leader, looking back to where I started my journey to where I find myself now I hope is inspiring and shows you can achieve what you set out to, all you have to do is see it

Specialist Paramedic case studies



Case study: Kieran Potts

Job title: Community Specialist Paramedic, North West Ambulance Service NHS Trust

Entry route: DipHe

How I got the role

I started my career in 2011 with North West Ambulance Service NHS Trust, initially employed as a Paramedic. Prior to applying for my Community Specialist Paramedic role, I held roles in the Trust's leadership structure as a Senior Paramedic Team Leader, and more recently as a Research Paramedic in our Trust's Medical Directorate. These roles allowed me to explore my interests in end of life care and leadership, also giving me the relevant experience of attending to patients with a mixture of undifferentiated emergency and urgent presentations in the community setting.

The Community Specialist Paramedic role recruitment process required me to demonstrate decision making skills in a situational judgement assessment, followed by a clinical paper surrounding long-term conditions and community care, with the final stage being a presentation on my chosen community and an interview.

Are you studying or working towards another role at the moment?

I am currently studying towards an MSc in Advanced Clinical Practice; this is a role requirement. This will develop my clinical assessment skills and autonomous decision making skills so that I can deliver enhanced care and assessment to patients in the community I work within.

What I do

Day to day I have autonomy with my diary and planning, the only fixed days are my attendances at University; I have core objectives to meet, centred on the Trust's strategy of delivering safer care closer to home, monitored by my Consultant Paramedic.

I am required to develop relationships with internal and external stakeholders to assist with the development of pathways and protocols, in keeping with the delivery of safer care closer to home. I also respond as a senior clinician to lower-acuity urgent and emergency presentations either as 999/111 calls, or at the request of Healthcare Professionals with whom I hold honorary contracts. The Community Specialist Paramedic role offers remote and face-to-face advice to our crews, with an extended scope of practice to see and treat gained via MSc study as a Trainee Advanced Practitioner.

Specialist Paramedic case studies



Case study: **Kieran Potts**

Job title: Community Specialist Paramedic, North West Ambulance Service NHS Trust

Entry route: DipHe

The best bits

My role is diverse and affords me the freedom to integrate into different community teams and support specific patient groups that are unique to my community area; the demography in West Lancashire shows a prevalence of long term lung and heart conditions, within an ageing population.

We are a small team of Community Specialist Paramedics, looking to measure our impact to ensure growth of our cohort throughout the North West.

Specialist Paramedic case studies



Case study: Richard Taffler

Job title: Advanced Paramedic – Devon Doctors Ltd (DDoc) / Specialist Paramedic – South Western Ambulance Service (SWAST)

Entry route: ICHD

How I got the role

I qualified as an IHCD paramedic with Berkshire Ambulance Service in 1998. This was one of the smallest ambulance services in the UK, with only 4 stations, and consequential limited opportunities. In 2001 I moved to Devon, back to my Royal Naval roots, and joined Westcountry ambulance service (now South Western), a much bigger organisation. Within six years I had completed my Advanced Practice MSc and took up a clinical management position. After 5 years I was missing clinical practice and returned to frontline work, as (what was then) an ECP, which has developed into my current role as a Specialist Paramedic. My experience, knowledge and skills have given me the opportunity to start working for the local Out of Hours (OOH) provider, DDoc, undertaking a variety of work in general practice.

Are you studying or working towards another role at the moment?

I am planning on studying for non-medical prescribing in 2019 which will be particularly relevant to my OOH GP role.

What I do

My full time job is as an Advanced Paramedic with the local GP Out of Hours Service, Devon Doctors Ltd. There are three parts to my role:

1. Telephone triage: I call patients who have been streamed to us from 111. During this consultation, I decide if they can be managed through self care, advice, or need to see us in a treatment centre or if they need a visit at home from a clinician.
2. Treatment Centre: About half of my shifts are based in a treatment centre, often as the lone clinician on site. Patients are given appointments either as part of the telephone triage system or, if co-located, can be streamed direct from A&E triage. About a third of my patients are pre-school children who often have fever and/or a rash. I can discharge all ages, if appropriate, with self care advice, I can issue medicines or admit to hospital via the appropriate specialty. In between face to face consultations, I pick up telephone triage cases.
3. Visit: If a patient needs to be seen at home, usually because they are unable to get to a treatment centre due to a chronic medical condition, then a visit is appropriate and will be identified as part of the telephone triage process.

Specialist Paramedic case studies



Case study: Richard Taffler

Job title: Advanced Paramedic – Devon Doctors Ltd (DDoc) / Specialist Paramedic – South Western Ambulance Service (SWAST)

Entry route: ICHD

I also work part time for South Western Ambulance Service as a Specialist Paramedic. This is a challenging and exciting role with a mix of the critically unwell or injured and complex care patients with a significant element of wound care and primary care support for front-line patients, such as the supply of antibiotics or analgesia, to allow them to stay at home.

The best bits

I enjoy the high level of autonomy in both of my clinical roles and the variety of patients, with no idea what I will have to see or deal with next! When I started as a paramedic the only real career to look forward to was many decades on a frontline ambulance. Now I'm taking on many of the roles of a GP, whilst still having the thrill and excitement of 999 work.

Specialist Paramedic case studies



Case study: Paul Green

Job title: Chronic Care Practitioner & Clinical Lead, Devizes Older Persons Team (Devizes GP Locality)

Entry route: IHCD

How I got the role

I started my career in Oxfordshire Ambulance Service as a direct entry technician and completed my paramedic training overseas. Since then I have completed courses in Minor Injury & Illness, Advanced History Taking & Examination and have been a BASICS Accredited Immediate Care Practitioner for over ten years now. I diversified from the ambulance service early on and have worked in many different settings including project work overseas, medical flight escorts, Forensic Medicine, NHS urgent care & MIU, teaching and in clinical and operations management for a range of private services and the NHS. These roles have given me the skills, experience and a holistic approach to care which I draw on daily in my role as a Chronic Care Practitioner & Clinical Lead.

What I do

I work as a Chronic Care Practitioner (CCP) and Clinical Lead for the Devizes Older Persons Team in rural Wiltshire.

Within my clinical role I am responsible for Long Term / Chronic Disease Management of all housebound patients over the age of 65 across the Devizes locality; this covers four main GP surgeries.

Although not exclusively, I tend to manage those patients primarily with one or more of the following, Diabetes, COPD, Asthma, Heart failure / disease, Hypertension or Frailty.

I will review ongoing care plans, manage medication and changes and re-assess when these diseases flare or deteriorate, this can be after an acute episode attended by the ECP, a hospital admission or an acute episode that may be more complex. I work closely with the Care Coordinators, Pharmacists, Specialist Nurses, District Nursing Team and GPs, to try to better manage a person's chronic health needs in the community.

Doctors may also request more acute visits for me to review patients for ongoing management assess for & arrange hospital admission or referral as appropriate, particularly if I am heavily involved in the ongoing management of that patient.

Part of my role also includes delivering regular life support training and updates for the locality's clinicians. I also ensure Quality Outcomes Framework compliance for my patient group & assist with managing community projects where needed.

Specialist Paramedic case studies



Case study: Paul Green

Job title: Chronic Care Practitioner & Clinical Lead, Devizes Older Persons Team (Devizes GP Locality)

Entry route: IHCD

The best bits

The Older Persons Team is a small committed team that consists of me, an ECP, two Clinical Care Coordinators, a Well-Being Project Worker from Age UK and an Alzheimer's Support Worker, so we have a very well-rounded approach to care and well-being.

I get to have a real impact and effect change in not only in the management of an illness or long term condition/s, but with an individual's quality of life, all supported by the holistic approach the Older Persons Team has.

I have control of my appointments and can prioritise more urgent GP visit requests against regular and routine assessments and follow ups, to optimise my management of Long Term Conditions in the community. I love being part of the local rural community's healthcare provision in an amazing part of the world.

Specialist Paramedic case studies



Case study: Oliver Simms

Job title: Specialist Paramedic – Sandwell and West Birmingham NHS Trust

Entry route: FdSc Paramedic Science

How I got the role

I Graduated from the University of the West of England with a FdSc in Paramedic Science. I gained registration with the HCPC and Joined the West Midlands Ambulance Service NHS Foundation Trust as a Graduate Paramedic. I quickly developed interests in Urgent and Emergency Care alongside Paramedic education. My interest was born from the many calls the ambulance service receive within the lower acuity spectrum. I enjoyed the challenges and rewards this patient group presented with. I wished to better understand these presentations and gain further exposure to improve my management of these patients.

I secured my Place on a BSc (Hons) Emergency Practitioner Top-up programme at the University of Wolverhampton, I undertook modules in Illness and Injury Management alongside placements at an inner-city A and E department and a more rural Walk in Center.

Whilst completing my BSc I gained a position at a local university as a visiting lecturer to the Paramedic Science course and completed my Mentoring qualification. I now work in in a Busy inner-city A and E department as a Specialist Paramedic.

Are you studying or working towards another role at the moment?

In September 2018 I commenced my MSc In Advanced Clinical Practice at Warwick Medical School.

What I do

My daily job involves me working as a Clinician in the Emergency Department. I independently and autonomously assess, diagnose, treat, discharge and refer patients presenting to the emergency department with a wide range of injuries and illness. Common Presentations include; musculoskeletal injuries including head, neck and back injuries, fever, ENT complaints and rashes. Management of these patients may include requesting and interpreting x-rays, bloods tests and Venous Blood Gases. Treatments vary from manipulation of fractures, suturing of wounds, to administration of medicines from a PGD list or supplying prescriptions from the A and E doctors.

My role additionally involves me supporting junior doctors and nurses within the department, assisting the clinical team in Resus and with rapid assessment and treatment to improve departmental flow. I also attend monthly teaching activities for the practitioner team and partake in departmental audits.

Specialist Paramedic case studies



Case study: **Oliver Simms**

Job title: Specialist Paramedic – Sandwell and West Birmingham NHS Trust

Entry route: FdSc Paramedic Science

The best bits

I enjoy working in a busy challenging department pushing the boundaries of the traditional paramedic role. Autonomous working is highly challenging but also brings many rewards. The ability to spend time with patients and see their condition improve following my treatment is a feeling that is indescribable.

I started my MSc in Advanced Clinical Practice in September 2018 to further my education and allow me to treat a wider range of patients.

Specialist Paramedic case studies

Advanced Paramedic

Advanced paramedics are experienced, autonomous paramedics, who have undertaken further study and skill acquisition to enable them to be able to deliver a more appropriate level of assessment - and indeed care - to patients in the community, and access many more referral pathways. Advanced paramedics provide a level of leadership and management, and - as clinical supervisors - are responsible for mentoring trainee specialist and advanced paramedics. They have a critical awareness of knowledge issues in their area of speciality and interface between different fields. They are innovative, and have responsibility for developing and changing practice and/or services in a complex and unpredictable environment, which is achieved through appropriate periods of expertise, portfolios of evidence, and the acquisition of a masters degree.



“We see such a wide range of acute presentations and to have the skills to be able to do more for my patients has been very rewarding.” **Kellie-Ann Mower**



Case study: Kellie-Ann Mower

Job title: Advanced Paramedic Practitioner, Emergency Department, Barts Health NHS Trust

Entry route: IHCD

How I got the role

I worked with the London Ambulance Service after joining as a student paramedic, as an ambulance paramedic, first responder and practice educator. Ever since joining the ambulance service I had always been very interested in the Specialist Paramedic role and developing my skills. I was fortunate enough to be offered an opportunity as part of the first cohort on a specialist practitioner development programme which was based in minor injury units and GP out of hours. As part of this training I completed courses in minor illness, injury, x-ray interpretation and advanced patient assessment. Following this I moved into the emergency department to gain some more experience of putting these skills into practice working in minors. As time has gone on I have continued to grow my scope of practice and I have now successfully completed the Royal College of Emergency Medicine Advanced Clinical Practitioner pathway and also become an Independent Prescriber.

What I do

I currently work in a busy London A&E, seeing and treating patients across the department. This can be the urgent care centre, streaming, majors, resus or emergency observations ward. I am completely autonomous in managing 'minors' presentations and on an average day I will tend to see and send home a variety of presentations such as: fractures, dislocations, sprains, wounds requiring closure and

minor illnesses. When managing the more acute patients I will assess and manage under the supervision of a consultant. Management can include providing treatments, ordering and reviewing investigations such as bloods and imaging, and admitting under specialties. Similar to ambulance life no two days are the same and you can never predict who will come through the door!

The best bits

For me it is definitely the variety of the work and the incredible opportunities for learning and development. We see such a wide range of acute presentations and to have the skills to be able to do more for my patients has been very rewarding. It has been incredible to join the team and develop as a practitioner under the brilliant consultant team we have at Barts.

Advanced Paramedic case studies



Case study: Leigh Rogers

Job title: : Advanced Clinical Practitioner, Walsall Manor Hospital, Walsall Healthcare NHS Foundation

Entry route: FdSc Paramedic Science

How I got the role

Although originally a software engineering graduate, I became interested in pre-hospital medicine when I volunteered as community first responder in 2008. From here, there really was no going back! I left the IT world in 2009 and joined West Midlands Ambulance Service (WMAS) as an emergency care assistant. I always enjoyed working with WMAS and am grateful that they supported my development through IHCD Technician, Paramedic and Paramedic Officer.

In 2016, I reluctantly left WMAS and spent a short period of time studying towards a BSc whilst working as an Emergency Care Practitioner (Specialist Paramedic) in urgent care, where I consolidated my minor illnesses and injuries knowledge. In April 2017, I got my dream job as an Emergency Care Advanced Clinical Practitioner and have been here since.

Along the way I've also worked in several educational roles including as a training manager for a private health organisation and a visiting lecturer on pre-registration paramedic courses, also picking up post graduate qualifications in teaching and management.

It's worth mentioning that that the volume and intensity of work required to get here has at times felt tremendous. Sacrifices were made, sweat and tears shed, and the love & support of family an absolute necessity.

Are you studying or working towards another role at the moment?

I'm thrilled to have recently become one of the first UK independent paramedic prescribers, which I completed as part of an ongoing MSc in Advanced Clinical Practice.

Emergency Medicine ACPs are the first non-medical profession to be credentialed by a royal medical college; for us it's the Royal College of Emergency Medicine (RCEM). I'm in the final stages of completing a comprehensive e-portfolio, which I hope will earn me RCEM credentialed status early next year.

What I do

Most of my time is spent in a busy emergency department where I assess, treat, order investigations, refer and discharge patients across the full age and acuity spectrum. I work in all areas of our ED and move around the department dictated by patient need. Statistically though, my patient mix is split across resus (10%), paediatrics (30%), majors (30%) and minors (30%).

Advanced Paramedic case studies



Case study: Leigh Rogers

Job title: : Advanced Clinical Practitioner, Walsall Manor Hospital, Walsall Healthcare NHS Foundation

Entry route: FdSc Paramedic Science

Education is a core component of advanced practice so I also support and supervise junior clinicians including specialist practitioners and junior doctors, this might be in agreeing their care plans or teaching them new skills. Currently, I'm also organising a regional ACP study day which is being attended by ACPs across the Midlands region.

In addition to the above, I also support and develop research projects, initiatives and audits.

The best bits

Like most other paramedics, I thrive on variety and challenge – this role provides plenty of both!

Easily the best part of my job - the opportunity to work with a group of incredible ACPs who I admire and value greatly. I'm hugely proud of the work we do and the contribution we make to our ED. The opportunity for learning and development in this environment is fantastic and I'm hugely grateful to be here.

Advanced Paramedic case studies



Case study: Nick Brown

Job title: Advanced Paramedic Practitioner in Critical Care, London Ambulance Service NHS Trust

Entry route: IHCD

How I got the role

I trained as a technician in 1996 and 3 years later, after consolidating skills in patient interaction, manual handling, ambulance aid and driving, I undertook the IHCD Paramedic programme.

From 1999 to 2002 I embedded my paramedic skills. Although many of my older frontline colleagues joined when the entry requirement was to hold a driving licence and a first aid certificate, they were incredibly experienced and with their help I learnt as much about managing people as I did hone my clinical skills.

When ECG machines were rolled out on our station complex I was the first paramedic to diagnose a STEMI and pre-alert the receiving hospital! It was an area that fascinated me and after undertaking a university module on the subject I ran one day ECG training sessions for staff.

In 2002 I became one of the first Clinical Team Leaders in southeast London. It was a tough role combining front line patient facing duties with clinical supervision and elements of station and people management. Again, I learnt a lot - particularly the difference between management and leadership.

In 2009 I began a secondment as a Flight Paramedic on London Air Ambulance and continued part time in that role until 2014. The learning curve was enormous and I gained a deep insight into perfecting critical care as well as human factors awareness.

With professional registration and the growing academic focus in paramedic practice I undertook a BSc (Hons) degree and a Professional Certificate in Education.

In 2014 the London Ambulance Service advertised a role I had been waiting years for: Advanced Paramedic Practitioner (APP) in Critical Care. I applied and gained one of the twelve full time positions. The programme has now grown in numbers as has the scope of practice. I currently sit on APP steering group and endeavour to ensure we are able to deliver the most appropriate treatment for our patients.

Are you studying or working towards another role at the moment?

I have now completed an MSc in Advanced Healthcare Practice and I have just gained a Partner position with the HCPC which allows me to sit on fitness to practice hearings.

Advanced Paramedic case studies



Case study: Nick Brown

Job title: Advanced Paramedic Practitioner in Critical Care, London Ambulance Service NHS Trust

Entry route: IHCD

What I do

I work a rotating shift pattern. The majority of my shifts are spent responding to critically ill or injured patients in a response car from central London. The key benefit an APP brings to the scene of an incident is an enhanced level of analysis and clinical decision making. We have much experience of attending the overall small numbers of critically ill patients and often offer alternative solutions both to the scene related factors as well as direct patient care. Often non-clinical intervention will have positive benefits for patients or perhaps make the scene safer. Of course we also have an enhanced scope of practice which includes diagnostics, pharmacological interventions and clinical procedures.

All APPs rotate through the ambulance control room – in this way we identify 999 calls that might benefit from an attending APP. Alternatively, crews on scene may request an APP for enhanced analgesia or difficulty with a mental health patient, though the majority of our workload is cardiac arrest care.

