

Paramedic

Career Framework

2017

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Contents

Introduction



**The Career
Framework**

Clinical Practice

Management

Education

Research

Introduction



Foreword

As one of the key providers of urgent and emergency care, paramedics have a unique role that intersects healthcare, public health, social care and public safety. The role of the paramedic has developed considerably in recent decades, and today they are responsible for providing many patients and service users with the most appropriate treatment at their first point of contact with a health professional.

As healthcare shifts towards being delivered more in the community, and in the context of the challenges set by the Urgent and Emergency Care Review, 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 delivered must be of an excellent standard, meet the requirements of the contemporary regulatory and strategic framework, and encourage widening participation. The College of Paramedics has already undertaken work to address this issue and develop clinical, educational, managerial, and research abilities for post-registered paramedics. This has included developing current and potential career opportunities, some of which include development into the wider healthcare of the community.

This framework seeks to aid this further, acting as a guide to the most appropriate education, knowledge, and expertise available to paramedics as they develop their skills along their career framework pathway. Initially published in 2015, it has now been updated to reflect work undertaken by the College of Paramedics, and includes a number of 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 the best advice 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.

Paramedics are now delivering care and treatments that ten years ago would have only been undertaken by doctors, and we hope that this work will support this development. Looking forward, we anticipate that paramedics will become an integral part of the multi-professional workforce, delivering urgent and emergency patient-centred care.

Patrick Mitchell

Regional Director - South of England
Health Education England

Gerry Egan

Chief Executive
College of Paramedics

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](#)

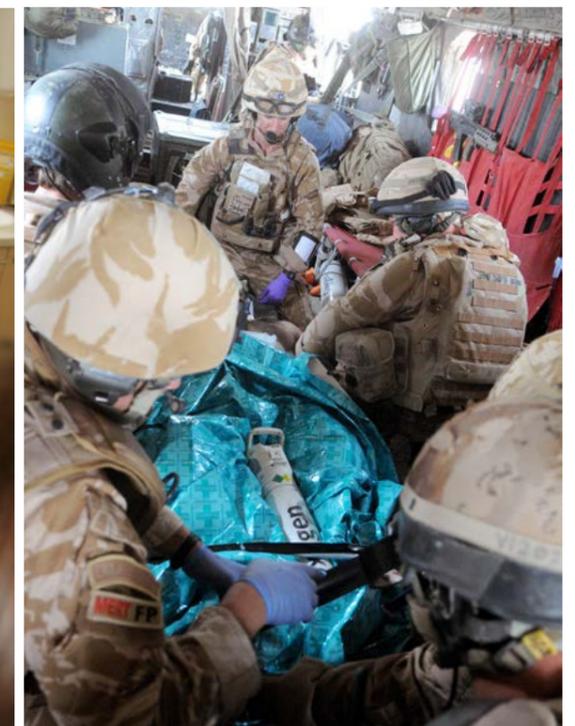
[The Department of Health Northern Ireland](#)

Where Paramedics Work

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, management, education, research

- NHS ambulance trusts (roles include ambulance crew, encompassing a variety of solo responder roles); operational management and leadership roles; clinical management and leadership roles; research and education roles; and emergency operations centre roles (including management and leadership roles and clinical advice).
- 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, NHS Digital, local authority, higher education, military, private and independent sector, offshore and remote, 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.

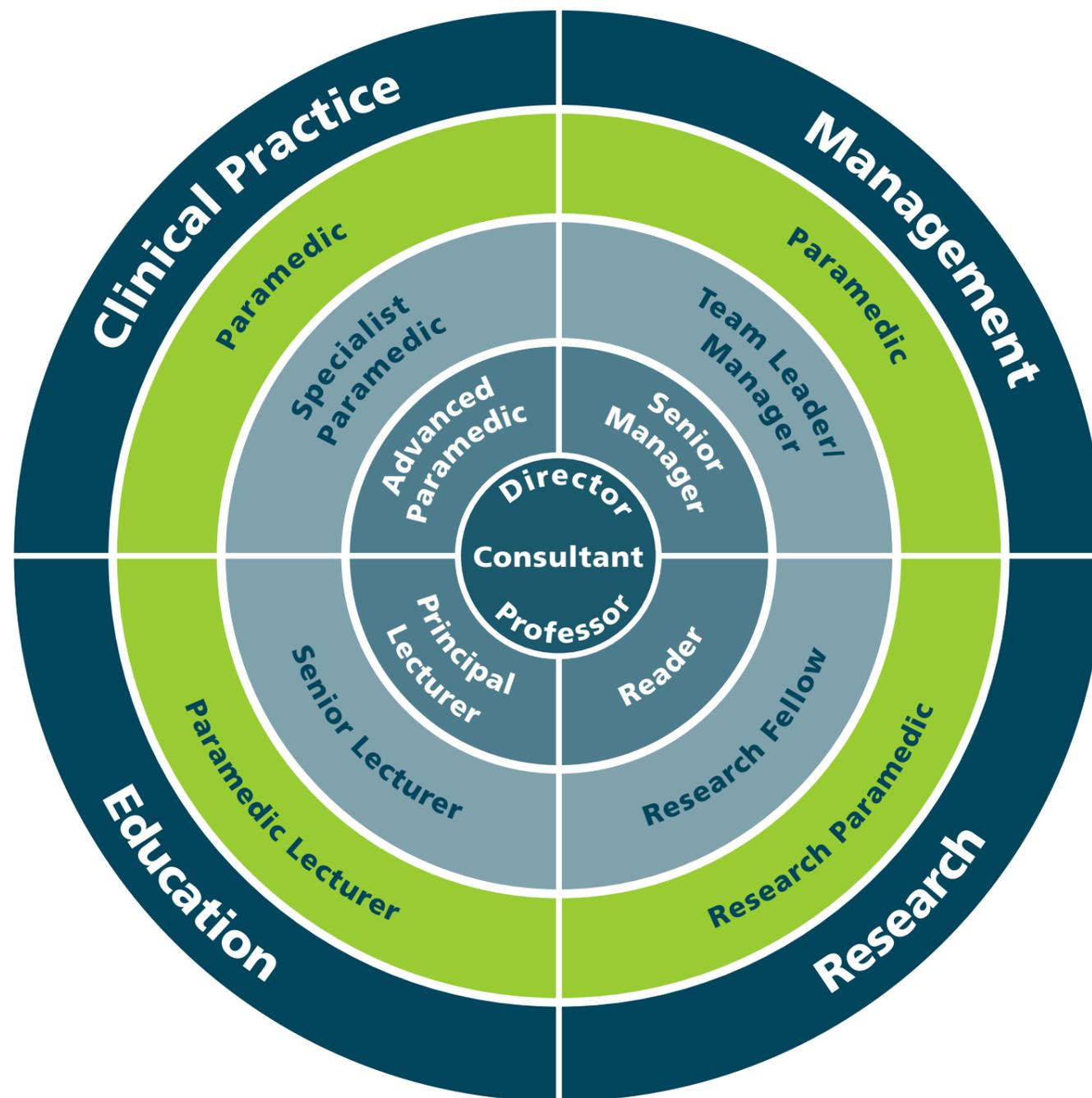
Individuals may then start to develop more formally into the other quadrant disciplines as they make career choices.



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, and research 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/ team leader, research fellow and senior 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 principal lecturer.

Role Definitions



Consultant Paramedic

A consultant paramedic is an expert practitioner undertaking a role that encompasses all four quadrants of the paramedic career framework. They are holistic and strategic practitioners who have developed and expanded their scope of practice beyond that required of an advanced paramedic. Consultant paramedics are typically able to demonstrate a broad range of knowledge and skills to a higher level of autonomy and criticality in all areas of paramedic practice. Consultant paramedics will likely practice clinically whilst undertaking other specific duties that draw upon their individual expertise. These individuals will be in senior positions within their organisation.

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) HE – level 6 SCQF – 10 	<ul style="list-style-type: none"> HCPC Standards of Education & Training HCPC Standards of Proficiency Paramedics QAA Subject Benchmark Statement – Paramedics College of Paramedics – Curriculum Guidance 	3 to 4 Years	Paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post-graduate expertise and competence.
Specialist Paramedic	<ul style="list-style-type: none"> HE PGDip HE Level 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 Career Framework Multi-Professional Post-Graduate Examination 	2 Years	Specialist paramedics should obtain sufficient evidence through education and expertise to demonstrate a portfolio of post-graduate expertise and competence.
Advanced Paramedic	<ul style="list-style-type: none"> MSc HE Level 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 Multi-Professional Post-Graduate Examination 	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"> PhD Clinical/Professional Doctorate HE Level 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 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, and those who present with an acute exacerbation of a chronic illness or disease.



I really enjoyed academic study during my time at university, so I have recently enrolled on a post-graduate degree. I am very excited about the challenges and learning opportunities this will bring.”



Case study: Brad Gander

Job title: Paramedic

Entry route: Experiential, Undergraduate Degree

How I got the role

From a young age, I harboured ambitions to become a paramedic. After studying medical science at college, I started my career within the South East Coast Ambulance Service as an ambulance liaison assistant for the patient transport services based at the Royal Sussex County Hospital in Brighton. After working in this role for just under a year I moved into the emergency control room environment and undertook several roles over the next five years, including emergency medical advisor, response desk co-ordinator and resource dispatcher. I was also offered the opportunity to work as a 'dual-role' emergency care support worker at Pulborough Ambulance Station. This was my first role 'on the road' and provided me with a great platform to learn about the opportunities available as a clinician within the ambulance service. After two years as 'dual-role' I decided to transfer to Worthing Station and work full time on the road and undertook an access course provided by the service (a BTEC in ambulance aid). Following completion of this I was successful in applying for a funded place as a student paramedic at St George's, University of London. During my time as an in-service student paramedic I became part of a number of working groups within the trust, including the Cardiac Arrest Survival Team and Quality Improvement Group, and also undertook a secondment on the critical care paramedic unit based at my station. I have always remained thankful for these opportunities in particular 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. I found that I really enjoyed academic study during my time at university, mainly of acute and critical care practice, and as such I have recently enrolled onto a post-graduate BSc course in professional practice at the University of Brighton. In July 2017 I commenced training for the role of HART paramedic, which will be based in Gatwick. I am very excited about the challenges and learning opportunities this will bring.

What I do

As many of you know, the daily duties of a paramedic are unpredictable and wide-ranging, which is a challenge I relish. I often have student paramedics from the local university on shift with me, which is a valuable and rewarding opportunity to consolidate my own learning as well as theirs. I am passionate about ensuring the delivery of a high standard of care to all patients and enjoy the academic side of the profession. As I mentioned previously, alongside my current role I am undertaking a post-graduate degree in professional practice. Currently I am studying a module on the care of critically unwell children; and

Paramedic
case studies

Brad Gander
Paramedic



Case study: Brad Gander

Job title: Paramedic

Entry route: Experiential, Undergraduate Degree

although this means I often have to spend some of my time 'off' working on university assignments, I am really enjoying this opportunity to improve my own practice and education. I am also part of the trust's Sepsis and Deteriorating Patient Group, which is aimed at improving the care we deliver.

The best bits

The opportunities a career as a Paramedic can offer. I have had the chance to work in several roles and environments within the ambulance service, all of which have allowed me to learn from many experienced and enthusiastic colleagues in a variety of areas of practice. This has given me a great view of how everybody in the service can influence patient care and outcomes, as well as the flexibility available in the profession to develop your own career in an area you are passionate about.

Paramedic
case studies

Brad Gander
Paramedic



Case study: Jerome Mowat

Job title: Bank Paramedic, London Ambulance Service; Bank Paramedic, Yorkshire Ambulance Service

Entry route: FdSc Paramedic Science

How I got the role

On graduating from University of Greenwich I successfully secured a position in the Yorkshire Ambulance Service as a paramedic, so I moved to Sheffield and started to work full-time as a paramedic (initially in Wakefield, then later in Sheffield). After eighteen months I managed to change to a bank contract so that I could pursue other interests.

What I do

Work on a frontline ambulance or first response unit to handle emergency calls.

The best bits

Helping people on a day-to-day basis - and not just the life-threatening things. Sometimes it's just holding their hand and making them a cup of tea.

Paramedic
case studies

Jerome Mowat
Bank Paramedic

Specialist Paramedic

Specialist paramedics (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
- 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
- higher-level communication skills
- managing complexity
- non-medical prescribing in line with legislation
- promoting and influencing others to incorporate values based care into practice.



My role involves providing a specialist paramedic clinic within the surgery where patients can book in with 'on the day' acute illnesses/injuries, which I autonomously see, treat and discharge."



Case study: Joe Francis

Job title: Specialist Paramedic (Primary Care) Carlton House Surgery

Entry route: BSc (Hons) Paramedic Science

How I got the role

Having undertaken a BSc (Hons) in paramedic science at the University of Hertfordshire, I qualified as a paramedic and began working within the London Ambulance Service. I was greatly interested in the provision of urgent and primary care, which reflects the vast majority of calls received by ambulance services, and wished to develop myself in this area in order to better understand and manage these presentations.

I was fortunate enough to gain a practitioner position within a hospital avoidance team and subsequently went onto work as a specialist paramedic (Emergency Care Practitioner) within urgent care and A&E, completing these roles with further study in minor illness and injury. I balanced this clinical work with a university lecturing position teaching paramedic science, where I was able to undertake my teaching qualification in higher education and publish in clinical subjects I have a passion for.

Having greatly enjoyed personal and professional development within urgent care, I progressed into a specialist paramedic (primary care) role within general practice, and have since been developing within this role whilst undertaking a master's degree in therapeutics.

What I do

This is a position at the forefront of developing paramedicine and is becoming increasingly prevalent within general practices. As such, roles significantly differ across different practices.