Additionally, on non-clinical days I can expect to write coronal or police statements, engage in governance work, undertake research or fulfil other supportive activities.

The best bits

I enjoy critical care. It often has a fast pace, involves thinking under pressure and with complex and multi-factorial scenes. As the work type is rare amongst overall paramedic workload, I enjoy supporting and guiding staff both 'in-action' and during a de-brief and through more formal teaching. It's also rewarding to be able to offer an enhanced level of care to patients that would otherwise be denied it until arrival at hospital.

Advanced Paramedic case studies



Case study: Melinda 'Dolly' McPherson

Job title: Trainee Advanced Clinical Practitioner – University Hospital Southampton

Entry route: FdSc Paramedic Science

How I got the role

I started my journey in 2011 with a FdSc in Paramedic Practice followed by 2 years as a frontline paramedic before successfully applying for a role as a specialist paramedic – urgent care. This role was underpinned by a one-year bespoke course accredited by the University of West London (UWL) with Level 7 credits in minor injuries and minor illness modules. During my time as a specialist paramedic I consolidated my knowledge through self-funding a module entitled 'Advanced History Taking and Physical Assessment' at Oxford Brookes university, working in a Minor Injuries unit, participating in a secondment to a group of GP surgeries for 3 months, teaching at university and by contributing articles to both 'StandbyCPD' and 'The Journal of Paramedic Practice'.

In 2017 a colleague recommended I apply for a 1-year trainee Advanced Clinical Practitioner (tACP) fellowship funded by Health Education England Thames Valley (HEETV). At the end of this supported year I had completed 4 more level 7 modules towards an MSc, delivered a Quality Improvement Project aimed at improving diagnostics for patients living with frailty, and had begun to develop myself as a tACP through regular shifts in ED and commencement of an e-portfolio curriculum set out by the Royal College of Emergency Medicine (RCEM). At the end of this funded year, not wanting to lose momentum, I successfully applied for the tACP role at University Hospital Southampton where I have worked for the past year and a half.

Are you studying or working towards another role at the moment?

I have just successfully completed my dissertation and will graduate with an MSc in the early stages of next year. Following on from this, I will continue to work towards completing the RCEM ACP portfolio which will include completion of pharmacology and prescribing modules at university.

What I do

A typical day in the Emergency Department as a trainee Advanced Clinical Practitioner involves arriving for handover where all the Doctors and ACPs are prepped for the day and given information about the department plus or minus some educational tidbits. I can be assigned to work from Resus, Majors, Minors or the Clinical Decision Unit on any given day. In Majors and Minors, I would assign myself to the next waiting patient, assess them, treat them if appropriate and discharge or refer.

As I am still a trainee in the department I regularly discuss cases with a consultant (which is a great learning opportunity) prior to discharge. However, as time goes on and I become signed off on

Advanced Paramedic case studies



Case study: Melinda 'Dolly' McPherson

Job title: Trainee Advanced Clinical Practitioner – University Hospital Southampton

Entry route: FdSc Paramedic Science

more competencies from the RCEM portfolio my independence in the department grows. If I am assigned to Resus I will usually be working with easy access to a senior clinician should I need help, but it is still my responsibility to assess and implement early interventions in critically ill patients before moving to more advanced resuscitation if required.

The best bits

I love that I can bring the unique skills of a paramedic into the emergency department – we often have a different approach to people and problems due to our experiences pre hospital and I believe that this can be a real benefit to my hospital colleagues and to the patients I see. But I also love that I can learn so much from my hospital colleagues and that at the end of each day my brain is tired yet there are still so many things I want to know, and still must learn. To help with this, I have access to some of the brightest minds in emergency medicine who are very willing to give advice whenever it is needed.

Advanced Paramedic case studies

Consultant Paramedic

The consultant paramedic role demonstrates expert knowledge and understanding of clinical practice, along with an experiential knowledge of research methodologies and evidence-based practice, supporting enhanced and expert clinical care. In addition, the role of the consultant paramedic requires individuals to have both strategic insight and global overview in all areas of the profession, incorporating a substantial understanding of educational models of paramedic development, clinical governance strategies and an in-depth insight into where the paramedic profession fits within the wider health economy. Consultant paramedics should have undertaken, or be actively working towards a PhD or Professional Doctorate in a subject relevant to their practice. They should lead on areas such as the key themes identified in the respective allied health professional documents.



“The best parts of my role are being able to influence clinical practice and improve the quality of clinical care in the Ambulance setting.” **Jaqualine Lindridge**



Case study: Jaqualine Lindridge

Job title: Consultant Paramedic & Improvement Manager, Emergency Care Intensive Support Team (NHS Improvement)
Entry route: ICHD

How I got the role

I qualified as a paramedic three years after beginning a vocational route as a Trainee Ambulance Technician. Since starting my career in 2000, I have held a variety of clinical roles including Paramedic, Specialist Paramedic (Emergency Care Practitioner), Clinical Tutor and Consultant Paramedic. In addition to the traditional NHS ambulance setting I have practiced in a variety of clinical settings, including Emergency Departments, Urgent Care settings and Primary Care. As well as providing mentorship to students and junior staff, my education role involved teaching on both vocational and academic pre-registrant programmes, as well as delivering training 'in the field'.

I also spent some time out of the ambulance setting undertaking a Darzi Fellowship in Clinical Leadership, working with a Clinical Commissioning Group (CCG) and Local Authority to improve services for Children and Families in South London. This fellowship provided an excellent opportunity to develop an understanding the wider health and social care system, as well as develop and practice quality improvement methodologies.

Practicing as a Consultant Paramedic enabled me to develop an understanding of the wider policy context within the urgent and emergency care system at a strategic level, and to work more closely with system partners in development of improved services. I have a particular interest in patients who lack mental capacity and am currently undertaking doctoral research in this area.

What I do

I support quality improvement work across the emergency pathway, focusing mainly on the ambulance setting and interface with the 'in-hospital' emergency pathway.

No day or week is the same. I spend most of my time out in hospitals working with system colleagues to develop and improve flow across the emergency pathway and enhance access to care. My role involves a lot of hands-on improvement work, which I really enjoy.

I also provide specialist guidance to managers, educators and clinicians within my areas of expertise and support the development of improved pathways of care. The role is incredibly varied, which gives me the opportunity to work directly on patient flow as well as engage with executive colleagues on wider issues.

As well as working collaboratively with regional healthcare systems, my role also involves working with colleagues at a national level on issues relating to clinical care and professional practice. This also involves contributing to national guidance as part of a multidisciplinary team.

Consultant Paramedic case studies



Case study: Jaqualine Lindridge

Job title: Consultant Paramedic & Improvement Manager, Emergency Care Intensive Support Team (NHS Improvement)

Entry route: ICHD

The best bits

The best parts of my role are being able to influence clinical practice and improve the quality of clinical care in the ambulance setting, and the opportunity to contribute to the development of my profession.

Consultant Paramedic case studies



Case study: Andy Collen

Job title: Consultant Paramedic, South East Coast Ambulance Service NHS Foundation Trust

Entry route: ICHD

How I got the role

After completing my specialist practice course, I left the ambulance service to work in a Walk in Centre. I returned to the ambulance service after about two years to lead my trust's specialist practice programme for urgent care. As that role developed, I became ever more interested in patient safety and outcomes, and the emerging focus on ensuring that colleagues' welfare was provided through effective professional support and leadership. In the context of ambulance services, the advocacy aspects of consultant level practice appealed to me, and I began my development journey from that point.

I worked with my line managers to ensure that my appraisals reflected clear career goals, which specifically included preparing and developing towards a consultant level role. I wanted to ensure that I fulfilled the requirements of the four pillars which underpin advanced and consultant practice, and I started studying for my Master's award alongside my core trust role.

I was appointed to my consultant post in SECamb in October 2015. When I first joined the ambulance service in 1994, I only presumed that one day I might become a paramedic. At the time I was unaware that the structures within ambulance services were very much out of step with other healthcare settings, and clinical leadership didn't exist in any

meaningful way. As my career developed, I realised that clinical leadership was essential to promote good patient care and staff welfare. The lack of dedicated professional leadership which could complement the well-established operational command structure was manifesting in colleagues' low levels of confidence and poor satisfaction in the workplace. It was evident in many ways that operational paramedics had become conditioned to be self-sufficient and that their levels of anxiety regarding the consequence of error needed to be addressed.

I was fortunate to be appointed to my current post at a time when the recognition that managing people and systems had become a speciality in its own right, and that professional leadership should work in harmony alongside operational management structures. We are still developing in this regard, but we are now seeing the collective benefits of leadership and followership through reductions in episodes of harm to patients and a greater willingness among staff to report issues within a "just culture". I have been fortunate to have developed alongside and, to some degree, informed the development of clinical leadership in my Trust, and this continues to be a positive challenge. More recently, the importance of Allied Health Professional leadership has developed across the NHS.

Consultant Paramedic case studies



Case study: Andy Collen

Job title: Consultant Paramedic, South East Coast Ambulance Service NHS Foundation Trust

Entry route: ICHD

The multi-professionalisation of the ambulance service with professions that have specialist skills, or skills which complement those of paramedics, such as physiotherapists, occupational therapists and nurses, is a welcome development. As the predominant profession in our sector, it falls to us to ensure that AHP leadership continues to flourish and the workforce is strategically aligned to our populations needs.

I have recently completed a secondment as a National Investigator at the Healthcare Safety Investigation Branch (HSIB). This was an exciting opportunity to join a national team of clinicians, human factors experts and safety scientists investigating incidents across NHS care in England. I am particularly pleased to have represented my profession in this role as it demonstrates the trust shown in paramedics wherever we work/practice, and, using our skills and experience to improve the quality and safety of care. I experienced first-hand the way in which safety investigations manage clinicians involved in incidents. Extending care to staff involved and being aware of the issues associated with "second victim syndrome" and moral injuries is something that I will continue to focus on within my trust.

What I do

My consultant role is divided between the different aspects of my portfolio; advising and supporting strategic and tactical clinical decisions, leadership and professional standards, governance activities, and development and improvement projects. I believe that the "consultancy" aspect is key to the role and being available to be asked questions and provide support is central to this. I also sit on our Trust's Senior Leadership Team, providing input on aspects of patient care and professional practice.

When I was appointed, I was the only consultant paramedic and I had a very wide-ranging portfolio. There are now 4 consultant paramedics, as well as a consultant midwife and a mental health nurse consultant. This means that each of the consultant paramedics and other consultant clinicians can contribute to shared aspects, as well as each having specific specialist areas of focus. Collectively, the consultant paramedics oversee professional standards, practice development, the frequent caller team, education, specialist practice, and end of life care. I sit on several national groups, and, will attend on average an external/national meeting each week – either in person or via teleconference/webex.

Consultant Paramedic case studies



Case study: Andy Collen

Job title: Consultant Paramedic, South East Coast Ambulance Service NHS Foundation Trust

Entry route: ICHD

My role within the College of Paramedics as Medicines and Prescribing Projects Lead is recognised within my Trust and I work closely with the Chief Pharmacist and Medical Director on medicines management, in particular working to ensure staff understand medicines legislation, safe custody, and patient safety relating to medicines. I strive to undertake clinical practice every week, but this is sometimes challenging in a busy Trust. Common to many consultant colleagues, I balance working in marked vehicles on planned shifts with the other parts of the day job and the other pillars of consultant practice (research and education). In summary, a typical week comprises of;

- Consultancy
- Departmental/Team meetings
- Managing Serious Incidents (investigations, learning, actions etc)
- National work
- Education/teaching
- Clinical Practice

The best bits

My role is about supporting and empowering colleagues and facilitating safe care for patients. I really enjoy working with staff and managers across the Trust in all aspects of my portfolio and working to support theirs. It is always a pleasure when we give staff the opportunity to drive change, build their confidence, and improve their experience in the workplace. The role I hold and the skills I have developed have moved me away from more regular direct patient contact, and this drives my strong belief that it is those who provide direct patient care who have the very best perspective of the solutions to any problems we have.

Our role in leadership is therefore to listen to staff and patients, and to facilitate change in a safe and sustainable way. I derive huge satisfaction when I see happy, confident and competent staff providing care for our patients, and I want my colleagues to know that we are here to support them.

Consultant Paramedic case studies



Case study: Dr Tim Edwards

Job title: Consultant Paramedic

Entry route: IHCD

How I got the role

I initially trained as an ambulance technician with the London Ambulance Service in 1997 via the traditional IHCD technical vocational route, and subsequently qualified via the same pathway as a paramedic in 2000. After this I studied part time to achieve a Diploma of Higher Education in Paramedic Science, Post Graduate Certificate in Education (PGCE), BSc (Hons) Emergency Care Practice, Post Graduate Certificate in Primary Care and MSc Cardiology. During this time, I worked as a paramedic on rapid response cars and ambulances and was seconded to a hospital urgent care practitioner scheme and the London Air Ambulance. As my career progressed I worked as an emergency care practitioner (specialist paramedic) and clinical team leader, and, obtained a fractional appointment as a senior lecturer at the University of Hertfordshire. Immediately prior to my appointment as a consultant paramedic I worked as an Advanced Paramedic Practitioner.

What I do

All allied health professions consultants have four key areas of responsibility – clinical practice, teaching and education, service development and research. I remain clinically active and undertake at least one clinical operational shift each week. This ranges from shifts on ambulances and response cars to providing cover at events and working on the advanced paramedic practitioner car.

I provide clinical leadership and guidance, supported by an expanded scope of practice that enables me to manage a broad mix of patients, which may range from acute behavioral disturbance to end of life care.

I also participate in the clinical on-call rota providing remote advice to ambulance clinicians. I maintain a visiting lecturer contract with the University of Hertfordshire and also deliver teaching internally in support of our education department. I am involved in a number of service development initiatives, including developing advanced practice and co-designing new roles such as the senior paramedic post. I also work with our clinical audit and research unit, assisting with audits and producing other research outputs. I completed a PhD in 2017 investigating the influence of airway management strategy on outcomes in patients with ROSC following out of hospital cardiac arrest.

The best bits

Remaining clinically and operationally active whilst contributing to the development of the service and future clinical career pathways.

Consultant Paramedic case studies



Case study: Els Freshwater

Job title: Consultant Paramedic, University Hospital Southampton
Entry route: IHCD

How I got the role

I completed the three-year Health Education Wessex Trainee Consultant programme in 2015 and successfully applied for a role as an Advanced Clinical Practitioner (ACP) in the Emergency Department at University Hospital Southampton. Throughout this time, I have continued to work as an ACP, credentialing with the Royal College of Emergency Medicine in the first ACP cohort in 2016. In addition, I have roles across the other pillars of Consultant Practice being an active postgraduate researcher, having an education role both within the Major Trauma Centre and as Critical Care Paramedic Education Lead with Hampshire and Isle of Wight Air Ambulance and developing and leading a team of trainee ACPs.

My role continued to develop over these three years into a Consultant Paramedic and Lead ACP post.

Are you studying or working towards another role at the moment?

I am currently writing the thesis component for a Doctorate in Clinical Practice with the University of Southampton. This professional doctorate incorporates modules in clinical practice, research, service improvement and governance along with a substantial research thesis. I also achieved my non-medical prescribing annotation on the HCPC register in 2019.

What I do

Clinical

My clinical role involves working alongside the junior doctor team, seeing patients in the resus, majors, minors or CDU areas of the Emergency Department. I assess patients with a wide variety of conditions, including arranging appropriate investigations. I then formulate a management plan, including any immediate treatments and appropriate specialty referral or discharge.

Leadership

When I am not delivering direct clinical care, I have a senior leadership role within the department and have developed the ACP service including a region-wide trainee ACP programme for paramedics and nurses. As a busy ED, there are many governance and service improvement projects which I am involved with including ensuring safe and effective practice in the ACP team.

Research

I am currently undertaking research into the pre-hospital triage of major trauma patients. This involves working alongside colleagues in the Major Trauma Centre and other researchers from medical and non-medical backgrounds.

Consultant Paramedic case studies



Case study: Els Freshwater

Job title: Consultant Paramedic, University Hospital Southampton

Entry route: IHCD

Education

I undertake both informal educational roles such as mentoring trainee ACPs and ad-hoc 'shop-floor' training for all types of clinicians and formal teaching on trauma courses such as European Trauma Course. I co-lead the Health Education Wessex trainee ACP programme which prepares clinicians to credential with the RCEM. In addition, I am involved with various education-focused groups within the College of Paramedics. In my air ambulance role, I lead on the paramedic education and development programme, and am involved in teaching and training of paramedics and doctors including the regional PHEM trainees.

I am lucky enough to be able to continue working in the pre-hospital environment as a Consultant Paramedic with the Hampshire and Isle of Wight Air Ambulance Critical Care Team.

I am extremely proud of the trainee ACP team (a mixture of paramedics and nurses). They are exceptional people who are highly motivated, caring and dedicated. I particularly like being able to support them as they develop as clinicians and leaders.

The best bits

I love that I get to learn every day. There are so many knowledgeable people in the team that I can always seek help and advice regarding a tricky case. Being able to follow-patients up as they carry on through their inpatient journey is extremely valuable in improving my knowledge and skills.

I really enjoy being part of a big team and that we deliver some amazing patient care as a large teaching hospital and Major Trauma Centre. I especially value being able to maintain a large proportion of clinical practice which I know can be difficult at this level.

Consultant Paramedic case studies



Case study: Paul Gowens

Job title: Lead Consultant Paramedic

Entry route: IHCD

How I got the role

Having left school with no qualifications I served an apprenticeship in the oil and gas industry. I joined the Scottish ambulance service in 1990. I then progressed through what was the common route from PTS to Paramedic via the IHCD programme. I always really struggled with anything academic and by today's standards I wouldn't have got onto a paramedic programme. In 2009 whilst at University doing a PGCert I was diagnosed with moderate to severe dyslexia. I had always enjoyed leading but found it difficult. Since then I have always been studying and with the help of many others got my MSc with credit and soon hope to undertake my PhD.