Primarily my role involves providing a specialist paramedic clinic within the surgery where patients can book in with 'on the day' acute illnesses/injuries, which I will autonomously see, treat and discharge. Common presentations include fever, cough, earache, sore throat, rashes, headache, abdominal pain and musculoskeletal presentations (such as back/shoulder pain). Ongoing management within primary care may often involve referral to teams such as physiotherapy or ordering of clinical investigations such as radiography and blood tests. From a medicinal perspective, I utilise a limited number of patient group directions or otherwise liaise with the duty GP for further prescribing requirements.

A normal day usually involves a morning clinic, with lunchtime home visits followed by an afternoon clinic. I also perform some elements of chronic disease management such as asthma/COPD reviews, immunisations and learning disability reviews.

Specialist Paramedic case studies

Joe Francis Specialist Paramedic



Case study: **Joe Francis**

Job title: Specialist Paramedic (Primary Care) Carlton House Surgery

Entry route: BSc (Hons) Paramedic Science

The best bits

I love working within a multidisciplinary team. This allows me to develop professionally in a supportive and positive environment with my nursing and general practitioner colleagues. Being exposed to such a vast array of presentations and having the ability to manage these conditions with a broader set of therapeutics, investigations and - most importantly – follow up is really satisfying. One of the best elements within this role is the continuous feedback gained through follow-up appointments, referral outcomes and inter-professional working which allows me to confirm my diagnoses and ongoing management plans.

Specialist Paramedic
case studies

Joe Francis
Specialist Paramedic



Case study: Richard Taffler

Job title: Specialist Paramedic in Urgent and Emergency Care, South Western Ambulance Service NHS Foundation Trust

Entry route: Vocational Emergency Medical Technician, IHCD Paramedic; Post Graduate Development; MSc in Advanced Healthcare Practice

How I got the role

While working as a lorry driver, my partner suggested that I turn my weekend interest in health care with St John Ambulance into a career - and, twenty years later, I'm still here! I started as a direct entry technician in 1996, qualifying as a paramedic in 1999. By 2005, when I was halfway through my MSc in advanced healthcare practice with the Peninsula Medical School, I started to work at our HQ: first as clinical effectiveness officer, then clinical development manager. In 2008 I greatly enjoyed attending the personal impact and integrity course for developing NHS managers, which was run by the King's Fund.

I now work as a specialist paramedic in urgent and emergency care. This involves the full work of an operational paramedic, along with extended assessment skills, wound care and medicines supply (such as antibiotics and analgesia) to support the appropriate treatment and care of patients in their homes, and avoid unnecessary hospital admissions. I'm the local lead for the management of frequent callers to 999, a practice educator for paramedics. I work part-time in control, in a team that helps to manage our less serious calls on a clinical basis, working to ensure that requests from health care professionals are clinically balanced against our resource demands.

Outside of my 'day' job, I'm part of the College of Paramedic's Post-Graduate Curriculum Guidance Group, and occasionally review information for the National Institute for Health and Care Excellence (NICE) as an external advisor.

What I do

A typical day involves working on an ambulance car, seeing patients either as a result of a 999 call or referral from an ambulance crew or other health care professional. I see a wide variety of patients, from those in cardiac arrest, to those requiring treatment for minor injuries. Health promotion is an important part of the role: helping patients, their relatives, friends and carers to self-care - or, if things deteriorate, giving them the knowledge of what to do, who to contact, and when.

The best bits

I get real enjoyment from the autonomy and responsibility of my role, trying to provide the most appropriate care for our patients. Working with such a great team across the whole organisation makes this achievable, and I still look forward to going to work every day.

Specialist Paramedic case studies

Richard Taffler Specialist Paramedic



Case study: Paul Green

Job title: Forensic Paramedic Practitioner and Regional Clinical Lead G4S Health, Forensic and Medical Services Ltd

Entry route: DipHE

How I got the role

I started my career in the Oxfordshire ambulance service as a direct entry technician and completed my paramedic training overseas. I diversified from the service early on and have worked in many different settings including project work overseas, medical flight escorts, and teaching clinical and operations managers for a range of private services supporting the NHS. These roles have given me the skills, experience and a holistic approach to care I draw on daily as a regional clinical lead and during my clinical shifts as a forensic practitioner.

What I do

As a manager my time over a week is split 50/50 between management and clinical shifts.

In the clinical environment I work closely with my police colleagues in custody to assess medical needs of those arriving in the custody suite. This can range from acute or ongoing medical conditions, pre-existing or new injuries, mental health concerns, drug and alcohol intoxication, dependency and withdrawal, well-being and capacity. We carry out a full medical assessment of the individual, any treatment required, and advise the police on areas such as whether the person is fit to

be detained at the police station and fit to be interviewed, as well as providing a written care plan for the individual. As a department, we work very closely with liaison and diversion teams (mental health) as well as with drug and alcohol teams, local safeguarding teams, local MIU and emergency departments.

The forensic aspect includes taking suspect samples from the body: these can be hair, blood, fibres, fluids or swabs of intimate areas in the cases of sexual assault. We also map injuries and describe them for evidence, and can be called to hospital to take forensic blood samples, and to a scene to confirm life extinct.

As a forensic paramedic I work closely with the officer in charge of the case and crime scene investigators to develop a forensic plan to get best evidence for a suspect. I will also write a detailed report that may be used to complete statements, and subsequently may need to attend court to give evidence.

Specialist Paramedic case studies

Paul Green
Forensic Paramedic
Practitioner



Case study: Paul Green

Job title: Forensic Paramedic Practitioner and Regional Clinical Lead G4S Health, Forensic and Medical Services Ltd

Entry route: DipHE

The best bits

Working in the forensic custody setting provides a unique challenge, and you need to be a good all-round clinician and able to think holistically. As a clinician I deal with a side of society that most people don't see; and, in a lot of cases - particularly with the homeless and drug & alcohol dependants - we are the only healthcare professionals they see and engage with. It provides a great opportunity to care for people's needs and really make a difference.

The forensic gathering side of things is rewarding in a different way. I get to be part of the team that gets best evidence, which can assist to convict people guilty of serious crimes such as rape, GBH and murder.

Specialist Paramedic case studies

Paul Green
Forensic Paramedic
Practitioner



Case study: Vicki Brown

Job title: Specialist Paramedic: Critical Care

Entry route: Vocational - Emergency Medical Technician, Paramedic; Post-Graduate Development; Degree Level

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 finished further post-graduate modules at the University of West of England to complete an MSc.

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 to ensure optimal treatment and management of the 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 the assistance of ambulance crews, ensuring that we provide 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, which 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.

The best bits

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

Specialist Paramedic case studies

Vicki Brown Specialist Paramedic



Case study: Islam Faqir

Job title: Senior Clinical Advisor - Emergency Operations Centre

Entry route: IHCD

How I got the role

I have worked within the NHS for 20 years (17 of those with Yorkshire Ambulance Service). I started within the service as a patient transport driver; which, looking back, was one of the best forms of training that I could have had. I then progressed to take on a number of roles, including: primary care assistant, emergency medical technician, paramedic, major trauma clinical triage coordinator, paramedic senior clinical advisor, and associate tutor. Currently I am seconded for a year into a Clinical Leadership Fellow post within my trust.

What I do

My substantive role as Paramedic Senior Clinical Advisor (SCA) involves the triage of calls coming into 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 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 been able to enhance my own skills and competencies that are essential for future leaders.

As part of my research under the Future Leaders Programme, I am currently developing various simulation training packages, with the aim of delivering and embedding a quality-driven project within the emergency operations centre and 111 that is relevant to the specific needs of the NHS. Telephone triage and treating service users closer to home is an integral part of the NHS Five Year Forward View, and the simulation that I am helping to develop is unique. The systems by which this is to be delivered must be robust and of sound quality. Our simulation design was developed with the primary aim of increasing quality and patient outcomes.

Specialist Paramedic case studies

Islam Faqir
Senior Clinical Advisor -
Emergency Operations
Centre



Case study: Islam Faqir

Job title: Senior Clinical Advisor - Emergency Operations Centre

Entry route: IHCD

The Future Leaders Programme gives the opportunity to undertake a one-year post-graduate qualification with an element of leadership included. This is also something that I try to incorporate within my work, to aid self-development as well as practice application of the skills and knowledge I am constantly gaining.

idea around quality can be developed, harnessed and implemented. I am also in a privileged position insofar as I am able to attend various conferences around my own self-development, as well as improvement to patient services.

The words 'leadership', 'teamwork', 'clinical directorate', 'strategic thinking', 'commissioning challenges', 'structural challenges within an organisation', 'human factors', 'quality', 'political landscape around healthcare', 'Sustainability and Transformation Programmes (STPs)' are concepts I can relate to and better understand, now; and this development is as a direct result of the exposure I have had in my short time as a CLF.

I am really enjoying my role as a Future Leader. It has been inspiring, I hope, to look back to where I started my journey - it shows you can achieve what you set out to, all you have to do is see it!

The best bits

It is quite easy to develop tunnel vision, only focusing on your day to day role (particularly if the objectives around your daily workload are quite straightforward). My role as a Clinical Leadership Fellow (CLF) has given me the opportunity to think strategically, and be part of a team which involves decision-making not just at a departmental level but across the entire organisation. This has demanded that I think outside the box and bring about positive change in regards to quality improvement projects.

Other aspects of my role include working with other professionals and future leaders to network, and as such be in a position where an

Specialist Paramedic case studies

Islam Faqir
Senior Clinical Advisor -
Emergency Operations
Centre

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 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.”



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, ambulance paramedic, first responder and practice educator. Ever since joining the ambulance service I had always been very interested in the ECP, Specialist and Advanced Paramedic roles and developing my skills. I was fortunate enough to be offered an opportunity as part of the first cohort on an emergency 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 the time has gone on I have continued to grow my scope of practice and have now enrolled onto the Royal College of Emergency Medicine advanced clinical practitioner pathway.

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

Kellie Ann Mower
Advanced Paramedic
Practitioner,



Case study: Els Freshwater

Job title: Advanced Clinical Practitioner, University Hospital Southampton

Entry route: IHCD

How I got the role

I trained as an advanced clinical practitioner in emergency care as part of a regional trainee consultant practitioner programme. Shortly after I began full-time in this role, the Royal College of Emergency Medicine, in conjunction with the College of Paramedics and Royal College of Nursing, developed and released the ACP curriculum. I completed all the necessary assessments for this whilst in practice, and credentialed as an ACP in June 2016.

Previously, I had worked as a paramedic and Specialist Paramedic ECP in the South Central Ambulance Service, and spent a year working as a paramedic in Australia. I have also held lecturing jobs at the University of Southampton and Oxford Brookes University.

I continue to work pre-hospitally part-time with the Hampshire and Isle of Wight Air Ambulance.

What I do

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.

When I am not delivering direct clinical care, I have a senior leadership role within the department and am now developing the ACP service, including a region-wide trainee ACP programme for nurses and paramedics. My role has a large educational component including mentorship, assessment in practice, formal teaching and delivery of courses.

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 from 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 love that I am part of a big team and that we deliver some amazing patient care as a large teaching hospital and major trauma centre.

Advanced Paramedic case studies

Els Freshwater Advanced Clinical Practitioner



Case study: Mark Che Bruce

Job title: Advanced Paramedic – Advanced Clinical Practitioner

Entry route: Vocational Route IHCD Emergency Medical Technician, IHCD Paramedic

How I got the role

Having initially joined the ambulance service in 1987 as an ambulance cadet, I spent several years working on a busy urban accident and emergency rota before pursuing other career aspirations.

I found my passion lay in the development of advanced practice with the emphasis on enhanced clinical decision-making and a holistic approach to patient/service user assessment and treatment and alternative pathway utilisation.

With this in mind I applied to undertake a three-year development programme as a paramedic - advanced clinical practitioner working alongside a multi-disciplinary team and mentored by consultants in emergency medicine. The role focuses on the development of a non-medical practitioner that is able to assess, manage and treat the whole range of patients, either self-presenting or brought to the emergency department by ambulance. It is envisaged that after a three-year period the MSc educated practitioner is able to work autonomously at registrar level.

Outside my 'day job' I'm part of the College of Paramedics Post-Graduate Curriculum Guidance Group, and am either studying or spending time with my long-suffering family and fiancé.

What I do

My day-to-day role involves the initial assessment, immediate life-saving interventions and ongoing treatment planning, and specialist referral of a wide variety of patients that are designated either majors or resuscitation patients, which requires me to implement and request diagnostic requests. Interpretation, treatment planning, specialist referral and discharge along with comprehensive medical clerking are undertaken on each patient that is seen.

The best bits

The role in itself poses many challenges for a paramedic in that your knowledge is continually probed, your clinical decisions are questioned, and you are continually learning new skills and developing an in-depth knowledge of the continuum of care from arrival and admission to safe discharge. This is the best part of the job: although daunting, frustrating and emotionally draining, it improves my clinical decision-making and understanding of the care needed for patients I see when I work (not only as an operational paramedic, but also as an advanced paramedic practitioner in the emergency department).

Advanced Paramedic case studies

Mark Che Bruce
Advanced Clinical
Practitioner



Case study: Chris Graham

Job title: Trainee Advanced Clinical Practitioner – Neurosurgery, Hull and East Yorkshire Hospitals NHS Trust

Entry route: IHCD

How I got the role

After leaving the military, I began my ambulance service career with Tees, East and North Yorkshire Ambulance Service (this soon became Yorkshire Ambulance Service), initially as an IHCD technician and then progressing to an advanced technician. I then became a paramedic via the IHCD route and shortly after topped this up to an FdSc in paramedic science and on to a BSc (Hons) in paramedic science at Teesside University. My interest in the patient journey beyond pre-hospital care, particularly in surgery, led me to pursue my current role in neurosurgery. My current role as a trainee advanced clinical practitioner has allowed me to gain advanced clinical management skills as well as further my education via an MSc in advanced practice and operative first assistant credits.