What I do

A typical week could see me on Monday providing senior clinical decision making support in the Ambulance Control Centre, Tuesday I could be on Helimed 5 as a HEMS Paramedic, Wednesday with the executive team, Thursday I could be chairing the Clinical Transformation Board as the Programme Director or presenting a business case at Scottish Government, and Friday, I could be at the Edinburgh Resuscitation Research Group and in the evening teaching with BASICS Scotland on a PHECC or PHPLS course.

The best bits

Working with a great team in lots of different settings internally and external to the Scottish Ambulance Service and the college, driving the profession forward, advocating for paramedics and of course improving patient care.

Consultant Paramedic case studies



Case study: Simon Standen

Job title: Consultant Paramedic in Emergency Care Yorkshire Ambulance Service NHS Trust

Entry route: IHCD

How I got the role

It would be fair to say that I am a slightly unusual case! I always wanted to be a paramedic but having found entering the Ambulance Service in the 1990s pretty hard, I made the choice to head to university and train as a nurse instead.

After a few years as a nurse working in A&E, I eventually joined the London Ambulance Service in 2001 and moved to the East Anglian Ambulance Service in 2005. Since joining the ambulance service I have held a variety of roles operationally, in operational management and in education. Operationally I have spent time as a paramedic, as an Emergency Care Practitioner (ECP) and as a Critical Care Paramedic (CCP). I qualified as a paramedic via the IHCD route but already held a DipHE in Adult Nursing. I have subsequently gone on to complete a BSc in Community Health Practice (ECP Pathway), an MSc in Advanced Practice Critical Care and a BSc in Pharmacology and Independent Prescribing. I have also completed PGCerts in Health Service Management, Health Incident Command and Clinical Education. In 2007 I completed the Diploma in immediate Medical Care at the Royal College of Surgeons and became an examiner at the college in 2010. I was awarded the Fellowship in immediate Medical Care in 2016.

In 2012- I made a move from a full time ambulance service role back into nursing, taking up a role as a senior charge nurse and lead for major trauma in the MTC at Cambridge University Hospital and three years later moved into a role at University Hospitals Leicester as an Advanced Nurse Practitioner, Matron and Lead for Post-graduate Education. In 2016 I was successfully appointed into my current post as a Consultant Paramedic in Emergency Care at Yorkshire Ambulance Service NHS Trust.

What I do

No two days are the same. Half of my time is spent in clinical practice; a day a week of which I fly as part of the crew at Yorkshire Air Ambulance, the other day tends to be spent working with clinicians in practice somewhere in the trust. The other half of my time is spent working strategically. This may be developing clinical practice, policies and procedures, investigating complex incidents, reviewing the findings of clinical audits and how this impact on practice and in developing the strategy for advanced clinical practice in emergency care. As the consultant lead for emergency care I work as a deputy head of profession, with clinical governance responsibilities for those practicing at an advanced specialist level (emergency / critical care), I provide specialist advice and support to staff and to the clinical directorate and operational management teams across the organisation.

Consultant Paramedic case studies



Case study: **Simon Standen**

Job title: Consultant Paramedic in Emergency Care Yorkshire Ambulance Service NHS Trust

Entry route: IHCD

The best bits

I love the variety that the job brings and the fact that my role remains largely patient-facing; one of the challenges as you climb the ladder in the ambulance service is that most roles take you away from being at the sharp end and what's been great about the consultant role is that couldn't be further from the truth! I love the fact that I am able to provide direct clinical leadership in addition to expert clinical practice whilst also working behind the scenes to shape the face of services in the organisation and the roles paramedics are able to play in advancing clinical care. The opportunity to have a voice and to develop the profession has been something I am incredibly passionate about.

Consultant Paramedic case studies



Case study: Steve Bell

Job title: Consultant Paramedic, North West Ambulance Service NHS Trust. Consultant HEMS Paramedic, North West Air Ambulance Charity

Entry route: IHCD

How I got the role

I qualified as a paramedic via the vocational route and the IHCD qualifications three years after entering the service as a Trainee Paramedic (working as an EMT) in 2000. I have always held clinical roles within the organisation and always had the desire to progress clinically and extend my knowledge and skills in pre-hospital care. After 8 years working as a paramedic, I was lucky enough to be appointed as one of the first cohort of Advanced Paramedics when my Trust adopted the College of Paramedics Clinical Career Framework in 2010. This role allowed me to develop as a clinician into an advanced practitioner through the completion of my MSc, but also demonstrated the benefits of a clinical leadership model within the organisation and on the development of the profession more widely.

During my time as an Advanced Paramedic I completed further post-graduate study in Management & Leadership and Pre-hospital Critical Care which lead me into my current role as a Consultant Paramedic in 2018. My role sees me to continue to operate clinically as an advanced practitioner as well as providing input into professional development and overseeing clinical governance and assurance within the organisation. I also act as the Trust's Research & Development Lead which provides opportunities to develop clinical research studies and work with academic and professional partners.

I have also held the position of HEMS Paramedic with the regional air ambulance service for the last 5 years; this now provides me with the majority of my clinical time within my current role and I regularly work as part of a HEMS crew across the region. I am now also the Consultant HEMS Paramedic for the NWAA Charity.

Are you studying or working towards another role at the moment?

Having recently been appointed into my role as Consultant Paramedic I'm not currently working towards another role – I definitely need a good period of consolidation in this role first! Similarly, I am not currently undertaking any formal programme of study; I completed the Diploma in Immediate Medical Care this year and will more than likely be (re) engaged in formal education in the near future!

What I do

My role reflects the four main pillars of practice as outlined nationally for consultant allied health practitioners; clinical practice, leadership and management, research and development, and education. A really important aspect of my role is to spend time in clinical practice and I achieve this on a day per week basis either through my role with them

Consultant Paramedic case studies



Case study: Steve Bell

Job title: Consultant Paramedic, North West Ambulance Service NHS Trust. Consultant HEMS Paramedic, North West Air Ambulance Charity

Entry route: IHCD

or supporting clinicians 'on the road' by offering both a primary and secondary tiered response.

I provide professional leadership and consultancy within the Medical Directorate of our Trust and work directly for our Medical Director in supporting strategic clinical decisions and working on clinical practice development, policies, procedures and clinical assurance activities. Through this work I am involved in the review of serious incidents and provide senior clinical input into these when required.

As the Research Lead for the organisation a day in my week will see me working on and reviewing research proposals and liaising with partner organisations to develop clinical practice through the implementation of research and development activities.

The best bits

Retaining clinical practice as an advanced paramedic practitioner and HEMS paramedic whilst at the same time being in a role where I can contribute to and influence clinical practice, improve the quality of care and have the opportunity to contribute to the development of the paramedic profession within my organisation and further afield.

Consultant Paramedic case studies

Leadership & Management



Further resources are available at: [The College of Paramedics](#) [Health Education England](#) [The Health and Care Professions Council](#) [The Quality Assurance Agency for Higher Education](#)
[NHS Education for Scotland](#) [Workforce, Education and Development Services](#) [The Department of Health Northern Ireland](#)

Team Leader

Paramedic team leaders are employed as first-line managers who undertake a role in an operational management capacity. They are responsible for the welfare and operational effectiveness of a number of clinical staff. They support the safe delivery and management of an organisation's contractual clinical care provision.



"I get to work with an exceptional group of ambulance clinicians who inspire me to work hard to serve them as a Clinical Supervisor. Regular changes in my rota enable me to work as a specialist level paramedic in clinical and managerial strands of the College of Paramedics' Career Framework, and I get the honour of working as a healthcare professional in my home city." **Matt Green**



Case study: Matt Green

Job title: Clinical Supervisor, Yorkshire Ambulance Service NHS Trust

Entry route: BSc (Hons) in Paramedic Science

How I got the role

At 16 I attended a university fair and spoke with a representative from the University of Hertfordshire. After discovering they offered a Paramedic Science degree, I focused my efforts on securing a place. I was lucky enough to start my degree immediately after leaving sixth form.

At the time, the degree was a 4 year course, combining the vocational IHCD technician and paramedic qualifications with an academic course too. There was also a year out working at an ambulance station as a trainee ambulance technician. Since graduating I have worked in a range of paramedic roles, plus built up project management experience by working for a public health department.

I have kept my knowledge up to date by completing a range of academic continuing professional development courses, such as a Post Graduate Diploma in Paramedic Science, and vocational training such as the Resuscitation Council (UK)'s European Paediatric Life Support certification. I present at a range of conferences, engage with the College of Paramedics, and use Twitter to build contacts and improve my knowledge and understanding.

In September 2017, I moved back to Hull, the area I grew up in, and commenced a Clinical Supervisor role with Yorkshire Ambulance Service NHS Trust.

Are you studying or working towards another role at the moment?

Not currently formally studying or working towards another role. I understand our roles will be changing Trust-wide over the next year but don't know the impact of that yet.

What I do

My rota is very varied; over 18 weeks I share responsibility for mentoring colleagues during ambulance and rapid response vehicle shifts, provide administrative support for ambulance personnel and service delivery across East Yorkshire, respond to incidents as an operational commander to make decisions which deliver optimal patient care and liaise with personnel from other emergency services.

I am also fortunate enough to work as a member of the Red Arrest Team, which is a response car targeted at cardiac arrest, peri-arrest and major trauma patients. I support fellow ambulance practitioners by offering technical skills such as pacing, cardioversion, post-arrest sedation and mechanical CPR, as well as using non-technical skills such as clinical decision making around resuscitation decisions. This surely is one of the very best jobs in the ambulance service!

Team Leader case studies



Case study: **Matt Green**

Job title: Clinical Supervisor, Yorkshire Ambulance Service NHS Trust

Entry route: BSc (Hons) in Paramedic Science

The best bits

I get to work with an exceptional group of ambulance clinicians who inspire me to work hard to serve them as a Clinical Supervisor. Regular changes in my rota enable me to work as a specialist level paramedic in clinical and managerial strands of the College of Paramedics' Career Framework, and I get the honour of working as a healthcare professional in my home city.

Team Leader
case studies

Manager

A manager within an organisation is responsible for delivery of a specific element and accountable as such. A paramedic manager may have a non-clinical remit – with their responsibility being to oversee and manage employees, service delivery or education (for example), or they may have clinical responsibility with specific accountability around clinical care, clinical audit or clinical development (other specific responsibilities are also possible). A manager will be accountable to a senior manager



“The most satisfying part of my role is when staff share their positive feelings of being supported in their clinical practice, as well as reporting good news of a project or procedure that makes their job easier or has had a positive impact on patient care.” **Andy McFarlane**



Case study: Andy McFarlane

Job title: Clinical Support Officer, Northern Ireland Ambulance Service (NIAS)

Entry route: IHCD

How I got the role

I started employment with NIAS in 1992 as a non-emergency ambulance attendant. In 1996 I progressed to emergency technician (EMT) with emergency ambulance operations. In 1998 I gained my paramedic award and worked in 999 emergency ambulance duties, and after two years was promoted to station supervisor with additional first-line manager roles for approximately thirty staff.

In 2001 I gained the IHCD ambulance tutor award and was seconded into an ambulance training centre to deliver paramedic, technician and non-emergency care ambulance training. I enrolled in a health sciences degree in 2010. Credits for my previous educational study and work experience were recognised by the university, which meant that I only had to complete two modules to gain my health sciences degree.

In 2011 I took an eighteen-month break in service to work as a paramedic in an Australian ambulance service. On return from Australia I applied for my current role as Clinical Support Officer. As well as several professional development opportunities and ongoing education, have completed a university clinical supervision course in order to equip me for my current post.

What I do

A typical week consists of three days working followed by three days off. Working days tend to comprise a twelve-hour shift, with a mix of early and late shifts. During the course of the week I would plan to spend some time with emergency and non-emergency care staff, supporting their clinical care to our patients. Some time is also spent on auditing patient care reports by staff and providing constructive feedback to my colleagues.

The best bits

The clinical support role is a relatively new role within our ambulance service and is evolving each year. This makes the role very varied, with lots of new projects to be involved in - including new training courses for staff and service development projects. The most satisfying part of my role is when staff share their positive feelings of being supported in their clinical practice, as well as reporting good news of a project or procedure that makes their job easier or has had a positive impact on patient care.

Manager case studies



Case study: Helen Holt

Job title: Education Quality Assessor

Entry route: IHCD

How I got the role

I started as a direct entry paramedic with West Yorkshire Metropolitan Ambulance Service straight out of university; much to the surprise of my parents as I'd just undertaken an engineering degree. I wanted a career that was outside and different every day, 25 years later I think I've got it right as I'm still with Yorkshire Ambulance Service. I progressed to Field Based Assessor, working to quality assure clinical practice of existing and newly qualified staff. From here I entered education and I have remained in education for 18 years. I am fascinated by educational processes and behaviour, clinical simulation and its use and misuse in ambulance education. I have progressed through various roles in education including a wonderful secondment as a leadership fellow. The fellowship offered me the opportunity to explore my passion of simulation and gain experience and skills in leadership within the NHS; currently I am part of the education quality assurance team. This means I conduct peer review of educators, assure educational processes and procedures, assessment processes to ensure validity and reliability and internal verification of regulated and non-regulated qualifications such as apprenticeships. This is a new challenge for me, outside of the classroom, that is incredibly important, it is my responsibility to assure that the classroom and assessment practices are of a high quality and that the student gets a quality experience.

Considering the different pillars of the career framework; as a paramedic I can still undertake clinical work, although this is a smaller part of my responsibility, there is no set requirement for me to undertake clinical practice, but it is my choice to maintain the occasional shift on the road. As an educator I choose to conduct research into educational processes and reactions, predominantly qualitative research but again this is a small part of my role; the majority of my role is dedicated to education with a small proportion involved in leadership and management.

Are you studying or working towards another role at the moment?

Not at this time; I am hoping to gather experiences and undertaking projects of a more strategic nature so that at some point I may progress my career into a more leadership role.

Manager case studies



Case study: **Helen Holt**

Job title: Education Quality Assessor

Entry route: IHCD

What I do

At the moment I'm working to ensure the courses run to local quality standards, conducting a gap analysis between apprenticeships and clinical staff grades; developing educational programmes with HEI partners, conducting peer reviews of educators in the classroom and marking student portfolios.

The best bits

I love getting into the classroom with experienced staff, working alongside them with their development. I love looking at the work that students have developed to demonstrate their progress towards a regulated qualification. Sometimes the minutiae of policy gets frustrating but it is important to get it right, to protect student's and educator's rights and ensure equity of experience.

Manager case studies



Case study: Florian Breitenbach

Job title: Project Manager, Rettungsdienst Kooperation in Schleswig Holstein (Germany)

Entry route: BSc Paramedic Science

How I got the role

Before becoming a Paramedic I was always interested in the bigger picture – the system and context in which paramedics operated. I was a very mediocre (and disinterested) student at school but rose to the top of my paramedic year at university, showing I had found a career I really loved.

After graduating from my BSc, I immediately enrolled in postgraduate studies to quench my thirst for more knowledge from a leadership and organisational point of view. Having been lucky to have been able to gain broad experiences in multiple countries in a variety of roles, including being a trustee for the College of Paramedics, I only recently landed my dream job, working for a progressive German ambulance service. I had read up a lot about other paramedics' role transition from clinical to leadership & management – it was difficult, it was different, but my experience with the College helped me ease into the role and responsibilities much more easily. Although it wasn't always plain sailing, knowing what direction I wanted my career to head in always helped me to focus my efforts (studies, CPD, networking), and through hard work, dedication, and admittedly some luck, I am very happy to have made the change from a primarily clinically focused role to a leadership and managerial focused role.

Are you studying or working towards another role at the moment?

I am currently completing my MSc in professional development at UWE, with a focus on international collaboration. Having attained my dream job, new dreams are settling in... never standing still!

What I do

It depends on what projects are running really. In general, the mainstay of my work consists of organising and running projects to help the organisation reach its strategic goals. Much of this incorporates working with project team members, documenting progress, considering and mitigating risks, and delivering a good project outcome on time. Other activities include discussing current and future directions of the ambulance service and considering future projects that may need to be run. I also set a couple of hours a week aside to keep up to date with the newest trends and news in each sector that are important for my work, including paramedicine, general business, project management, and technology. Time permitting, I keep a hand in on the clinical side; I enjoy it, and I find it is important to stay up to date.

Manager case studies



Case study: Florian Breitenbach

Job title: Project Manager, Rettungsdienst Kooperation in Schleswig Holstein (Germany)

Entry route: BSc Paramedic Science

The best bits

Being able to not only discuss new ideas in the paramedic world with other doers and influencers, but also being able to let this flow in to my project work. I love knowing that the projects I am on will positively influence the lives of many, be it administrative/managerial colleagues and/or clinical colleagues, in the end the outcome of the projects is to make their work better, more effective and efficient, which all leads to improving patient care.

Manager case studies



Case study: James Taylor

Job title: Locality Manager

Entry route: ICHD

How I got the role

It was while I was at secondary school that I first wanted to become a Paramedic and have a career within the ambulance service. However, I knew that I wanted to continue with my studies and go to University. I also wanted to travel. I decided to study for a degree in management, which included spending a year studying abroad in the USA.

On graduating in 2001 with a BA (Hons) in Management International, I was successful in being offered a place on the NHS General Management Training Scheme. The scheme provides graduates with two years of practical training and experience in management, gained through undertaking a number of management roles in different NHS organisations. The scheme also provided post-graduate (Post-Graduate Diploma in Health Care Management), and vocational education (NVQ Level 4 in Managing Health & Social Care and a University Diploma in Reflective Management Practice) which enabled me to develop a portfolio of evidence to demonstrate competence in management and leadership practice.

On completion of the management training scheme, I worked as an Assistant General Manager in an acute hospital for 18 months before deciding that I still wanted to gain experience as a clinician. I subsequently joined the ambulance service as a Trainee Ambulance Technician in 2005

and then qualified as a Paramedic in 2009. While working clinically, I completed my MSc in Health Care Management, undertaking research in clinical leadership within the ambulance service.

I subsequently spent a period of time as a Service & Quality Improvement Manager for the ambulance service. In 2011, I became Programme Manager for the development of a Major Trauma Centre and then spent a number of years working in the field of programme, project and change management. I maintained my clinical practice as a Paramedic on a 'bank' / sessional basis. I took up my current role as a Locality Manager with the ambulance service in 2017.

What I do

As a Locality Manager, my role is to work as a member of the operational management team for a defined geographic area, providing line management and leadership for clinicians and ensuring the delivery of emergency ambulance services. The role also involves participating in the on-call rota and acting as a Tactical Commander.

The best bits

Being able to support clinicians in delivering high quality patient care, by combining my knowledge, skills and experience as both a Paramedic and as a manager.

Manager case studies

Senior Manager

A senior manager within an organisation is responsible for the delivery of the contractual clinical care provision. Senior managers are also appointed in educational, operational and support role positions. Throughout their career they would have developed and cultivated the following management abilities and attributes:

- team development
- negotiating and influencing skills
- networking
- management and leadership
- developing a case for change
- identifying the need for change, leading innovation, and managing change (including service development).



“The best bit is that the NHSE and HEE give me the freedom to guide my programmes based on instinct and experience, and trust that I will deliver results without ever micromanaging.” **Rhian Monteith**



Case study: Rhian Monteith

Job title: National Lead for High Intensity Users, NHS England & Clinical Lead for the Rotating Paramedic Programme, Health Education England

Entry route: IHCD

How I got the role

I currently have a dual role as I love variation in what I do. It's healthy for me to split my week and mind to work on two separate national programmes of work because it gives me the ability to have a couple of days away from each one in a week in order to come back refreshed and thinking clearly about the next steps needed.

The two programmes I lead are: National Lead for High Intensity Users of Healthcare (NHS England) and the other is as Clinical Lead for the Rotating Paramedic Programme (Health Education England).

The thing both programmes have in common are their starting points – they originated from a position where there was much frustration in the system and they both felt like immovable and entrenched problems – in the 'too hard to fix' box.

High Intensity Users, or frequent attenders, of A&E can evoke feelings of frustration for those providing their care which often leads to organisations 'managing' them rather than 'working with' them to find the underlying reason. The solution is often non-medical so it's a different approach to historical ones. They are an incredible group of people and I have learnt so much from them over the years about leadership, resilience and human kindness.

The rotating paramedic programme was born out a position where paramedics were leaving ambulance services to experience and grow within other roles – mainly primary care – GP surgeries. GPs struggle to recruit in line with demand so I was asked to come up with a win-win solution that would service both ambulance services and primary care without depleting the other. Rotating paramedics through both organisations as one role was the answer and I love seeing what a difference this makes to colleagues who have been brave enough to work in this way.

It's never easy doing programmes like this but I never signed up for 'easy' – I signed up to service the NHS to do the right thing and that takes emotional agility and grit – bucket loads of it. Luckily, I was one of 10 people in my family with an unconventional upbringing so that helped build some of that ability to see difficult phases through, knowing there is an end in sight.

Senior Manager case studies



Case study: Rhian Monteith

Job title: National Lead for High Intensity Users, NHS England & Clinical Lead for the Rotating Paramedic Programme, Health Education England

Entry route: IHCD

Are you studying or working towards another role at the moment?

I'm not formally studying towards anything but I work hard on my leadership skills and self-awareness. This is around knowing what drives me, what my trigger points are, my strength and weaknesses and blind spots.

I might have a slightly unconventional approach to life and work in that I get to know my blind spots by often asking people for honest feedback; I put all my energy into my strengths – what I'm really good at - and just don't bother about my weaknesses. I've just shaped my working life around mainly doing what I'm good at and not what I'm not.

Some people believe you have to work on your weaknesses to make you a more rounded person; I believe that making someone more rounded is to make them more average because you get to miss out at really excelling at what you love.

To share what I've learnt over the years about how to build emotional agility, I've developed an online training course called the Switch Model to show people exactly 'how' you get to have good emotional health and how to maintain it. The practical steps that make huge difference in all

areas of life. It's fab and modern and it's helped me immensely. The hope is that it will help others.

The next course I will take is in bricklaying as I've always wanted to be either a brickie or carpenter. My outside wall desperately needs doing so bricklaying is first!

What I do

Home working is common for me with monthly trips to London and Manchester or Leeds when needed. I love to travel so treat nights away as a holiday and tend to find out what's happening locally on an evening and do that – last week it was a life drawing class – amazing!

Most days involve a blend of activities such as coaching people on the phone, mentoring, presenting ideas and updates to people; all whilst daydreaming up another idea.

The best bits

The best bit is that NHSE and HEE give me the freedom to guide my programmes based on instinct and experience, and trust that I will deliver results without ever micromanaging. They are brilliant to work for! I love the variety too. I could never go back to doing one job and have realised I need to split my attention between ideas in order to create new ones.

Senior Manager case studies



Case study: Liz Harris

Job title: Head of Professional Standards, College of Paramedics
Entry route: IHCD

How I got the role

My ambulance life started in 1997 when I joined the Patient Transport Service for South Yorkshire Ambulance Service and then after a few years I managed to pass the selection process to get 'on shifts'. I worked as a Technician for a while and I was very proud to qualify as a paramedic in 2003. Very soon after qualifying I joined The British Paramedic Association as it just felt like the right thing to do. I enjoyed attending the few conferences around at that time, feeling enthused by the inspiring people within the profession that I had just joined.

After several years of getting to grips with the realities and challenges of being an ambulance paramedic I was looking for the next opportunity, would it be a training role or management? These were the only two options available at that time and if I'm honest neither was a 100% fit for me. But eager to develop, I went on to take up clinical educator and clinical supervisor positions over the next few years. I knew back then, that academic education was coming soon for the paramedic profession, so in 2006 I embarked on my BSc with The Open University whilst still working full time. I also became an Associate Lecturer at Sheffield Hallam University in 2007, a role which I still enjoy doing today when commitments allow.

The shift within ambulance services towards referring patients to other healthcare professionals rather than transport to A&E was starting to

develop and I took on a Clinical Pathways role for Yorkshire Ambulance Service (YAS) in 2010. During this time, I was fortunate to secure a place on the National Leadership Academy Clinical Leaders Fellowship programme where I completed a Post Graduate Certificate in Service Improvement which involved implementing a GP in-hours referral pathway.

This programme ignited my interest in leadership, organisational culture and Twitter! In 2011 I took on a formal role for The College of Paramedics as the representative for the Yorkshire Region and in 2012 started what was to be my last role for YAS as a Clinical Development Manager. In 2016 I completed my MSc in Leadership, Management and Change in Health and Social Care at Bradford University and started a two year secondment to the College of Paramedics as an Executive Officer.

During these last few years the paramedic profession has seen many changes and the professional body has, with the support of the membership, developed and expanded accordingly. This expansion created my next opportunity, my appointment as the Head of Professional Standards.

Senior Manager case studies



Case study: Liz Harris

Job title: Head of Professional Standards, College of Paramedics

Entry route: IHCD

What I do

The Head of Professional Standards was a new role for the College of Paramedics, its primary focus is to develop and maintain a credible profession through stakeholder engagement and the setting of standards in relation to professional behaviours, policies, practices and relationships. There is a professional leadership and governance role too, media and press work and an important organisational and strategy development responsibility too.

I also work to increase and improve communication to our members about the ongoing work, to develop our profession to meet the challenges of healthcare provision in the future. Some of the most visible and specific workstreams of this role are leadership of the Consultant Paramedic Committee and the Paramedic Mental Health and Wellbeing Steering Group, developing the provision of professional registers and development of formal responses and position statements made by the College of Paramedics in relation to professional standards. However, at a time when the organisation and profession is still developing there is certainly a need to be flexible.

The best bits

During my 20 years in the ambulance service it has been amazing to watch the paramedic professional body grow and to do my bit towards this along the way. But now, as an employee of the College of Paramedics I can contribute towards the future even more. The flexibility of this role means I can also continue to work clinically as an ambulance paramedic for YAS, this is important to me personally and professionally, and of course I still enjoy it immensely.

The growth of the College of Paramedics has been most incredible over the last few years, not only from a membership point of view but also from an organisational perspective too. I look forward to the organisational development still to come, how we will ensure that we meet the needs of the membership and grow a professional body fit for the future challenges that the changing nature of healthcare provision may bring.

The status of the paramedic profession is now finally at a level that we have aspired to for many years and I am very proud to be part of that. There is however, still much work to be done. I thoroughly enjoy the role of the Head of Professional Standards, it has increased the capacity of the College of Paramedics to be able to work on behalf of the members and I look forward to continuing with passion and a desire to lead positive developments and improvements in the professional standing of the paramedic profession. Finally, a 100% fit!

Senior Manager case studies



Case study: Bob Fellows

Job title: Head of Education, College of Paramedics

Entry route: National Staff Council (Ambulance Driver / Attendant) and NHSTA (Extended Training)

How I got the role

I was made aware by a work colleague that the College of Paramedics were advertising for a Head of Professional Development. After 35 years in the London Ambulance Service I was looking for a fresh challenge and thought this just might be what I was looking for. My previous background in education was primarily about the development of the various pathways and the interactions with various stakeholder groups, both favourable to educational development and indeed those who were cautious of the path of travel of paramedic pre-registration education. I discussed it at home as it meant significant work changes and with a green light applied having cross mapped the person specification against my skills and abilities.

I was interviewed on the phone, which was new for me, but it was a good experience and on receiving a follow up call from the Chief Executive I started. The College made my transition smooth and I settled into a two headed part time role, still retaining half my normal working week with London Ambulance. Having two bosses two phones and two inboxes that needed managing, but it was a challenge worth accepting, and I never looked back. In September 2018, I took over as Head of Education following the retirement of the previous incumbent, Mr Graham (Legend) Harris. What a privilege.

Are you studying or working towards another role at the moment?

In a recent executive reshuffle of job roles, I undertook a large slice of Graham's job and shared the other portion with my colleague for CPD. It is important to plan your career and each milestone that comes by on the journey. In life we have three seats, our past our present and our future. Keep moving and draw from the past with an eye to the future, but it is today where the action is, where the decisions are made. Embrace the now or it will become yesterday very quickly.

What I do

The role is so varied that rarely are two days the same, which I love. Typically, I work from home and then on average travel to other destinations 3 or 4 times a month. Email is the most common connection point, with some telephone conferencing and meetings often held on Skype. My key interfaces are the Chief Executive and the executive team and the wider senior members of Board of Trustees who are bannered under the Trustee Officials Committee. I am deputy chair of the Honours and Awards Committee and have the pleasure of being a member of the Education Advisory Group and its working sub groups. I regularly speak with employers, staff and the regulatory body to ensure the voice of paramedicine is seen, heard and understood.

Senior Manager case studies



Case study: Chris Richmond

Job title: NHS RightCare Hot House Implementation Lead

Entry route: IHCD

How I got the role

My professional journey is complicated and the position I am currently working in uses skills that I have gathered throughout my career. From my early days working on PTS, paramedic practitioner education and then in NHS 111 as a part of the senior management team and a senior clinician, to designing new parts of NHS 111 system and subsequently looking at payment systems for General Practice and multi-disciplinary teams (MDTs) around care homes. All of these mean that I can work with people across systems to look at how innovation can be made sustainable.

I was working at NHS England in the pricing team and the NHS RightCare team are on the same floor so I knew a little about what they were doing and it sounded interesting. I wasn't really looking to move as I had a great boss and was just about to start my MSc so that and a new job all sounded a bit complex, but I applied and was the first of the Hot Housing leads.

Are you studying or working towards another role at the moment?

I am currently studying for an MSc in health policy. I came to the ambulance service when all that was required was a good standard of education not a degree, so missed out on university (despite being a lecturer on secondment).

What I do

I work in a team where no day is typical, and that's what attracted me to the role. This week I have been speaking to a pharmaceutical company in conjunction with the Academic Health Sciences Network to understand what could be done in a heart failure pathway, and then meeting with commissioning directors at a CCG to understand how they can implement a scheme to impact on their High Intensity Users of A&E services. Coming from my clinical roles has allowed me to adapt and change, and sometimes not knowing what the week may bring is awesome. Obviously, I do have to complete business cases, project plans but that is important and have a great team around me that do most of the hard work!

Senior Manager case studies



Case study: Chris Richmond

Job title: NHS RightCare Hot House Implementation Lead

Entry route: IHCD

With recent changes within NHSE/I RightCare now sit in the Improvement Directorate, with this comes opportunity as my work will now be spread across the whole directorate and not just our workstream, which sits under Clinical Improvement. This means I get to work with colleagues who are responsible for delivering Long Term Plan objectives and also those that are helping to ensure that the NHS has the skills to deliver this type of work using Quality Improvement frameworks. This is a big change in direction from when I started in the NHS 27 years ago on outpatients!

The best bits

I work with a great team of people that use data and evidence to make sustainable changes to systems and pathways.

Delivering innovation is different, using techniques and principles that have been used in industry but not the NHS is a challenge. The NHS is not geared to some of the pace of change. We are looking at schemes and pilots that had limited budgets that have potential to improve the outcomes much more widely. What's not to like?

Senior Manager case studies



Case study: Claire Horsfield

Job title: Head of Unscheduled Care, Hampshire Hospitals NHS Foundation Trust

Entry route: IHCD

How I got the role

I started my journey to be a Paramedic after an English literature degree and a career in Marketing and realising it was not for me.

I joined an Ambulance Service when the route to become a Paramedic involved a year of Patient Transport then Technician training before an in house Paramedic Course. I then worked on the road as a Paramedic for 2 years, also working as a Custody Paramedic and Single Responder. I then moved into leadership roles for the next 8 years starting as a Locality Support Officer, later a Clinical Team Leader and Clinical Operations Manager.

While in these roles I undertook some Masters modules at University, and during this study heard about a role teaching on the undergraduate paramedic degree. I began teaching part time 2 days a week while being in clinical practice the rest of the time. In 6 months, a full-time role at the University came up and I took the opportunity to leave clinical practice, only retaining a bank contract.

During 6 years at the University I wrote a number of revisions to the undergraduate curriculum, as well as writing and setting up an MSc programme for Paramedic Practitioners. I undertook research getting a number of papers published and continued with my own MSc studies during this time. I got more widely involved with education nationally

through the College of Paramedics national working groups. I was also an external examiner at 2 other universities giving me a good overview of other courses.

I then moved into a role as Head of Nursing and Allied Health Professionals for an NHS Trust that delivers community nursing and therapy (Physiotherapy and Occupational Therapy) to house bound patients as well as Older Persons Mental Health (OPMH) services. There are no paramedics in my teams but the skills I have gained through my varied career have allowed me to undertake this role with confidence. I am supporting the clinical governance and performance within the Trust as well as the transformation of services, developing new ways of working and efficiencies in the service to drive forward improvements in care.

In 2018 I moved to a new role as Head of Unscheduled Care at an acute NHS trust.

Senior Manager case studies



Case study: Claire Horsfield

Job title: Head of Unscheduled Care, Hampshire Hospitals NHS Foundation Trust

Entry route: IHCD

Are you studying or working towards another role at the moment?

I have recently completed my MSc. I am now looking at leadership qualifications.

What I do

I meet with the leadership teams to monitor clinical incidences, pressure ulcer panels, and serious incidents. I also meet with GP and CCG colleagues to develop new ways of working as part of Better Local Care initiatives. I am responsible for the performance management of clinicians in all roles as required.

One day each week I ensure that I am 'back to the floor' practicing in my clinical role, treating patients and working as part of a wider multi-disciplinary team. I undertake peer reviews of different teams' performance from other areas of the trust. I have the responsibility of reporting to the Clinical Commissioning Group on quality of services and I also monitor and review clinical and performance data.

The best bits

I love having a direct impact on patient care again. Working clinically and bringing my clinical experience as a Paramedic into a multi-professional team has been a great way of sharing good practice. I love how we all look at things differently, but, can see how we all impact on patients. I love challenging why they do things the way they do and seeing what new ideas they come up with.

It is an exciting challenge and a long way from where I saw myself at the start of my career. So, my message would be grab every opportunity you can and think about where the skills you have gained can take you. Do not be constrained by your profession use it as a route to other opportunities. You may be surprised where you end up, but you can also showcase the transferable skills we have as a profession.

Senior Manager case studies



Case study: Jim Petter

Job title: AHP Primary Care Lead, NHS England and NHS Improvement. Project Lead: Paramedics in Primary Care project (HEE)
Entry route: IHCD

How I got the role

I started in 1993 as a technician and passed my paramedic course in 1995. I then went into operational line management roles before moving to the (then) Strategic Health Authority (SHA). I carried on in management and project work specialising in training and workforce and ended up as Head of Education for the then Great Western Ambulance Service. Then I changed tack, doing an MSc and going back to clinical practice as a Specialist Paramedic. After a couple of years of practice I started teaching at university before moving into the role of Head of Education at South Western 3 years later. I retired early from that post in Sept 2018 and have since worked part time for NHS England/Improvement, HEE and have been running my own company.

What I do

I work part-time for NHS England as AHP Lead for paramedics, our team looks at AHP roles in primary care and how to develop our profession in that direction.

I'm also a managing director of Brooke Petter Associates, providing information and support to Health Education England and local CCGs on how to recruit and develop paramedics in primary and community roles. Currently I lead on a national programme (PiPC) for HEE, which is providing a standardised high-quality MSc pathway for paramedics who

want to develop as general practice specialist practitioners, as part of that we've developed the first specialist/advanced e-portfolio system for paramedics.

The best bits

When I look back, I think the best part of my paramedic career was the clinical work, I loved working with good colleagues and the patient interaction. That said, as time passes you need new challenges and being an ambulance service senior manager was a great experience. Nowadays being my own boss is fun and being involved in national level changes around the profession is always exciting.

Having taken the difficult decision to stop my clinical work I maintain a high level of enthusiasm for paramedics by developing opportunities for the next generation.

Senior Manager case studies



Case study: Gary Strong

Job title: National CPD Lead, College of Paramedics
Associate Lecturer, University of Plymouth

Entry route: IHCD

How I got the role

After spending almost fifteen years of my career in a variety of paramedic education and management roles, in late 2016 I stepped down from my job as a university programme lead and took a career break. It began with a wonderful trip back to New Zealand, then the next few months were spent at home re-evaluating life. As I started looking for my next career challenge, I became interested in the newly created role of National CPD Lead for the College of Paramedics. I had loved working with students and seeing the next generation of paramedics emerge, but had often wondered how to help graduates keep alive that hunger for learning and further develop their knowledge and skills post-registration.