What I do

My role primarily involves the daily management of patients on two busy neurosurgical wards, one being a high observation unit. I also carry out neurosurgical related tasks for our patients in ICU. Generally, my day begins with a morning meeting in which the previous 24 hours of admissions are discussed. This is followed by a ward round where a daily management plan for all of your patients is made. My role is then to carry out these management plans, as well as deal with any emergency

clinical issues that arise on the wards during the day. This could be any clinical presentation that you may see on the road as a paramedic - therefore my experience is of great use. Daily management plans often include blood taking, cannulation, removal of drains requiring suturing, lumbar puncture, requesting and reviewing imaging/tests, referrals and general reviews of patients. I regularly first assist in theatre for a wide range of neurosurgical procedures (both planned and as an emergency). In addition to my daily role, I am involved in several research and service improvement projects.

The best bits

The most rewarding part of the role is being part of the patient journey: from the patient entering the hospital - either on an elective or emergency basis - to them leaving the ward after surgery. Additionally, as paramedic, my day is very varied, which constantly keeps me on my toes! Being a paramedic in a surgically-based role shows what a versatile profession we are, and hopefully promotes our profession in areas to which we don't regularly visit.

Advanced Paramedic case studies

Chris Graham
Trainee Advanced Clinical Practitioner



Case study: Dan Cody

Job title: Advanced Paramedic: Critical Care

Entry route: Vocational – Patient Transport Service, Emergency Medical Technician, Paramedic, Critical Care Paramedic; Post-Registration Development

How I got the role

I started my career in the London Ambulance Service before moving to the East of England (formerly the East Anglian) Ambulance Service in 2005, where - by 2007 - I was on the first Critical Care Paramedic (CCP) cohort within the service. This was initially a developmental role, predominantly working with the Magpas emergency medical team in a doctor and paramedic team receiving training and gaining supervised exposure, whilst developing a solo CCP RRV. As the role evolved, autonomous practice developed to include surgical skills and procedural sedation, as well as early implementation of skills that are now commonly used across all ambulance practice. During this development phase I undertook an MSc in critical care and a diploma in immediate medical care (I am now an examiner for this certification).

I remained in the specialist paramedic role on a full-time basis for four years before undertaking a project management secondment with the trauma network. I then returned on a full-time basis for a further year. During this time I was appointed as the associate clinical director at Magpas and professional lead for the paramedic team.

Spanning this period I was involved in the training and education of new doctors and CCPs and also undertook a full-time educator post teaching pre-registration paramedic courses. To round off my

experience I undertook an operational management role, responding as an autonomous CCP and incident commander. Alongside my NHS and charity roles, my experience has been supported by 10 years in the army reserve, including two operational tours in Iraq and Afghanistan.

What I do

In 2015 I moved full-time to Magpas as the associate clinical director. My current role involves a mixture of activity, the majority in clinical practice as part of a doctor/paramedic team practicing at an advanced level, but also some non-clinical time supporting clinical leadership, service development and training. In clinical practice I may act as the lead clinician across the full range of pre-hospital emergency medicine (PHEM) activity or be in a supervisory role for both doctors and paramedics. I am the training course lead, responsible for the design and delivery of training for the medical team, and am the national lead for the development of a specialist training programme in PHEM for paramedics. This has now developed into a consultant level role and I will be moving into the next stage of my career.

Advanced Paramedic case studies

Dan Cody
Advanced Paramedic
Critical Care



Case study: **Dan Cody**

Job title: Advanced Paramedic: Critical Care

Entry route: Vocational – Patient Transport Service, Emergency Medical Technician, Paramedic, Critical Care Paramedic; Post-Registration Development

The best bits

Bringing an advanced level of care and experience to an incident, supporting colleagues in the provision of patient care, and influencing positive outcomes. Having an involvement in service and practice development and driving forward changes to patient care and the paramedic profession.

Advanced Paramedic case studies

Dan Cody
Advanced Paramedic
Critical Care

Consultant Paramedic

A consultant paramedic will hold - or be working towards - a PhD or professional doctorate, and will practice within the Department of Health guidance for allied health professional consultant appointments. Core responsibilities include an organisational development role in areas of new and innovative clinical practice for paramedics delivering patient care.

Working at strategic-executive level, they will be developing new care pathways whilst liaising with central health policy makers. Connected to the organisation's clinical directorate and research and audit teams (through primary research), they will be instigating and reviewing care pathways.



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



Case study: Jaqualine Lindridge

Job title: Consultant Paramedic

Entry route: Vocational. Post-Registration Undergraduate and Post-Graduate Education

How I got the role

I qualified as a paramedic three years after beginning a vocational route as a trainee qualified ambulance technician. Since starting my career in 2000, I have held a variety of clinical roles including paramedic, emergency care practitioner and clinical tutor. In addition to the traditional 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.

What I do

My role incorporates four main spheres of practice, in line with consultant AHPs nationally: clinical practice, professional leadership and consultancy, research and clinical practice development, and education and professional development.

No day or week is the same! I spend at least a day a week out in clinical practice, usually on a FRV, and can often be found in the classroom teaching pre-registrant students as well as qualified staff.

My role involves a lot of work at a strategic level, including developing evidence-based, clinical-practice-based, and improved pathways of care. There are senior management meetings to attend, at which it is my role to ensure that clinical care is at the centre of decision-making and policy development. I provide guidance to managers, educators and clinicians within my areas of expertise, and provide clinical advice to frontline and operations-centre-based clinicians on an on-call basis. As well as working closely with colleagues within the Trust and wider healthcare system in London, my role also involves working with colleagues at a national level on issues relating to clinical care and professional practice.

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

Jaqualine Lindridge
Consultant Paramedic



Case study: **Andy Collen**

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

Entry route: IHCD

How I got the role

I worked alongside Andy Newton, the UK's first consultant paramedic, and developed an understanding for the consultant role – in particular the links between professional support and leadership, and patient outcomes. 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 moved from leading a single post-graduate programme to overseeing all post-graduate practice, alongside studying for my master's award. 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 initially applied for consultant posts in other Trusts before being appointed to my current post in SECAmb in October 2015.

When I first joined the ambulance service in 1994, I presumed only that I would one day be a paramedic, and was unaware that the structures within ambulance services were very much out of step with other healthcare settings; clinical leadership didn't exist in any meaningful way. As my career developed, I realised that the impact clinical leadership could have on patients was clear, and that as clinicians we had become conditioned to be self-sufficient. I was fortunate to be appointed to my current post at a time when the recognition that managing people

and systems was in itself a speciality, 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 (for instance, through improvements in episodes of harm to patients). I have been fortunate to have developed alongside - and, to some degree, to have informed - the development of meaningful clinical leadership in my Trust.