Here was an opportunity to do just that by promoting and encouraging CPD in all its forms. I applied and was appointed and feel very privileged to work for the professional body for paramedics. It's a part time role, which leaves room to 'keep my hand in' with other professional and academic interests.

Are you studying or working towards another role at the moment?

No...but in my head are lots of questions about education and practice and I fear that one of them may one day have to be turned into a PhD!

What I do

No two weeks are alike in this role. For the first 18 months or so I was busy organising events with the CPD team, engaging in meetings and discussions around the long term future of paramedic CPD and supporting the College's education function through my role on the Education Advisory Committee.

Following the retirement of Graham Harris in September 2018, I became more education focused, taking on an executive leadership role in relation to the Diploma in Primary and Urgent Care (DipPUC) and the paramedic e-Learning for Healthcare activities. A successful application for funding for a third phase of the e-Learning has enabled the College to focus my time on these key projects and release funds for the appointment of a new National CPD Lead (Events).

It's great to see the team growing and between the two of us, we aim to continue to offer a wide range of CPD options for College members.

Senior Manager case studies



Case study: Gary Strong

Job title: National CPD Lead, College of Paramedics
Associate Lecturer, University of Plymouth

Entry route: IHCD

The best bits

Everyone who gets involved in the work of the College of Paramedics is passionate and enthusiastic about the development of our profession. It's great to be around such positivity. I love working with everyone from administrators to academics, from new students to consultant paramedics, all of whom share a desire to do what we do better, for the sake of our patients.

If I can help make this happen, whether by organising events, developing online content, offering exam and course based CPD, networking to improve education and practice or writing articles, then I like to think I am doing my job. There's always more to be done, and it's never ever boring!

Senior Manager case studies



Case study: Kirsty Lowery-Richardson

Job title: : Workforce Transformation Lead (West Yorkshire and Harrogate Integrated Care System), Associate Dean-Health Education England working across Yorkshire and the Humber

Entry route: IHCD

How I got the role

Work experience with the local ambulance service whilst still at school cemented my aspirations to become a paramedic, however the careers advisor had other ideas and so I took a convoluted route via a degree in pharmacology and a short dabble in marketing before joining Tees East and North Yorkshire Ambulance Service (TENYAS) almost twenty years ago. I started as a trainee technician and quickly progressed to paramedic via the IHCD route, then a nasty shoulder injury resulted in my undertaking the IHCD Instructional Methods and Instructor

Qualifying courses early into my paramedic career in 2004/5. My substantive role is Lead Paramedic - Clinical Development at Yorkshire Ambulance Service NHS Trust with one day a week as an Associate Dean at HEEYH, however I am currently seconded to work with the West Yorkshire and Harrogate Integrated Care System as a Workforce Transformation Lead.

I have worked in a variety of roles prior to this one; Clinical Team Educator, Clinical Tutor, Lead Clinical Tutor and Education Commissioning and Assurance Manager. My passion has always been education and professional development.

My own development has continued at a steady pace with a second BSc in Paramedic Science to enhance my clinical and practice skills (at the

time there were no masters level programmes available for paramedics), a Post Graduate Certificate in Clinical Education and more recently the MEd in Clinical Education.

I attained my secondary role as an Associate Dean with Health Education England in April 2018 and then the current secondment in September 2019 for two years.

What I do

I am one of a number of paramedics now with more than one role! I became passionate about workforce transformation when I was fortunate to support my Trust's bid to be involved with the Rotational Paramedic Pilot in 2017. When an ICS level opportunity arose to work in this area I took the opportunity to apply and was fortunate to attain the post.

As Workforce Transformation Lead, I work with Place and Programme leads within West Yorkshire and Harrogate in a bid to identify and facilitate new ways of working in order to achieve service delivery and efficiencies. The scope of the role is across all areas of Health and Social Care, our main objective is to deliver the NHS People Plan.

I work particularly with the programmes that I am most familiar with as a paramedic, Urgent and Emergency Care, Primary and Community

Senior Manager case studies



Case study: Kirsty Lowery-Richardson

Job title: : Workforce Transformation Lead (West Yorkshire and Harrogate Integrated Care System), Associate Dean-Health Education England working across Yorkshire and the Humber

Entry route: IHCD

Care, Maternity and Children and Young People. I am also working with the End of Life Care and Paediatric Palliative Care networks.

Much of the focus currently is on establishing the current workforce and outlining the possible future workforce with the integration of new roles. This means lots of meetings and workshops, it can be mentally draining and hugely challenging, but I am motivated by the need to change mindsets in order to keep our brilliant NHS thriving!!

The Workforce Transformation role has many overlaps with my role as an Associate Dean, where one of my priorities is the integration of the wider healthcare workforce into a learning and education environment that is currently dominated by medicine. Like all ADs I also support doctors in training throughout their journey, partaking in ARCP panels (Annual Review of Competency Progression) – a process that doctors in training must undertake annually; it is here their portfolio of evidence and progress is monitored.

I have a 'quality' focus as an AD, along with the Quality team I participate in programme reviews – a process that looks to evaluate the learning experience in the practice environment. We are currently planning a review of the local paramedic programme scheduled for Spring 2020.

In addition to my paid work, since 2014 I have been actively involved with the College of Paramedics, most recently as Vice Chair of the Education Advisory Group, member of the Medicines Special Interest Group and member of the Consultant Paramedic Group. During the last 6 years I have contributed to several published documents and presented at conferences for and on behalf of the college.

The best bits

I am experiencing many aspects of healthcare for the first time, learning about the integral workings of systems and processes as well as the interdependencies and cross-over (of which there are many!). I bring a different perspective to many of those I work with, as a clinician my experiences allow me to highlight concepts that a colleague with a non-clinical background may not consider.

My AD role allows me access to a world of medicine that I previously never knew, it challenges me and widens my horizons, it requires that I have a good understanding of medical education and all of the processes that go with it, I also get to meet lots of interesting and knowledgeable clinicians in a variety of settings.

Best of all, I still get to work clinically and teach, albeit less frequently than I would like. Though I don't currently 'wear green' I am a paramedic first and foremost and maintaining the link to those roots is hugely important to me.

Senior Manager case studies



Case study: Steve Hatton

Job title: Clinical Systems Developer – Paramedic; NHS Pathways, NHS Digital.

Entry route: BSc (Hons) Paramedic Science

How I got the role

I became interested in telephone triage whilst working in the EOC, using different systems to support clinical decision making. I also had the privilege to represent my professional body during the development of the first national guidelines on stroke that contained pre-hospital care content (NICE, 2008). Both experiences came together when I saw a role with the NHS Pathways team.

Although my experience was with other triage systems the national team at NHS Pathways had yet to employ a paramedic as a Clinical Systems Developer; the professional mix was predominately GPs, Consultants and senior nurses. Employing paramedics offered a new perspective; a new skill dynamic that seemed to sit well with the purpose of what NHS Pathways caters for – urgent and emergency care. My experience in guideline development and the evidence reviews to do this brought more to the table, along with a detailed understanding of telephone triage concepts. And here I am.

Are you studying or working towards another role at the moment?

Currently studying for MSc Health Informatics at the University of Sheffield. In my final research dissertation year.

What I do

Clinically the role is varied in terms of the topics I will be involved in. Whilst the team uses my paramedic background expertise in resuscitation and acute illness, I work alone or alongside other members of the team on a full range of clinical topics. Primarily this is scoping issues raised by user sites for consideration of whether there needs to be a change to system content, e.g. for clinical safety, and to recommend changes based upon any new national guidance from the likes of NICE or Resuscitation Council (UK). Currently I'm working on a range of issues relating to hypothermia, sepsis, stroke, resuscitation and end of life issues. It's quite interesting though as I'm exposed to topics from general practice and paediatrics, so this continues to deepen my own clinical knowledge whilst also doing the day job.

My team works extensively together over internet-based conferencing technologies so that we can support each other in a virtual setting, and we meet face-to-face for a number of days each month to discuss each other's work proposals. Any change to the content requires a quorate sign-off by at least two doctors and two clinicians from a nursing or paramedic skill-set. This means the work we do is properly scrutinised and considered from different perspectives.

Senior Manager case studies



Case study: Steve Hatton

Job title: Clinical Systems Developer – Paramedic; NHS Pathways, NHS Digital.

Entry route: BSc (Hons) Paramedic Science

I also provide clinical support at our external National Clinical Governance Group, made up of the various Royal Colleges (and our profession, too) where we discuss and present content for governance sign-off.

Other aspects of my role include clinical risk assessment of issues reported to NHS Pathways from user sites, and on-call support. There is 24/7 clinical support for priority issues raised by a site to ensure patient safety.

Some of my work is also about engagement with 111 and 999 users, supporting our national training team to facilitate workshops and forums where we share learning and best practice. Each member of the clinical team is linked to a 111 and/or 999 user site, working closely with our training and operations team colleagues to provide support to the organisations across England that use our system. Other aspects of external engagement in my role involve working closely with the ARP Implementation Group, hosted by NHS England, as a representative of NHS Pathways – one of only 2 systems licensed to triage 999 calls in the UK. This work has possibly been one of the biggest shifts in ambulance care for some years. It's been a privilege to take part in this process which is very much about linking ambulance service activities to clinical quality standards for better patient outcomes.

Finally, I still get to treat patients face-to-face through 999 front-line Advanced Paramedic time that NHS Digital supports me to do via honorary contract arrangements with my local Ambulance Trust in Yorkshire.

The best bits

NHS Pathways' clinical content triages over 16 million calls to 111 and 999 per year and sits behind the national NHS 111 online platform. Mass population triage is complex: it requires skills to translate clinical knowledge into something lay persons can understand and deliver by telephone or online. It's quite daunting, but also a huge honour to know the work I do touches many multiples of patients every day to make sure they get the right care when it's needed.

Senior Manager case studies



Case study: Steve Hatton

Job title: Clinical Systems Developer – Paramedic; NHS Pathways, NHS Digital.

Entry route: BSc (Hons) Paramedic Science

I have spent a lot of time over the last two years working to incorporate the latest evidence and guidance on sepsis into our triage. This has involved some difficult conversations working as part of a team to find solutions that work without compromising the ability and safety of services to respond to a mixed population with different needs.

I must say one of the biggest rewards for me personally is the recognition and respect given to my profession for the skills and perspectives that paramedics bring to a national team. The feedback from my peers has been phenomenal. It seems they get as much out of working with paramedics as I feel I take from them and their knowledge base.

This role has also introduced me to the mostly unseen but vital work undertaken by my employer, NHS Digital. It's an organisation that we and our patients interact with every day without knowing it, e.g. summary care records, e-prescribing and of course contact with 111 or 999! The world of Clinical Informatics is so varied and interesting – and it is now a specialist faculty, with our profession participating in the work of the Faculty of Clinical Informatics. It's very much about delivering clinically safe systems that help us to do our daily work as health professionals and using data to understand and drive the decisions we make in practice.

Having a foot in the door at NHS Digital is proving to have real benefits for my career as an Allied Health Professional, and it's great to see this element of the NHS engaging with our profession. Therefore, I decided to develop my knowledge in this specialist clinical field through further postgraduate study.

I'm pleased to say I'm now two thirds of the way through an MSc in Health Informatics, delivered by the University of Sheffield. My final academic year started in September 2018 and focused on research. I'm proposing to validate the new 111/999 clinical triage algorithms designed to detect potential critical illness by comparison with initial ambulance service recorded NEWS2, under the supervision of a Professor in Emergency Medicine at SchARR.

I hope to publish this in a peer reviewed journal. Watch this space! Other specialist career development opportunities in this field are also available to our profession through the NHS Digital Academy. I'd encourage you to take a look!

Senior Manager case studies



Case study: Paul Bates

Job title: Higher Education Manager – London Ambulance Service NHS Trust

Entry route: National Staff Council (Ambulance Driver / Attendant) and NHSTA (Extended Training)

How I got the role

I started working for The NHS as an operating department practitioner at St Bartholomew's Hospital achieving a diploma in anaesthetics and surgical procedures. I joined the London Ambulance Service on patient transport moving to accident and emergency as a technician, paramedic, operational shift manager, and work based trainer before moving into education as an ambulance tutor and driving instructor. I was a student on the first cohort of undergraduate paramedics and completed my BSc Hons degree in Paramedic Science at the University of Hertfordshire. I was seconded from the LAS training department to the University of Hertfordshire as a link tutor teaching and lecturing on the paramedic programme; my interest was in education and teaching so I went on to complete a postgraduate certificate in education and a certificate in learning and teaching at masters level.

Are you studying or working towards another role at the moment?

I am not currently studying or working towards another role at present as I am actively involved in developing the London Ambulance service higher education strategy make a smooth transition to a graduate based paramedic profession that meets recruitment needs for future diverse paramedic practice. quite a challenge in such a large service currently takes up my working week with six university partners and an internal academy.

What I do

I lead on the paramedic higher education programmes for the department of education at LAS, managing and designing undergraduate pre-registration programmes, practice based education and the development of practice educators and the LAS academy. I am an approval partner/visitor for the HCPC and also for the College of Paramedics.

The best bits

Developing and pushing the boundaries of paramedic education and practice also being part of the full cycle of developing new students through to practice educators, tutors and now mentoring and developing new managers. I get a great sense of satisfaction watching students develop their knowledge, skills, and confidence and become competent practitioners.

Senior Manager case studies



Case study: David Monk

Job title: Operations Manager (Emergency & Urgent Care), Cambridge University Hospitals NHS Foundation Trust (full time), Clinical Site Manager/Advanced Paramedic, Northwest Anglia Ruskin University, and Volunteer Paramedic and Regional Clinical Assurance Lead, St John Ambulance East Region

Entry route: CertHE Paramedic Practice

How I got the role

I joined the ambulance service in 2001 as a student paramedic and studied for a CertHE alongside working full time. I registered as a paramedic in 2004 and continued to study for an honours degree with the Open University. I undertook a number of roles in the next five years with the ambulance service including clinical, training and managerial. I gained my first senior management position in 2008 as the general manager for Cambridgeshire responsible for frontline, primary care services and the acute neonatal transport contract. In 2009 I started studying for an MBA and made the move to become a senior manager in an acute hospital responsible for emergency care and acute medicine. In 2014 I moved to the NHS Trust Development Authority for six months in a performance management role. Realising that my passion is for service delivery I returned to an operational role in 2015.

Alongside my full time role, since 2009 I have worked as an advanced paramedic in an Emergency Department. I have been a Clinical Site Manager for a hospital since 2014.

I combine my managerial and clinical roles with an associate lecturer role for the faculty of medical/health science at a local university. I am also a fellow of the institute of leadership and management.

What I do

Working in emergency care in a hospital there is no such thing as a typical day, but most days involve a combination of meetings to look at performance, staffing, finance and longer term projects to support delivery of services including the recent opening of an urgent treatment centre. Every day will involve discussions within the areas I am responsible for regarding patient flow; combined with wider discussions regarding bed capacity for patients in the ED/major trauma centre; combined with trouble shooting and linking with external agencies to ensure patients receive the required care and response.

Each week will include one formal meeting with the wider hospital which rotates between directorate board, divisional board or our divisional executive performance meeting where we are held to account for delivery against national and local standards, financial management and are required to provide assurance regarding governance and quality of care. I am part of the hospitals senior manager (silver) rota and when on-call have responsibility for the wider campus, including capacity, patient flow, oversight of non-clinical emergencies and all other issues; on-call means I am often still on site late into the evening or overnight ensuring service delivery.

Senior Manager case studies



Case study: David Monk

Job title: Operations Manager (Emergency & Urgent Care), Cambridge University Hospitals NHS Foundation Trust (full time), Clinical Site Manager/Advanced Paramedic, Northwest Anglia Ruskin University, and Volunteer Paramedic and Regional Clinical Assurance Lead, St John Ambulance East Region

Entry route: CertHE Paramedic Practice

I also have responsibility for contract management and governance of the services of three minor injury units which are sub-contracted to another provider so have weekly telephone discussions with them as well as formal monthly meetings to ensure services are delivered in line with all required standards and to provide support as necessary.

In my clinical role as a site manager, I fulfill a role previously only held by senior nurses, taking clinical responsibility out of hours for a hospital overseeing quality of care, patient flow, bed management and response to all emergencies. My volunteer role with St John Ambulance involved attending duties in support of first aid and ambulance volunteers, I really enjoy this and helping them to develop their skills and experiences.

The best bits

I love the buzz of working in emergency care with no two days being the same, supporting teams to deliver the very best patient care for some of the region's most severely ill or injured is hugely rewarding. My role is about 'managing today whilst shaping tomorrow' the balance of the two is often difficult to juggle but the benefits to patients tangible. In my current clinical roles, I am proud to have shown that the knowledge, skills and experience of paramedics are not restricted to the pre-hospital arena.

Senior Manager case studies

Director

A director is primarily responsible for maintaining and improving the effectiveness and operational performance of the organisation, with reference to acceptable standards as determined by contractual performance, financial, quality standards and other related measures. It is expected that they would have undertaken an appropriate management qualification to underpin their knowledge in business administration and leadership.



“Developing new treatment plans and pathways based on the latest evidence and seeing these being used successfully in practice.” **Mark Millins**



Case study: Andy Swinburn

Job title: Associate Director of Paramedicine Welsh Ambulance Services NHS Trust (WAST)

Entry route: ICHD

How I got the role

Since commencing my role working within an ambulance service, I have undertaken a variety of clinically-focused roles. Initially I undertook an education and training role but then changed direction onto the clinical pathway by becoming an advanced paramedic. After a number of years working at this level, I successfully gained a position as a consultant paramedic with East Midlands Ambulance Service. In June of 2017 I was successful in obtaining the position of assistant director of paramedicine with the Welsh Ambulance Services NHS Trust and in January 2020 I became associate director.

Are you studying or working towards another role at the moment?

Undertaking a PG Cert in Medical Leadership.

What I do

As the Associate Director of Paramedicine, my role can be divided into two general themes which focus on being a 'clinically driven organisation' and 'developing ways to improve the care offered to patients'. The first theme is to ensure that the organisation seeks out ways to develop the clinical care it delivers to our patients. This is a strategic role across both acute and urgent care, with a focus on

ensuring that the organisation can work with the wider healthcare community to change the way patients are cared for.