I am so pleased that staff joining this profession and sector can visualise a career path for themselves, and can also benefit from the opportunities that arise within a culture of effective leadership.

What I do

My role is split between the true "consultancy" aspects of the job – advising and supporting strategic and tactical clinical decisions – and working on development and improvement activities.

I sit on our Trust's senior management team, providing input on aspects of patient care and professional practice. I also lead on urgent and emergency care (critical care and resuscitation within any consultant

Consultant Paramedic case studies

Andy Collen Consultant Paramedic



Case study: **Andy Collen**

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

Entry route: IHCD

paramedic's portfolio), working to improve safe patient flow through role development and creation of new pathways of care.

I am responsible for clinical development, which comprises our Professional Standards Team, Practice Development Team, Frequent Caller Team, IBIS (care plan system) Team, and End of Life Care Team. My teams also contribute to the annual CQUIN plan.

I sit on several national groups, and will attend on average one external/national meeting each week – either in person or via teleconference/webex. My role within the College of Paramedics as medicines and prescribing project 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 have recently joined the Royal Pharmaceutical Society review of the Safe Handling of Medicines, and the "Ambulance & Rescue" sub group has recently commenced. I strive to undertake clinical practice every week, but in a busy Trust this is sometimes challenging. Common to many consultant colleagues, I balance working in marked vehicles with undertaking adhoc responses during the working day, or after hours.

In summary, a typical week comprises of:

- Consultancy
- Working with PMO on CQUIN
- Departmental/team meetings
- Managing serious incidents (investigations, learning, actions, etc.)
- National work
- Clinical practice

The best bits

My role is not about achieving a position within an organisation, it is about supporting staff and facilitating safe care for patients. I really enjoy working with colleagues across the Trust on development work, and it is always a pleasure when we give staff the opportunity to drive change. The role I hold and the new skills I have developed have moved me away from more regular patient care, and this drives my strong belief that it is those who provide direct patient care who have the best insights into the potential solutions to any problems we have. Our role in leadership is to listen to staff and patients, and to facilitate change in a safe, sustainable way. I derive satisfaction when I see a project come to life – particularly where it demonstrably improves patient care and enhances the experience of staff in the workplace.

Consultant Paramedic case studies

Andy Collen Consultant Paramedic



Case study: **Simon Standen**

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

Entry route: DipHE in Nursing, 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 90s 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 before moving to the East Anglian Ambulance Service in 2005. Since joining the ambulance service I have held a variety of roles, in both 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 2011 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. Three years later, I moved into a role at University Hospitals of Leicester as an advanced nurse practitioner, matron and lead for post-graduate education. In 2016 I was successfully appointed to 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: one day a week I fly as part of the crew at Yorkshire Air Ambulance, and the other days tend 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 and impacts of clinical audits, and 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 practising

Consultant Paramedic case studies

Simon Standen Consultant Paramedic



Case study: **Simon Standen**

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

Entry route: DipHE in Nursing, IHCD

at specialist and advanced level (urgent & emergency/critical care).
I provide specialist advice and support to staff and to the clinical directorate and operational management teams across the organisation.

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 - what's been great about the consultant role is that this 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

Simon Standen Consultant Paramedic



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 (SAS) in 1990. I then progressed through the (then 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. My next aim is to undertake my PhD.

What I do

A typical week can be: Monday at the College of Paramedics board meeting; Tuesday on Helimed 5 as a HEMS Paramedic; Wednesday with the executive team; Thursday could be spent chairing the Clinical Transformation board as the programme director, or presenting a business

case to the Scottish Government; Friday could be spent at the Edinburgh Resuscitation Research Group, and Friday night teaching with BASICS Scotland on a PHECC or PHPLS course. The next week would be totally different - which is part of the appeal! My role enables me to work across all the four pillars required of a consultant paramedic:

1. Expert in clinical practice
2. Research and educational
3. Professional leadership and consultancy
4. Strategic leadership and service development

The best bits

Working with a great team in lots of different settings (internally as well as external to SAS and the College), driving the profession forward, advocating for paramedics, and - of course - improving patient care.

Consultant Paramedic case studies

Paul Gowens
Lead Consultant Paramedic



Case study: Dr Tim Edwards

Job title: Consultant Paramedic

Entry route: Vocational IHCD Technician and Paramedic

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, a Post-Graduate Certificate in Education (PGCE), a BSc (Hons) in emergency care practice, a post-graduate certificate in primary care and an MSc in 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 or with London's Air Ambulance. 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 behavioural 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

Tim Edwards
Consultant Paramedic

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](#)

Paramedic (Management)

Clinical leadership is a key component of paramedic practice and has practical relevance to all aspects of the paramedic's role as an allied health professional. The practical application and importance of leadership in managing clinical situations is part of the day-to-day clinical practice of the paramedic.



My role has raised the profile of the ambulance services in end of life care, I hope it continues to enable clinicians to better advocate for patients at the end of life."



Case study: Shirmilla Datta

Job title: Darzi Fellow, End of Life Care Lead, Specialist Paramedic in Urgent and Emergency Care SECamb

Entry route: FdSC

How I got the role

I have worked with Great Western Ambulance Service, South Western Ambulance Service FT and South East Coast Ambulance Service FT (SECamb) as a paramedic and more recently as a specialist paramedic in urgent and emergency care. I studied my undergraduate courses at Bournemouth and Hertfordshire University and completed a postgraduate diploma at Surrey University as part of my specialist degree.

Having moved to SECamb, I applied to lead on a clinical commissioning group's (CCG) Commissioning Quality in Innovation (CQUIN) project, which focused on End of Life Care (EoLC) on a trust-wide basis, for one year (which was extended for a further year). The role involved working with the CCG's care teams and hospices, included education for staff internally and externally, and also a role in leading information sharing across the health care system and ambulance service alongside other colleagues.

Whilst completing this role, I recognized the need for system change in order to empower staff in managing patients approaching the end of life; as such I applied for a Darzi Fellowship in Clinical Leadership, focusing on how best to answer this question through cross-system change and collaboration.

What I do

My week is usually diverse and will include: educating staff on EoLC internally; responding to crew concerns around individual cases (post incident); and collaborating with hospices, CCGs and the new Sustainability and Transformation Plans (STPs) to consider how best to advocate for patients approaching the end of life. I also founded and led the National End of Life Care Ambulance Forum which reports to the National Urgent and Emergency Care Group.

As part of my Darzi Fellowship I am completing a post-graduate certificate in leadership in health, studying alongside a multi-professional group including nurses, GPs and other medics (such as physiotherapists and pharmacists).

As a result of working across the healthcare system with providers and CCGs, I have just been appointed clinical advisor in end of life care for Health Education England Kent, Surrey and Sussex. This is a huge step for the profession, and I hope that it will enable me to be involved further in system-wide change as part of my Darzi Fellowship, whilst still fulfilling my current innovation role in the ambulance service.