The second theme includes creating pathways, new models of care and ensuring their effectiveness is captured.

In addition, professional development forms an increasingly significant aspect of my position. This is focused on working across directorates and in collaboration with ambulance commissioners to invest in structures and role development.

The best bits

As a strong advocate of the College's work, being in a position to implement an aspirational career framework is an exciting and motivational aspect of my role. To ensure that Paramedics can develop and flourish into a variety of exciting career opportunities is not only fundamental to improving care for patients but equally rewarding for my fellow colleagues.

Director case studies



Case study: Gerry Egan

Job title: Former Chief Executive, College of Paramedics

Entry route: ICHD

How I got the role

My Ambulance career was very varied and satisfying over 35 years. I joined the Scottish Ambulance Service in 1979 and worked as a single crewed ambulance-man in the north of Scotland. In the mid 1980's I became a training officer teaching ambulance aid and ambulance driving. There was no real leadership development at that time and the traditional route to promotion was to become a station officer or control officer.

In 1990 I became a paramedic, training in Newcastle, as Scotland at that time did not train paramedics, my training was through the IHCD route and after training school four weeks of in hospital training was the norm and then released on the public. I was the only Paramedic in my area and was lucky to be supported and trained by some forward thinking doctors in Scotland.

I had no formal qualifications in education and headed back to night School to do A levels and a Higher National Diploma. Formal CPD was not a requirement or even a thought in the 1990's and like a number of my colleagues, I was thirsty for knowledge and training. Advanced cardiac Life Support, Pre-Hospital Trauma Life Support, major incident training and finally Diploma in Immediate Care at the Royal College of Surgeons Edinburgh was my preferred route, all completed in our own time.

From a leadership journey I was fortunate to be selected to take part in the NHS Scotland delivering the future programme. This was highly focused programme delivered over 18 months to prepare clinicians to work at board level and develop the strategic direction and thinking the NHS needs to deliver first class care.

I became Consultant Paramedic and then Clinical Director of Scottish Ambulance Service and decided to retire from the NHS after 35 years to do something different; I was one of the first to be awarded the Queens Ambulance Medal for Distinguished Service.

In 2014 I applied for and was successful in becoming Chief Executive of the College of Paramedics.

Are you studying or working towards another role at the moment?

Now after 40 years in the various roles I have hung up my stethoscope and am enjoying my retirement.

Director case studies



Case study: Gerry Egan

Job title: Former Chief Executive, College of Paramedics

Entry route: ICHD

What I do

The College of Paramedics is the professional body for our profession and has experienced incredible growth over the last few years. No two days are the same and having a small staff team means I get to do a very wide range of things from routine emails and budgeting through to presenting at conferences and networking with other Chief Executives. I work with the other Allied Health Profession (AHP) leaders and we share experiences and ideas to make sure patients in the UK get the best AHPS's possible.

I lead the college team in taking forward challenging projects, Independent prescribing, degree entry to the HCPC register and developing our membership benefits are good examples of the work we do.

I work closely with our Board of Trustees and between us we have the responsibility for the strategic direction of our profession and ensuring we are influencing paramedic led care.

I still work as a paramedic doing my clinical work at Knockhill race circuit in Scotland. This keeps me up to date clinically and very grounded in what the day job is for a large number of our members.

The best bits

Leading change and development in our profession is an honour and privilege.

By building a team in line with the growth in members and the College's financial resources I get to work with a very dedicated and professional group of staff.

Personally, I love challenging conventional views of what a Paramedic is, what they do, and seeing projects come to fruition.

Working as a paramedic on a race circuit is incredibly satisfying and working within a highly skilled team alongside complex machinery is my most satisfying part of the job.

Director case studies



Case study: Mark Millins

Job title: Associate Director Paramedic Practice Yorkshire Ambulance Service NHS Trust

Entry route: National Staff Council (Ambulance Driver / Attendant) and NHSTA (Extended Training).

How I got the role

I joined the ambulance service as an Ambulance Technician before doing my paramedic training after 3 years of road experience. I developed an interest in education and started teaching on various short clinical courses such as ALS, PHTLS, PHPLS etc. I worked as a clinical supervisor and completed my IHCD instructional methods and instructional qualifying courses before taking up a tutors post. I then transferred out of the ambulance service and worked at a university where I spent 4 years as a senior lecturer developing and delivering pre-registration and post registration degree programmes. I then rejoined the ambulance service as the Lead Paramedic for YAS for 2 years before taking up my current post.

Are you studying or working towards another role at the moment?

I have recently completed Masters dissertation, I am not working towards another role at the moment.

What I do

As the Associate Director Paramedic Practice I am responsible, in collaboration with senior management within the Clinical Directorate, for assisting the Executive Medical Director in developing, leading, delivering and maintaining the Trust's clinical strategic direction. As head of profession I represent the Medical Director on a day to day basis leading the development of a culture which promotes clinical excellence within the Trust. I lead the development of professional leadership and Clinical Supervision within the organisation and my role has four key areas of focus; expert practice, professional clinical leadership, education and development, and research and innovation, providing assurance of delivery of these to the Executive Medical Director.

The best bits

Developing new treatment plans and pathways based on the latest evidence and seeing these being used successfully in practice. I also enjoy developing the Trust's career framework which will allow paramedics to develop their role in pre-hospital care.

Director case studies



Case study: Richard Lee

Job title: Chief Operating Officer. St John Ambulance Priory of England & the Islands of the Order of St John
Entry route: IHCD

How I got the role

I joined the ambulance service in Oxfordshire in 1993 after I left the Royal Air Force where I was a Medical Assistant and Flight Nursing Attendant. I had always wanted to be an ambulanceman having grown up watching my Dad who did the job.

The mid nineties was a great time to be part of the NHS ambulance service, not just because of the 2.8l Ford Transits and V8 Leyland Daf ambulances! but because after the national ambulance dispute of 1989/90 we were evolving towards the clinical service that is offered today. I progressed through supervisory and training roles into local and then regional, and national management roles across both clinical and operations. In 2015 I was the operational lead for the design of the new response model in Wales which initiated the reforms to ambulance services in Scotland and England.

I have met fantastic people during my roles in the ambulance service both patients and colleagues. In 2016 I was awarded the Queens Ambulance Medal for distinguished ambulance service in the Queens Birthday Honours List.

I took on my first board role as the Director of Operations at WAST in 2016 and now in 2019 I am starting my new role as the Chief Operating at St John Ambulance.

Are you studying or working towards another role at the moment?

I am currently learning all about operating in the third sector and alongside, rather than as part of the NHS Ambulance Services. In 2017 I was awarded a Fellowship in Immediate Medical Care from the Royal College of Surgeons of Edinburgh where I have been an examiner for the faculty of Pre-Hospital Care since 2005.

What I do

My role is to lead the operational activities of SJA. These include event cover for large events such as Premier Leagues Football and smaller local events such as carnivals and half marathons, community resilience work, community services and our ambulance support to the NHS. In order to do this I have a team including regional directors, a clinical director and other seniors in fields such as fleet, logistics and facilities. The services I am responsible for are really delivered by thousands of fantastic volunteers and so I spend as much time as possible out meeting local units and people to understand what the future needs to look like from their perspective. I would like to make volunteering for SJA easy so everyone can concentrate on providing great care.

Director case studies



Case study: Richard Lee

Job title: Chief Operating Officer. St John Ambulance Priory of England & the Islands of the Order of St John
Entry route: IHCD

I also continue to practice as a paramedic so a day per week is spent providing direct patient care.

We have embarked on a clinical modernisation programme in 2019 with new equipment, new fleet and new ways of operating. This will blend our volunteers and paid employees into one force of "St John People". There are really exciting times ahead here. I also continue to practice as a paramedic so a day per week is spent providing direct patient care.

The best bits

Working in this role is different to the NHS because the organisation is fundamentally driven by the desire to serve humanity. This means that we can operate in spaces that the NHS would not want to be. We can truly deliver local services because they are delivered by local people. This role allows me to operate across the whole of my operational division meaning that I can spend time with my team considering leadership, clinical and logistical issues. I like that variety of challenge.

SJA is a special place with a commitment to provide aid to everyone in need. My ambition is to start a SJA bursary to fund the development of paramedics of the future.

Director case studies

Research & Development



Further resources are available at: [The College of Paramedics](#) [Health Education England](#) [The Health and Care Professions Council](#) [The Quality Assurance Agency for Higher Education](#)
[NHS Education for Scotland](#) [Workforce, Education and Development Services](#) [The Department of Health Northern Ireland](#)

Research Paramedic

A research paramedic is a paramedic who aspires to develop their career by combining clinical research and research leadership along with clinical practice and clinical development. They should be encouraged to consider the Integrated Clinical Academic Programme to advance their career development as promoted by Health Education England and the National Institute of Health Research. They should engage with the wider healthcare research community and they should look to build partnerships to promote paramedic research between higher education institutions and ambulance services, as well as acute Trusts and other healthcare settings where paramedics are employed with the aim of publishing original research.



“ Pre hospital research has grown a lot as a field in recent years, we collaborate on projects that have an effect on national practices and some internationally.” **Nicholas Groom**



Case study: Nicholas Groom

Job title: Teaching Fellow, Oxford Brookes University. Research Paramedic. South Central Ambulance Service

Entry route: FdSc Paramedic Science

How I got the role

Research is something I've been interested in since joining the ambulance service five years ago. From previous university education and my paramedic course, I had some exposure to research methodologies and some experience recruiting patients into clinical trials thanks to PARAMEDIC-2. I'm also a bit of a spreadsheet geek and completed a couple of projects using retrospective data provided by the trust. Later that year I applied and was successful getting a position working for Oxford Brookes University on their Paramedic Science program.

Are you studying or working towards another role at the moment?

I've been completing some level six modules so I can be more prepared for study at level seven. I've completed a level six clinical assessment module and I've received funding from the trust to complete a level seven end of life care module which I'm working on at the moment. Oxford Brookes are also going to support me to complete a PGCert in Education, they've also supported me to become a PHTLS instructor.

What I do

I don't have a typical week, I've always got a few projects going on at once. Because I work in research, I travel around the trust to meet with internal and external partners about projects we're developing; when I'm not doing that, I'm based at one of our standby points so I can keep in contact with crews and feedback the work we've been doing. Education keeps me busy as well, I'm either preparing material to deliver to students or supporting them in their simulation-based education. I somehow manage to find time for a clinical shift in there as well!

The best bits

Probably the variety and the opportunities it's given me to develop as a Paramedic. Pre hospital research has grown a lot as a field in recent years, we collaborate on projects that have an effect on national practices and some internationally. Research has presented a new set of challenges for me to embrace and I've taken that into education too. From September I'll also be the College Trustee for South Central and this is going to give me the opportunity to contribute to the development of the profession.

Research Paramedic case studies

Research Fellow

A paramedic research fellow is a paramedic who undertakes the leadership of original research projects that aim to contribute to the body of knowledge within the profession and evidence-based practice. They would hold or be working towards a Master of Research (MRes) degree.



“ Research as a career is rewarding especially if you are an inquisitive person. My favourite part of the role is the ‘lightbulb’ moments when I’ve read research or analysed data and can completely see the changes in practice that could improve care”. **Jamie Miles**



Case study: Jamie Miles

Job title: Research Fellow, Yorkshire Ambulance Service

Entry route: DipHE Paramedic Science

How I got the role

I started participating in prehospital research studies such as Airways2 trial and Right2 which sparked curiosity into how such large and complex studies are designed and delivered. I decided to enroll on an MSc in clinical research at the University of Sheffield to gain a formal understanding of the process. The intention towards the end of the course was to be able to design and conduct my own research in future that would improve the profession. Halfway through the MSc, an opportunity arose to be a research paramedic for Yorkshire Ambulance Service. I completed my MSc in this role and began to think about the next steps in my career. The research team created a supportive environment where I could develop a fellowship application with the NIHR/HEE. This was successful and I am now leading my own study in deriving and validating a risk prediction model for ambulance staff.

Are you studying or working towards another role at the moment?

Yes. I am currently undertaking a PhD and a PGDip in Advanced Practice which are both part of the NIHR/HEE Clinical Doctoral Research Fellowship.

What I do

The start of the week always begins by monitoring the timeline and prioritizing tasks for the week. I will typically spend Monday morning on strict project management and iron out any problems. Then I will begin the academic side of the fellowship. This is quite broad and depending on the project stage, depends on the tasks. I will use Friday as a clinical day and either go on an ambulance or spend the day in the Emergency Department.

The best bits

I am very fortunate to have been awarded this fellowship and I would love to see more paramedics in the country apply. I enjoy the learning aspect of the job, and having the flexibility to plan my own time. It is exciting to be tasked with answering a clinical question that I proposed because it is important to me.

Research as a career is rewarding especially if you are an inquisitive person. My favourite part of the role is the 'lightbulb' moments when I've read research or analysed data and can completely see the changes in practice that could improve care

Research Paramedic case studies



Case study: **Graham McClelland**

Job title: Research Paramedic, North East Ambulance Service (NEAS) NHS Foundation Trust

Entry route: IHCD

How I got the role

I worked in a variety of roles within NEAS as a technician, paramedic, and HART paramedic, before applying for a 12-month secondment as the trial coordinator for the Head Injury Transportation Straight to Neurosurgery (HITS-NS) trial. After being accepted for this role (which ended up lasting for nearer 24 months) I got increasingly involved in the rapidly developing field of pre-hospital research. Whilst completing the trial coordinator role I completed my BSc Practice Development and applied for a fellowship with the National Institute for Health Research (NIHR) to study a master's in clinical research. Succeeding in my application to join this scheme I embarked on these studies part time whilst continuing to work for NEAS in the research department as a research paramedic working across a range of studies and projects.

What I do

My role involves involvement in all aspects of research including developing ideas and grant applications, meeting with partner organisations, training staff, collecting data, writing reports and papers and presenting results. Within this role I try to support and help other paramedics who have an interest in research to develop the research capability within our profession.

In addition to the research aspect of my role I also have to maintain my skills and knowledge as a paramedic so I still do operational shifts and try to keep on top of my CPD requirements.

I finished my PhD exploring pre-hospital identification of stroke mimics in 2019 supported by a Stroke Association postgraduate fellowship. I am now looking how I can continue to develop as a clinical academic. I am also involved in the British Paramedic Journal and the College's Research and Development committee.

The best bits

The variety in what I do, being part of driving pre-hospital care forward and the potential to beneficially affect practice on a large scale.

Research Fellow case studies



Case study: Greg Whitley

Job title: Paramedic | PhD Student, East Midlands Ambulance Service NHS Trust | University of Lincoln

Entry route: FdSc Paramedic Science

How I got the role

I completed a BSc (Hons) Biomedical Science in 2008, joined the West Midlands Ambulance Service NHS Foundation Trust in 2010 as a student paramedic and graduated with a Foundation Degree in 2012. I immediately started an MSc in Health and Social Care, graduating in 2016. This helped me secure the position of “research paramedic” for the AIRWAYS-2 clinical trial within the East Midlands Ambulance Service NHS Trust (EMAS) (Jan 2015 – Nov 2017). The combination of my MSc and AIRWAYS-2 experience helped me secure a PhD studentship from the National Institute of Health Research (NIHR) Applied Research Collaboration - East Midlands (ARC EM). I started the PhD full-time in Jan 2018 whilst continuing clinical practice as a part-time paramedic.

Are you studying or working towards another role at the moment?

I am studying for a PhD on a full-time basis. This will take three years in total and involve the submission of an 80,000 word thesis that is both original and substantial. I would like to embrace the “clinical academic” role after graduation by remaining clinical, lecturing and undertaking post-doctoral research.

What I do

Although my PhD is full-time, I only spend 75% of my working hours studying. The other 25% of my time is spent undertaking clinical shifts with EMAS as a front-line paramedic.

Research

I am currently two years into my PhD and so far it has been a phenomenal experience. The practical side of the PhD involves things like research skills training, gaining ethical approvals, carrying out a literature review (or systematic review in my case), collecting quantitative and qualitative data, analysing, interpreting, writing my thesis and publishing whilst ensuring I keep to schedule. The theoretical side is more of a challenge (for me). This involves understanding philosophical views and theoretical frameworks and incorporating them into the research. This involves a lot of reading and discussion with peers and supervisors. I often work from home, but when I have meetings I travel into university and I occasionally work from my old research office within EMAS.

Clinical

Where possible I group my clinical shifts together, working 3-4 shifts per month. Maintaining clinical competencies is a challenge as I’m

Research Fellow case studies



Case study: **Greg Whitley**

Job title: Paramedic | PhD Student, East Midlands Ambulance Service NHS Trust | University of Lincoln

Entry route: FdSc Paramedic Science

expected to undertake the same amount of training and CPD as a full-time paramedic. However, staying clinical helps keep me grounded and more of a 'clinical researcher' rather than an 'academic researcher', the benefits of which are abundant. Not only do I get to see the day to day problems of clinical practice first hand, I have a clearer understanding of how to address the problems by developing research projects that will work in the 'real world'.

The best bits

Research has the potential to improve outcomes for patients internationally. Whilst clinical practice is rewarding, as I can directly impact the life of one patient at a time, research offers me the opportunity to reach many more patients. This for me is the most rewarding aspect of a career in research.