Paramedic case studies

Shirmilla Datta
End of Life Care Lead



Case study: **Shirmilla Datta**

Job title: Darzi Fellow, End of Life Care Lead, Specialist Paramedic in Urgent and Emergency Care SECAmb.

Entry route: FdSC

The best bits

The course has given me the opportunity to sit back and consider how best to effect change across the system, and to work collaboratively with a group of multi-professional colleagues. My role has raised the profile of the ambulance services in end of life care. I hope that it continues to enable ambulance clinicians to better advocate for patients at the end of life.

Paramedic
case studies

Shirmilla Datta
End of Life Care Lead



Case study: James Taylor

Job title: Paramedic, Yorkshire Ambulance Service NHS Trust, Programme & Project Manager, Cambridge University Hospitals NHS Foundation Trust

Entry route: MSc Health Care Management, IHCD Paramedic

How I got the role

When I was at secondary school I knew that I wanted to be a paramedic and that I wanted a career within the ambulance service. I studied A-Levels and wanted to go to university. At that time, there was only one university in the country that was offering a paramedic science degree. However, I also knew that I wanted to travel. I decided to go to university and study for a degree in management, which included spending a year abroad in the USA.

On graduating in 2001, I was successful in being offered a place on the NHS General Management Training Scheme. The scheme provided two years of practical training and experience in management, gained through undertaking a number of management roles in different NHS organisations (acute hospital, primary care and ambulance service). The scheme combined practical experience with post-graduate study in health care management. I also undertook an NVQ Level 4 in managing health and social care which enabled me to put together a portfolio of evidence to demonstrate competence in management skills and practice.

On completion of the scheme, I worked as an assistant general manager in an acute hospital for 18 months before deciding I wanted to gain first-hand experience of providing patient care and become

a paramedic. I joined the ambulance service as a trainee ambulance technician and then subsequently undertook paramedic training. While working clinically, I also completed my MSc degree in healthcare management. In 2011 I decided to gain experience of project management and managed the project to develop the major trauma centre at Cambridge University Hospitals NHS Foundation Trust.

What I do

I now combine clinical practice as a paramedic with management practice by working part-time in both roles. This enables me to maintain and develop my knowledge, skills and experience in both fields.

The best bits

Being able to make a difference to patients and their relatives through providing direct patient care, mentoring more junior clinicians, and using my formal management and leadership skills to improve what we do and how we do it; as clinicians, in organisations and as a profession.

Paramedic
case studies

James Taylor
Paramedic

Team Leader/Manager

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."



Case study: Matt Green

Job title: Clinical Supervisor, Yorkshire Ambulance Service NHS Trust

Entry route: BSc (Hons) in Paramedic Science, which incorporated IHCD Technician and Paramedic Qualifications

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 four-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 CPD (continuing professional development) courses, such as a postgraduate diploma in paramedic science, and vocational training such as the UK Resuscitation Council'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 mid-2017 I moved back to Hull, the area I grew up in, and commenced a clinical supervisor role with Yorkshire Ambulance Service NHS Trust.

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 colleagues who work at my ambulance station in west Hull; respond to incidents as an operational commander, which includes making decisions that deliver optimal patient care and liaising 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. This is one of the very best jobs in the ambulance service, surely!

Team Leader/Manager case studies

Matt Green
Clinical Supervisor



Case study: **Matt Green**

Job title: Clinical Supervisor, Yorkshire Ambulance Service NHS Trust

Entry route: BSc (Hons) in Paramedic Science, which incorporated IHCD Technician and Paramedic qualifications

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 also have the honour of working as a healthcare professional in my home city.

Team Leader/Manager
case studies

Matt Green
Clinical Supervisor



Case study: Nigel Ward

Job title: Clinical Team Leader

Entry route: Vocational - Emergency Medical Technician, Entry Level - Paramedic, HE diploma Paramedic Science

How I got the role

I was recommended to apply by my then line manager in the early days of the clinical team leader role back in 2002.

I was shortlisted from application and subsequently successful at assessment and interview stages. I then completed a two week residential course before being posted back to the same station where I remained for 13 years. I have recently transferred nearer to home by choice and this has been a positive move for me.

What I do

As an integral part of the management team I provide clinical support, supervision and leadership to staff within a dedicated team across the full spectrum of their working environment. I lead a group of both registered and non-registered clinical staff who deliver frontline out-of-hospital care to patients across London. Through clinical audits, I ensure all staff within my team deliver high quality patient centred clinical services in line with the trust's values, policies, and procedures.

My role entails supporting the objectives of both the local management team and trust in respect of efficiency, quality, governance, performance and staff/stakeholder engagement. This includes ensuring compliance

with health and safety and infection control policies, ensuring that key messages are communicated to staff within my team and being a role model in line with the trust's purpose and values.

I contribute to the provision of a 24 hour, mobile clinical supervision and support resource, providing staff with face to face, on-scene clinical support and supervision.

The best bits

Having more autonomy and flexibility within my own role. Being the first line of contact for staff and, often, being able to assist them before problems escalate.

Team Leader/Manager case studies

Nigel Ward Clinical Team Leader



Case study: Michael Anning

Job title: Operations Officer (South Western Ambulance Service NHS Trust)

Entry route: Foundation Degree in Paramedic Science

How I got the role

I joined South Western Ambulance Service as a paramedic on completing my degree with University of West of England (UWE). I enjoyed my role based in Wiltshire, as part of which I responded to urgent and life threatening calls on both ambulances and rapid response vehicles. I have always had an interest in management and therefore applied for the role as lead paramedic. I was successful. This was an interesting role which allowed me to understand exactly what pressures the ambulance service is under. My role was to support staff at a station level with advice and to order relevant stock and pharmacy items. I had a strong desire to become an operations officer, and worked hard to gain relevant experience and exposure via shadowing and CPD opportunities before applying for the role. I was successful after completing a full-day assessment centre and am now based in North Bristol.

What I do

During a typical week, I will man the operations officer (OO) bronze commander vehicle. I am - first and foremost - an operational paramedic responding as closest resource to life threatening emergencies. My day will normally start with signing on and checking the vehicle for essential items, as well as major incident kits and appropriate tabards. I will

then deal with any pressing issues and take a handover from the night commander. Normally several staff enquires will come in during the day, which may be of personal nature or asking for advice on certain jobs. At 9:30am I will dial into the teleconference, which is chaired by the tactical commander. This looks to address any pressures that the Trust may be under and will review fleet and resourcing. During the day, I may be called out to high-profile or serious incidents that require a manager to attend. I am trained to manage the scene of incidents, to ensure the safety of our staff, and to make sure that plans in conjunction with other emergency services - in relation to resources and hospital conveyance - are made. After attending any incidents, I will also debrief crews and ensure their welfare before returning to the office. I must also deal with day-to-day performance issues, emails and slow time issues.

Depending on the rota, I will also carry out a rotation managing hospital handover delays. This involves close liaison with acute hospitals to minimise any delays and to fully understand pressures.

Finally, I carry out rotations of admin where I meet with staff to complete appraisals or other meetings, return to work meetings, and deal with longer-term engagement issues (such as meetings with lead paramedics or prepping for new starter inductions).