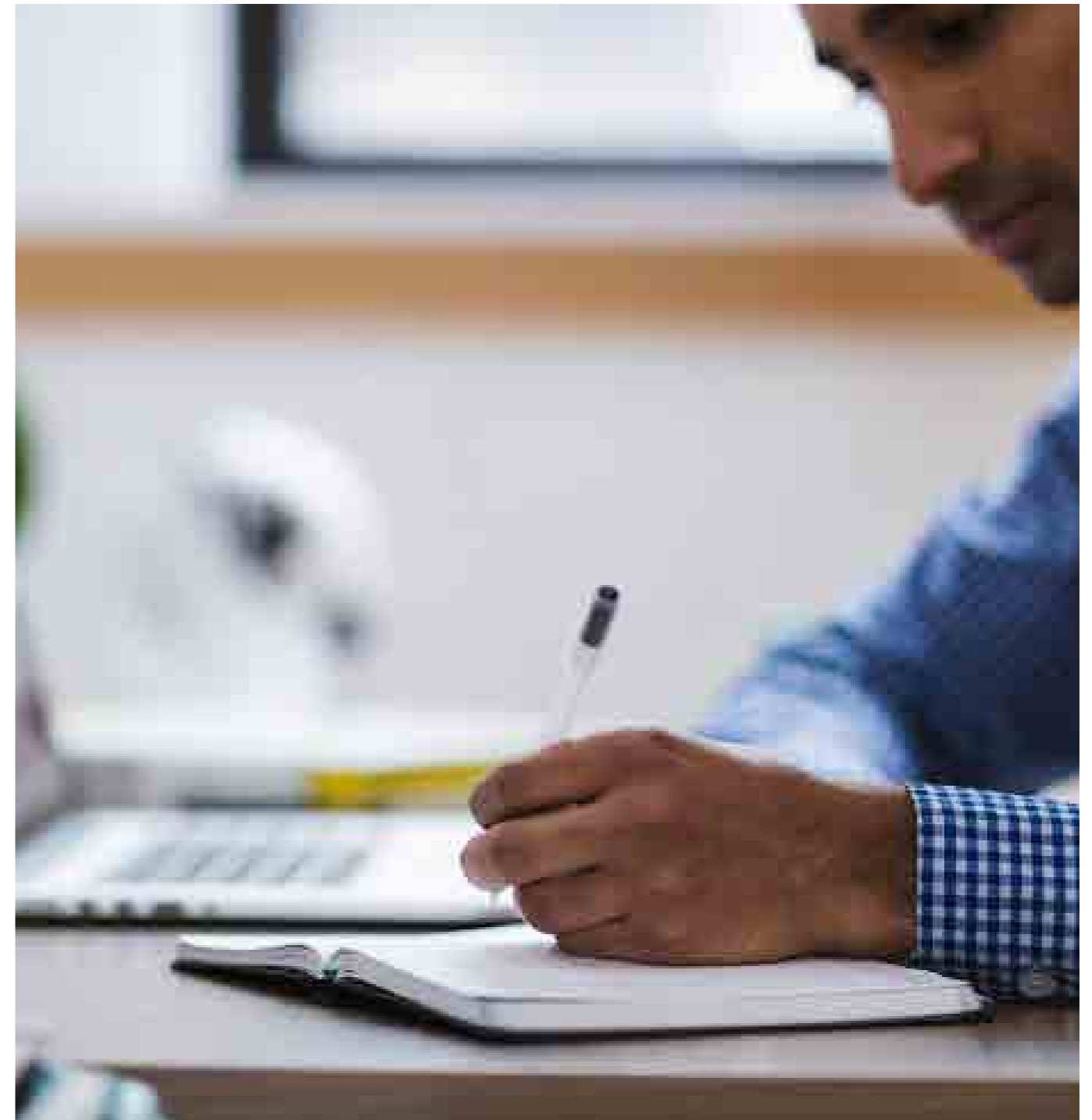
Research Fellow case studies

Reader

A reader is a senior academic paramedic with key leadership responsibilities in the university. A reader:

- Leads research and development in the broad areas of paramedic science, paramedic practice and paramedic education
- Contributes to the management, academic development and quality of paramedic & related programmes.
- Is responsible for embedding research into all paramedic science and related programmes

'Reader' is a traditional academic designation which is not used by all universities. In the university hierarchy the role sits between that of Senior Lecturer and Professor. There are currently no submissions to the Digital Career Framework for this role.



Professor

A research professor is a paramedic who has completed an appropriate doctorate (such as a PhD or professional doctorate) and has undertaken substantive post doctoral research. Through leading and undertaking research studies, they would have made - and will continue to make - significant and original contributions to a specialised field of inquiry, demonstrating a command of methodological issues, engaging in critical dialogue with peers and working towards improved patient outcomes and professional practice.



“Every day is different and I feel really privileged to have the opportunity to contribute to these areas.”

Julia Williams



Case study: Julia Williams

Job title: Professor of Paramedic Science, University of Hertfordshire

Entry route: DipHE Paramedic Science

How I got the role

After many years of working in clinical settings, education and research, I was encouraged by colleagues, students and peers to consider applying for a professorial post. At the time, I knew little of the process and having researched it I was pretty sure it was not going to be easy. It was also not a quick process so make sure you build that in to your career plans! I began to reflect on what I had done and achieved, and where I wanted to go next and then I started to develop my application. The selection process itself was challenging involving several stages, all of which required demonstration of successful previous and current research activity as well as highlighting future potential for research and innovation. The panel wanted to see evidence of national and international collaborations in research and research related activities as well as involvement in the teaching and supervision of both pre and post-registration students at all levels, from undergraduate through to doctoral level.

I was able to draw from extensive experience in healthcare as well as being involved in paramedic education at both undergraduate and post-graduate levels, research for over 20 years. I undertook my PhD at King's College, London, researching into street homeless people's experiences of health and healthcare provision. This really fuelled my passion for research and so I took a post at the University of Hertfordshire

where, alongside my lecturing activities, I became the research lead for Paramedic Science, which enabled me to become actively involved in the vibrant and developing area of pre-hospital and urgent and unscheduled emergency healthcare research.

Over the years I have been involved in many exciting research studies allowing me to build a portfolio of publications and conference presentations, reflecting my input to both clinical and educational research. In addition, I have collaborated in numerous grant applications to fund research – some of these were successful and, equally, some were not; but they have all been good learning experiences which have helped improve my subsequent applications.

Initiating links with other higher-education institutions and ambulance services both in the UK and overseas is key. This has facilitated collaborative working with other people in research and education which has, in turn, strengthened my research networks, the importance of which, in my opinion, should never be underestimated!

Professor case studies



Case study: Julia Williams

Job title: Professor of Paramedic Science, University of Hertfordshire

Entry route: DipHE Paramedic Science

What I do

There are many facets to my roles but the activities fall broadly into three areas: research, education and clinical practice. I have the perfect job! It gives me opportunities to work alongside students at all different levels, from first year students on a pre-registration BSc (Hons) degree in Paramedic Science through to supervising my PhD students who are undertaking essential research in out-of-hospital emergency, urgent and unscheduled care.

For part of my time I am seconded to work as research lead for an ambulance trust, which involves managing research projects; developing grant applications; undertaking data collection; leading on the creation of research and innovation strategies; developing research knowledge and expertise amongst operational staff; organising professional development activities; and promoting and maintaining good research governance practices.

Additionally, I am involved in many other activities targeted at raising the profile of paramedic research such as presenting at conferences; writing research papers; and helping to facilitate other staff's development in research.

In July 2019 I was appointed as the Head of Research for the College of Paramedics which is an amazing opportunity to work with members to shape the future of research relevant to paramedics employed in all different settings. The College has many goals for research activities and I hope to be able to support other Paramedics to successfully apply for professorial posts in a variety of disciplines and specialities. Through this role the College can contribute to other national organisations such as the 999 Research Forum, the National Ambulance Research Steering Group, and the Council for Allied Health Professions Research network – all of which afford further opportunities to champion the development of research aligned to the paramedic profession.

Working in clinical practice as a Paramedic is essential for me, as this is where I believe the domains of education and research should merge seamlessly to underpin paramedic practice, ultimately enhancing patients' experiences and improving clinical outcomes.

Professor case studies



Case study: Julia Williams

Job title: Professor of Paramedic Science, University of Hertfordshire

Entry route: DipHE Paramedic Science

The best bits

This is difficult - as I think all of my work comprises 'the best bits'! I am passionate about integrating paramedic research, education and clinical practice. Every day is different and I feel really privileged to have the opportunity to contribute to these areas.

I love working with students at all levels - helping to support and develop them into clinical research career pathways - but equally important to me is my clinical work, which keeps me grounded, especially as patients and colleagues have so many wonderful and viable ideas for future clinical research studies. I feel I can make a difference by helping them to develop these ideas into actual research studies, the results and findings of which inform paramedic practice and education. Supervising post graduate research students is a vital component of my professorial post as I am helping to develop and support the paramedic research leaders of the future.

Enabling people to understand research and its impact on paramedic practice is a priority for me. Building research capacity and capability amongst paramedics will empower the profession to influence changes in service delivery, patient care and management, and patients' clinical outcomes in the years to come. I love my job and I am really excited about what paramedic-led research can do to shape the profession's future contribution to healthcare.

Professor case studies

Education



Further resources are available at: [The College of Paramedics](#) [Health Education England](#) [The Health and Care Professions Council](#) [The Quality Assurance Agency for Higher Education](#)
[NHS Education for Scotland](#) [Workforce, Education and Development Services](#) [The Department of Health Northern Ireland](#)

Practice Educator

The first role undertaken by paramedics progressing into the education arena is often that of practice educator; this role is fundamental to the educational and clinical development of pre-registered and postgraduate students. The practice educator is a role model, coach, teacher and assessor. This is a hugely influential and critically important role. The practice educator's approach to clinical practice and education will influence and guide the future practice and development of those starting out on their career pathway. Paramedic students depend upon the support, guidance and professionalism of the practice educator as they integrate learning into practice.



"I am incredibly privileged to be in this position, as it gives me the opportunity to mould and shape future paramedics, and influence the development of our profession".

Sam Harrison



Case study: Sam Harrison

Job title: Paramedic Practice Educator, London Ambulance Service NHS Trust

Entry route: FdSc Paramedic Science

How I got the role

Since qualifying as a paramedic in 2015, I wanted to help develop other clinicians and student paramedics. I studied a Level 6 Paramedic Practice Educator (PPEd) certificate at the University of Hertfordshire in 2017, and have since supported students and learners on their operational placements. The course equipped me with the practical and theoretical knowledge required to facilitate practice placements. One of the key elements I found most beneficial was learning how to manage a failing learner, and develop a plan to help the learner to achieve the required standard.

Are you studying or working towards another role at the moment?

I have recently started working at the University of Hertfordshire as a Clinical Skills Tutor. This challenges me to adapt to teaching in a different setting - teaching in a classroom is completely different to teaching in the back of an ambulance. I also have the opportunity to develop my teaching styles - as opposed to one on one whilst on the road, I teach a group of students all with different learning styles. This requires me to continually adapt my styles of teaching throughout the session - I have found this greatly complements my work as a PPEd within the ambulance service.

What I do

My life as a paramedic is pretty typical; I follow a rota of shifts on an emergency ambulance, working with a regular crewmate, who is a student paramedic on my trust's internal paramedic programme. I am supporting my crewmate throughout his course, in addition to having student paramedics from local universities join me for periods of 4-5 weeks on their practice placements. I ensure students work to meet the requirements set out for them by the trust or their university, and tailor my teaching to facilitate this.

Each placement may involve: inductions for new students; providing resources and learning materials; helping to develop documentation style; building autonomy in decision making; implementing assessment skills; improving communication skills; supervising clinical skill practice. I am also required to complete practice placement documentation for each student, to record meetings, skills, and assessed elements of practice. Occasionally, a student will struggle to meet the required standard, and in these instances, I will work with the learner to write a formal action plan. This will provide 'SMART' targets that the student will be able to work towards resolving in a structured manner.

Practice Educator case studies



Case study: **Sam Harrison**

Job title: Paramedic Practice Educator, London Ambulance Service NHS Trust

Entry route: FdSc Paramedic Science

The best bits

The thing I enjoy the most about my role as a PPEd is helping a student develop, grow in confidence and improve in their autonomy. I am incredibly privileged to be in this position, as it gives me the opportunity to mould and shape future paramedics, and influence the development of our profession. It also challenges me clinically, as questions from students will often push my areas of knowledge, requiring me to keep up to date with best practice and new research.

Practice Educator case studies

Paramedic Lecturer

The term 'lecturer' encompasses a variety of essential functions in teaching and learning: it includes lecturing, assessing, personal tutoring and in some instances early career research, and can be applied to those whose main role is teaching either in a university or in a healthcare organisation such as an ambulance trust. Lecturers are responsible for the design and effective delivery of teaching materials that contribute to the development of programmes, which are flexible and responsive to the continually-changing needs of the paramedic and multi-professional workforce. They set and assess work, provide feedback, support students and practice educators in practice based learning and monitor the quality of the learning environment.



“ Every day, each lesson is unique with a different set of pupils and challenges. I love to be challenged and participate in class debate. In particular, I enjoy sharing and learning from different experiences and motivations and relating this to professional practice”. **Dan Lawton**



Case study: Dan Lawton

Job title: Clinical Educator/Lecturer Practitioner

Entry route: FdSc Paramedic Science

How I got the role

I have worked for the ambulance service since 2004, starting off in patient transport services, then student paramedic, paramedic, clinical supervisor, and finally ending up as a clinical educator. Since May of 2018, I have secured a position as a Lecturer Practitioner with the University of Huddersfield.

Are you studying or working towards another role at the moment?

My FdSc in paramedic science was awarded by Teesside University in 2009, which was topped up to BSc in 2014. I have now completed an MSc in acute and critical care at the University of Huddersfield, awarded in 2017 and more recently, I have completed a PG Certificate in Clinical Education awarded July, 2018.

What I do

My time is now split between two roles; as a Clinical Educator for the Yorkshire Ambulance Service and a Lecturer Practitioner for the University of Huddersfield.

As a Clinical Educator, I deliver and assess on all core internal courses including staff updates and Clinical Refreshers, Emergency Care Assistant

and Emergency Medical Technician courses. Also, with a team of Educators, we provide skill and simulation placements for the University of Bradford undergraduate student paramedics. Further to this, I provide support for operation clinicians including Practice Educators and students. Help with the development of education materials and even find time for Clinical Practice.

In a typical week with the University, I deliver on a range of healthcare course including pre and post registration students. I am also involved in a range of research projects and have aspirations to complete a PhD.

The best bits

My role has such variety. One day I can be delivering material for core ambulance courses and the next showing student paramedics how to intubate.

Every day, each lesson is unique with a different set of pupils and challenges. I love to be challenged and participate in class debate. In particular, I enjoy sharing and learning from different experiences and motivations and relating this to professional practice.

Lecturer case studies



Case study: Scott Goudie

Job title: Clinical Education Facilitator, University of Greenwich

Entry route: FdSc Paramedic Science

How I got the role

Whilst volunteering for the British Red Cross I developed a passion for ambulance work, supporting the ambulance service during winter pressures. In 2003 I started with Kent Ambulance Service as a trainee IHCD Ambulance Technician. I applied for the FdSc Paramedic Science in-service pathway in 2008 and on completion worked as a paramedic for SECAMB in East Kent.

I worked full time whilst studying at the University of Greenwich and gained a BSc (Hons) Professional Practice (Pre-Hospital Route) in 2012. During this time, I became a Practice Educator guiding paramedic student development whilst on clinical placement.

In 2013 I became a Clinical Team Leader supporting a team of clinicians whilst undertaking management duties to ensure daily running of ambulance operations. This involved operational command duties and multi-agency working with emergency services, external organisations and local hospitals as well as delivering training updates and clinical development to members of my team. It was this role where I discovered a passion for teaching and tutoring students.

I joined the University of Greenwich in August 2016 as a Clinical Education Facilitator. Since working here, I have completed a PGCert in

higher education, gained fellowship of the Higher Education Academy and have just finished an MA in Education with special focus on higher education. I am currently undertaking a part-time PhD in Health and Social care with a research focus on equality and inclusivity in paramedic education.

Are you studying or working towards another role at the moment?

The role of Clinical Education Facilitator was introduced to enable paramedics without a masters degree the opportunity to fulfil an academic post and develop into the role. Having completed my MA I can now apply for the role of Senior Lecturer through the university's career pathway, although my job is already very similar in terms of roles and responsibilities.

What I do

My role depends upon what stage of the academic year it is. Between September and May my role mainly involves delivering lectures for various modules to all three years on the BSc (Hons) Paramedic Science programme. When not lecturing, I am usually found in the skills labs teaching the various skills, procedures and equipment that are contained in the paramedic syllabus.

Lecturer case studies



Case study: **Scott Goudie**

Job title: Clinical Education Facilitator, University of Greenwich

Entry route: FdSc Paramedic Science

As a Clinical Education Facilitator, I have my own module to organise and oversee. This can involve a substantial amount of administration and organisational work liaising with timetabling and faculty staff that have been deployed to teach on the module as well as creating course materials and ensuring consumable stock availability. My module involves staff from other departments including midwifery, learning disability, adult, mental health and children's nursing as well as all paramedics within the programme.

When not teaching I may be called upon for other activities such as interviewing potential candidates; meeting with personal tutees; developing existing teaching material with new and innovative forms of delivery; marking and moderating; exam invigilation or promoting the paramedic programme with open days, evenings or taster days for potential students. Around these days I find the time for my own studies as well as research and scholarly activity which are essential to the role. This may involve developing articles for publication or delivering conference presentations. Both of which I have achieved in this role.

The best bits

For me, the best thing about this role is the student development. I get the opportunity to interact with students at all stages of their study and get to see them develop from nervous and unsure individuals into confident autonomous practitioners who can not only deliver clinical excellence, but also have a passion for the development of profession.

Lecturer case studies

Senior Lecturer

A senior lecturer is normally an academic paramedic who has undertaken (or is near to completion of) a relevant master's level programme of education. They will take on further responsibilities such as module leadership, curriculum design or admissions management, as well as beginning to develop their own research profile. In some institutions a senior lecturer may also be a programme lead, responsible for the oversight and development of an entire course of study and the leadership and management of the academic team. Depending upon the structure of the institution, a senior lecturer may progress to a higher grade such as principle lecturer, associate dean or associate head of school, demonstrating a blend of skills and qualities in leadership and management as well as education.



"I enjoy challenging students to think for themselves and to not simply accept the status quo without considering the evidence base. For me, this is part of being a lecturer. Without continually questioning and reviewing current practice, we cannot move forward as paramedics". **Juliet Harrison**



Case study: Juliet Harrison

Job title: Associate Professor in Paramedic Science, University of East Anglia

Entry route: IHCD

How I got the role

I joined the East of England Ambulance NHS Trust in 2007 as a student paramedic, before qualifying as a paramedic in 2010. Before this, my working background was predominantly non-clinical, but I had an interest in science. I began to study for a BSc (Hons) Open with the Open University in my free time, focusing on human biology and chemistry modules. It made me realise that I wanted to work clinically as a paramedic.

The role offered so much opportunity to manage a wide base of clinical presentations, that it could only be interesting. After qualification, I worked both as a front-line paramedic, and in ambulance control in telephone triage.

I began an MSc: Advanced Practitioner in 2013 to further my knowledge and patient management skills. The useful spin off from this was being offered occasional lecturing in anatomy and physiology to student nurses by my MSc tutor.

I already had a qualification in teaching adult learners (a hangover from being an ex-dance tutor) so this started me off in education. As I was already lecturing, I was asked to work on building the new BSc (Hons) Paramedic Science course at the University of East Anglia and applied for a full-time job as lecturer in 2014.

I got the job, and then completed a Post Graduate Diploma in Higher Education Practice and the MSc; becoming an advanced practitioner with an interest in paediatrics.

I am also a certified Resuscitation Council Advanced Life Support provider and instructor; and a Fellow of the Higher Education Academy.

Outside my lecturing role, I am a reviewer for the British Paramedic Journal and a first responder for nearby cardiac arrests through the GoodSam app.

What I do

I am responsible for delivering 100 credits on the BSc (Hons) Paramedic Science programme, teaching theory, simulation and practical skills across all three years.

My days are varied, as I not only teach, but work on curriculum development, assessments, timetabling, planning and the 101 different things that are needed for helping maintain a successful course.

Senior Lecturer case studies



Case study: Juliet Harrison

Job title: Associate Professor in Paramedic Science, University of East Anglia

Entry route: IHCD

I am also Admissions Officer for the course, so I am involved in interviewing potential students, speaking at Open Days, and in generally offering a point of contact for admission onto the course.

In my role as personal advisor, I offer guidance to individual students around academic or pastoral issues, and I also provide support to students in clinical placement.

I still work in clinical practice whenever possible as I feel it gives me credibility and an understanding of today's issues for front line staff.

I enjoy challenging students to think for themselves and to not simply accept the status quo without considering the evidence base. For me, this is part of being a lecturer. Without continually questioning and reviewing current practice, we cannot move forward as paramedics.

The best bits

There are loads... the students themselves, the tight-knit multi-disciplinary team I work within, and that feeling of impacting positively on patient care through the teaching that myself and all the team deliver. Ultimately though, my motivation has always been about the students and believing in them - I want them to be the best they can possibly be.

To me, nothing is more satisfying than tracking a student's progress over three years - from arriving nervously with very little knowledge, to leaving as a confident, well rounded paramedic with the kind of enquiring mindset that a really good clinician needs.

I love a solid clinical discussion with a student, who effectively demonstrates the amount of expertise they have acquired through their hard work – and it is awesome to know they are now going to go out and better patient care!

Senior Lecturer case studies



Case study: Sam McCabe-Hogan

Job title: Senior Lecturer, Sheffield Hallam University

Entry route: IHCD

How I got the role

In 2001 I joined Lincolnshire Ambulance Trust as an ambulance care assistant in health transport, after 2 years I applied for a position as an ambulance technician, I also applied for a degree at Lincoln University in Health and Social Care, which I started in September 2003. I completed my year 1 degree and technician course at the same time. In 2006 when I started my final year at university and was successful in gaining a place on a paramedic course, this meant I did my paramedic 6-week course and my dissertation at the same time.

From 2006 to 2009 I developed my paramedic skills but was finding I was getting very interested in research, I became a research champion for my trust (now EMAS) and was involved in a few studies including SAFER 2, I also learnt about the Litigation Authority and the audits required for that. In 2009 I applied and was successful for doing a Master's in Clinical Research at Lincoln University.

At this time a job was advertised in the education department of EMAS in Lincoln, I applied and was seconded for 12 months, which was extended.

In 2012 I completed my Masters and applied for a job as a lecturer at Sheffield Hallam University, I was successful and joined them in July 2012.

I have become a HEA Fellow and I also work for the College of Paramedics as a 'Visitor' and enjoy seeing other universities and their paramedic courses.

Are you studying or working towards another role at the moment?

I will be looking to begin my PHD in the next couple of years.

What I do

My day is varied, I can teach theoretical modules such as research and evidence-based practice, law and ethics or mental health. I also assist on the practical modules, supporting the student's development of ALS, PALS, trauma as well as skills sets.

As the research lead, I support colleagues with their research projects, as well as supporting pre and post graduate students with their dissertations. I am currently working on a research project looking at estimating external hypovolaemia and its relevance to paramedic practice, and this had led me to start investigating the literature for cardiac output, respiratory rates with hypovolaemia.

Senior Lecturer case studies



Case study: Sam McCabe-Hogan

Job title: Senior Lecturer, Sheffield Hallam University

Entry route: IHCD

The best bits

I love to discuss and debate with my students on ethics and law, I find their passion and eagerness to learn inspirational. Each cohort brings different views and discussion, no discussion is the same. I enjoy investigating current practice to ascertain whether there is evidence behind it, as our profession continues its upward trajectory in research and developing the role.

Senior Lecturer case studies



Case study: Ken Street

Job title: Course Leader, BSc (Hons) Paramedic Science, Brighton University

Entry route: IHCD

How I got the role

I began my clinical career in 2000 and have worked in a variety of roles, including: as a paramedic; specialist paramedic (urgent and emergency care); and in clinical mentorship. Initially I worked for Hampshire Ambulance Service, prior to the amalgamation, and latterly for South Central Ambulance Service. My route into higher education began as a part-time hourly-paid lecturer delivering lectures and facilitating assessments on an adhoc basis, before applying for a new full time position in 2012. I joined the university as a senior lecturer when there was only one pathway to registration, one other paramedic on the team, and a total of 50 undergraduate paramedic students on the programme. In 2014 I was asked to take on the role as course leader which I successfully held for three years before stepping aside to concentrate on other aspects of my role. The paramedic team has grown to seven strong and now offers a variety of pathways to registration to nearly 250 undergraduate students. In July 2019 I began a new chapter in my career and joined Brighton University as a Senior Lecturer and now Course Leader, on their BSc (Hons) Paramedic Science Programme.

What I do

My role is truly multi-faceted, from preparing and delivering lectures to all levels of paramedic students, as well as to other programme areas like pharmacy, to providing pastoral care and dissertation supervision. As

course leader I wrote and developed new courses, taking them through the approval process, whilst ensuring that quality was maintained and that all programmes were delivered smoothly, effectively, and continued to meet professional, statutory and regulatory body standards.

My role has allowed me the opportunity to do things I would not have previously done as an operational paramedic, including presenting at conferences, working more closely with the College of Paramedics, and embarking on my first empirical research projects with colleagues from the UK and Australia looking at paramedic education in higher education over the past decade and graduate paramedic job readiness respectively. I am a named author on one published paper with another paper being in the final stages of writing prior to publication. I have up until recently still been a student myself having just been awarded my Post Graduate Diploma in Advanced Clinical Practice.

The best bits

Working with a variety of stakeholders and seeing competent, confident and enthusiastic paramedic students graduate and embark on their careers.

Senior Lecturer case studies



Case study: Rob Slee

Job title: Senior Lecturer, University of Greenwich

Entry route: IHCD

How I got the role

I had been working clinically for 20 years in a variety of roles including the; Emergency Medical Technician, Paramedic, Clinical Team Leader, (Specialist Paramedic) Emergency Care Practitioner, and Training Officer for the Clinical Education and Standards Department, all whilst working for London Ambulance Service NHS Trust.

Undertaking this last role grew my interest in Higher Education and having already completed my Post Graduate Certificate in Education (PGCE), I applied to the University of Greenwich on a part-time basis as a lecturer practitioner where with a colleague I was responsible for three of the Paramedic courses organising and delivering a mixture of both theory and practical sessions, across all three years.

In 2014 I then had the opportunity to apply for a full-time post with the University, and continue to deliver learning across all three year groups. Since joining the University I have completed my MSc in Advanced Practice and currently reside as module leader for two of the courses, one pre-registration the other post registration.

What I do

My role is varied, in terms of teaching being a mixture of both theory and skills, across all three year groups primarily to my paramedic students (circa 300). I also have the opportunity to deliver a variety of sessions to under graduate and post graduate nurses and paramedics. One of the interesting elements to my role is that the paramedic course delivered involves two partner organisations, and whilst the curriculum delivered is the same, the nuances that exist between the two partner organisations provides a wide and varied insight into how two different organisations (one Urban and one Rural) work and the requirement of the different skill sets.

Another element to my role is being the Personal Tutor for a number of students, mainly pastoral in nature, is seen as an important requirement in terms of monitoring the student's progress and supporting them with various resources and support, which is a key part to the student's university journey.

Senior Lecturer case studies



Case study: **Rob Slee**

Job title: Senior Lecturer, University of Greenwich

Entry route: IHCD

The best bits

University education is very different from working internally for a NHS Ambulance Trust, and the students are always encouraged to challenge and question current practice through evidence and research, which keeps you on your toes in terms of best practice.

Helping students grow through their educational journey and have the ability to help them bridge the theory practice gap is rewarding. In the current climate these students will become registered professionals and then the practice educators of tomorrow, and it's important to me that they become the best practitioners possible.

Senior Lecturer case studies



Case study: Dr Ursula Rolfe

Job title: Deputy Head of Department Midwifery and Health Sciences, Bournemouth University

Entry route: IHCD

How I got the role

After working in SWASFT as a training officer and being seconded into Bournemouth University this fuelled an even greater interest in paramedic education. I also decided that I needed to upgrade my own skills and education levels as a paramedic and studied for my specialist paramedic qualification part time.

Once the study bug had bitten it was difficult to shake and when I stepped into the role of programme lead at Bournemouth University, I signed up to do my PhD shortly after my son was born. I never expected to like research but because my topic (how paramedics manage patients experiencing mental health issues) actually developed out of my clinical experiences and talking to other paramedic colleagues, my journey at PhD level has been extremely interesting and difficult! Shortly after writing the new BSc (Hons) paramedic science degree for Bournemouth University, I applied for the role as programme lead for the innovative and collaborative MSc in Trauma Sciences at University of Southampton.

After three years at the University of Southampton I had the opportunity to move back to Bournemouth University and am now Deputy Head of Department for Midwifery and Health Sciences. I am proud to add that my PhD was accepted in 2018 and is now accessible online. This has added to the remit of my continued role as Mental Health Lead for the College of Paramedics and I was lucky enough to receive the Zoll Scholarship from the College of Paramedics for my research in 2019.

Are you studying or working towards another role at the moment?

I have completed my Master's level in Non-Medical Prescribing and continue to work as a clinician in Urgent Care.

What I do

I teach across the Nursing and Clinical Sciences Faculty at undergraduate and post-graduate levels. I am currently working on a few research articles related to my PhD to submit for publication and on weekends I maintain my specialist paramedic clinical skills by working for a local out of hours treatment centre.

The best bits

I enjoy working with and supporting my colleagues in the Faculty across a range of different subject areas and contributing to our Faculty research output. I continue my clinical work as it reminds me of what really matters in the big scheme of things – helping patients.

Senior Lecturer case studies



Case study: Dr Vince Clarke

Job title: Senior Lecturer Paramedic Science, University of Hertfordshire

Entry route: IHCD

How I got the role

I have worked as a paramedic since 1998, progressing through the internal development route to become an IHCD tutor. Close links with the university, both as a student and as a link tutor, developed my interest in pursuing a role within higher education.

My academic progression has been mirrored by my professional development, with my role as an HCPC partner exposing me to a wide range of educational approaches around the UK, as well gaining experience in fitness to practise and CPD matters.

Are you studying or working towards another role at the moment?

Having recently completed a professional doctorate in education (EdD), my next steps are to focus on publishing my work in both paramedic and educational forums.

What I do

My work is incredibly varied. In my 'day job' I prepare and deliver higher education modules in law, ethics and professionalism, the social sciences and Paramedic Practice Education.

Outside of this, I work for the College of Paramedics in a number of voluntary roles, which include writing articles for the professional magazine and reviewing policies such as the Curriculum Guidance Framework.

My 'spare' time is spent writing book chapters in professional texts and preparing expert reports for the Court.

The best bits

I am in a position where I can directly impact on the development of the paramedic profession, leading the way forward and promoting best practice in all areas. My role is very varied; I can be teaching first year students about the psychology of pain one day and giving expert testimony in Court the next. Meeting registered paramedics who are completing Practice Educator courses also keeps me in touch with the views of those who have more recently entered a front-line role, whilst supporting them to undertake the role of Practice Educator.

Senior Lecturer case studies



Case study: Tim Hayes

Job title: Deputy Head of School, Allied Health. Anglia Ruskin University

Entry route: IHCD

How I got the role

I've spent most of my career working for an NHS ambulance service. I joined via the IHCD route as a student ambulance technician and then qualified as a paramedic. I went on to hold a variety of clinical and operational management posts. With what seemed like management restructures every couple of years there was opportunity to undertake a great variety of roles and advance through the management structure. After one restructure my job role was removed from the structure entirely and this led to me looking at career options outside of working for the ambulance service. During my career I had self-funded undertaking a Masters degree in Leadership and Management and a post graduate certificate in Advanced Healthcare practice as I felt they would be useful to advance my career.

I had undertaken teaching roles as part of the ambulance service previously which I had enjoyed and saw my local University was advertising for senior lecturing staff. I joined the university teaching paramedic science to BSc students and was given the task of preparing a Diploma course for validation with the HCPC which was successfully approved. The University restructured the Faculty I was in and a vacancy for a Deputy Head of Department arose, which I thought my previous management experience from the ambulance service suited me to, and I was successful in gaining that role. A subsequent restructure meant that I am now a Deputy Head of School.

What I do

As Deputy Head of School, I am responsible for the delivery of our paramedic courses and line management of the paramedic teaching team. I also have a broader leadership role in the strategic management of the School.

During a typical week I'll probably have a few meetings about how those courses are progressing and how we can continue to develop our School and develop the suite of courses that we offer. I'll have meetings with my staff both one to one and in teaching teams. I'll undoubtedly have some discussions with our local ambulance service about the paramedic courses, placements and mentoring. When I do directly teach students it is either to deliver content in the areas of leadership or professional practice or to cover leave of our core lecturing staff.

I'm also undertaking a PhD part time exploring paramedics motivation in leaving the ambulance service to work in roles for other NHS providers, so I try to set aside one day a week to work on that.

Senior Lecturer case studies



Case study: **Tim Hayes**

Job title: Deputy Head of School, Allied Health. Anglia Ruskin University

Entry route: IHCD

The best bits

I enjoy putting things in place and removing obstacles so that our staff and students can have the best opportunity to make the most of their teaching and learning time together. I get a sense of accomplishment when I see our students developing into paramedics, and I enjoy nurturing our staff's passion for teaching their subject. Having the opportunity to develop new courses for paramedics so our profession can continue to advance excites me.

Senior Lecturer case studies

Professor

A professor is a senior academic paramedic with extensive experience and leadership responsibilities within higher education. These may encompass a range of research and development as well as learning and teaching roles. A professor will have completed an appropriate clinical or professional doctorate and will be engaged in post-doctoral research and development. They will normally have responsibility for the management and development of a number of pre and post registration programmes. They provide strategic direction, professional involvement, promotion of the paramedic role and its future path and lead the development of the educational process to achieve this.



“ I am responsible for day to day implementation of all Undergraduate, post graduate, simulation and research we undertake across the Paramedic Department. I manage the department budget and drive the strategic direction. The role also has the team management responsibilities, managing staff issues, leave, appraisal and day to day management of the 35 staff in the team.” **Peter Woodford**



Case study: Peter Woodford

Job title: Head of Department of Paramedics / Associate Professor – Kingston and St Georges University of London

Entry route: IHCD

How I got the role

I worked for an ambulance trust starting in PTS, then training as an ambulance emergency medical technician and then IHCD Paramedic. This after a period led to becoming a mentor for paramedic students. I took on the role of clinical supervisor to develop my experience in junior management and staff leadership. This allowed me to ground my skills in appraisals, rostering, clinical leadership and managing staff issues. I then became a training officer primarily delivering IHCD technician and paramedic courses (pre – degree route).

During my role as a training officer I identified the move to higher education on the horizon so manoeuvred myself into a position to take on the role of a university lead. This involved various secondments to universities as an honorary lecturer and then course director. I carried on in this role undertaking management, re-design and creation of programs etc. Finally, I decided to progress full time in a university setting and undertook the role of associate professor full time, whilst maintaining a small part time bank role in the trust.

Are you studying or working towards another role at the moment?

I am currently studying for a Doctorate in Business Administration (DBA) at Winchester University.

What I do

There are two elements to my role, one is programme management across the school. I am responsible for day to day implementation of all Undergraduate, post graduate, simulation and research we undertake across the Paramedic Department. I manage the department budget and drive the strategic direction. The role also has the team management responsibilities, managing staff issues, leave, appraisal and day to day management of the 35 staff in the team.

The second role is national engagement, strategic direction and professional involvement and promotion of the paramedic role and its future path and educational process to achieve this. This involves sitting on various commissioning bodies across the South East and London, being a member of various groups looking at university higher education development and career progression and sitting on panels at the Health and Care Professions Council (HCPC) and College of Paramedics to help steer the direction of paramedic career development. I also have an expectation to undertake research and publish annually on paramedicine topics.

Professor case studies



Case study: Peter Woodford

Job title: Head of Department of Paramedics / Associate Professor – Kingston and St Georges University of London
Entry route: IHCD

The best bits

Setting the standard of clinical practice across our area. Being involved with forging the paramedic of the future and steering educational approaches around simulation. Pushing the boundaries using hi fidelity simulation in areas historically avoided. Tackling difficult situations in a safe environment and watching creation of robust confident and competent students to register with the HCPC. This all leads to satisfaction that I am fulfilling my role of protecting and serving the public.

Professor case studies

Further resources are available at:

[The College of Paramedics](#)

[Health Education England](#)

[The Health and Care Professions Council](#)

[The Quality Assurance Agency for Higher Education](#)

[NHS Education for Scotland](#)

[Workforce, Education and Development Services](#)

[The Department of Health Northern Ireland](#)