Team Leader/Manager case studies

Michael Anning
Operations Officer



Case study: **Michael Anning**

Job title: Operations Officer (South Western Ambulance Service NHS Trust)

Entry route: Foundation Degree in Paramedic Science

The best bits

I enjoy working with staff and empowering them to make changes within the workplace. I also enjoy managing our lead paramedic team and motivating them to achieve the best possible results.

The rewarding side of the role is managing high-profile incidents to a satisfactory conclusion. Only recently I responded as an officer and worked with the team - both ambulance and response car paramedics - to successfully resuscitate an elderly gentleman. I feel everything is about teamwork and you get the best from your team when you are respected as a clinician. I appreciate the opportunity to get out and about and see patients.

Team Leader/Manager case studies

Michael Anning
Operations Officer



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). In 1998 I gained the paramedic award and worked in 999 frontline duties, and after two years was promoted to station supervisor with first-line manager duties 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. I 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.

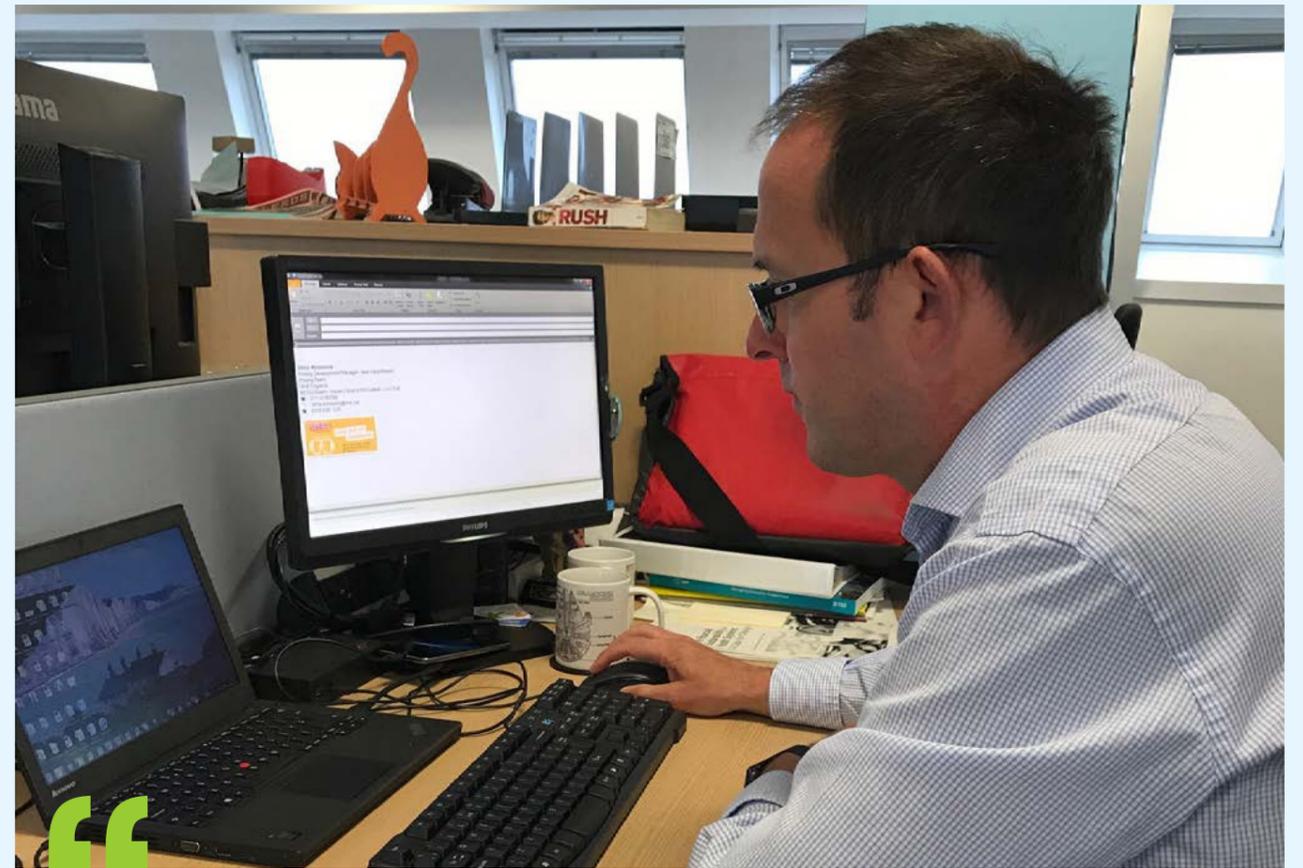
Team Leader/Manager case studies

Andy McFarlane
Clinical Support Officer

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).



I like the variety of my work and the fact that I can use my skills and experience of 22 years as a clinician to help direct the care for people."



Case study: Chris Richmond

Job title: Pricing Development Manager

Entry route: IHCD

How I got the role

I have ended up at NHS England by a very strange route. I have always sought to challenge myself and how people think about the paramedic profession. After I'd first qualified as a paramedic, I was asked where I saw myself in 10 years. My response was 'teaching new paramedics in university'. Needless to say, as everything was very much focused on IHCD at the time, I was laughed off the station. But less than ten years later I was doing exactly what I'd hoped to do.

I then sought out new challenges. Some people have said that I am ambitious, but I just like to test myself!

How did I end up in finance? Well: as paramedics, we are very analytical, having to understand very complex problems very quickly, and we also have a deep understanding of the health system and patients' needs. This is really useful when you are looking at pricing for healthcare and integrating care.

What I do

There is no typical day. One day I can be looking at complex data sets, on another I can be meeting with system leaders to understand how they can develop their new payment scheme to support their clinical model.

I also try to aid the development of the team. Due to my inquisitive nature - and always wanting to find evidence for what we do - I share things that I think that the team will find useful.

I try to read as many articles as I can that are clinical to ensure that I can maintain my registration. Once a week (at least) I will be asked a clinical question by a member of the team; and, in order to be able to articulate it to non-clinical colleagues, reading around the subject will be essential. This has meant that I have learned about procedures for managing benign prostate hypertrophy, the scissors used in episiotomy, and many other things that it would impolite to share!

Senior Manager case studies

Chris Richmond
Pricing Development Manager



Case study: Chris Richmond

Job title: Pricing Development Manager

Entry route: IHCD

The best bits

No two days are the same, which is a real bonus. I always dreaded the thought of working in an office and being part of the same nine-to-five mundanity, particularly after a career in which your day changed in eight-minute chunks! I like the variety of my work, and the fact that I can use my skills and experience of 22 years as a clinician to help direct the care for many people.

I often say that when I started my career I was looking after one or two patients at a time, then I moved to looking after a contract for 1200 patients a month, then in NHS 111 I worked with commissioners who looked after 3.2 million people. This led to me writing the first Commissioning Standards for NHS 111 which impacted on 50 million people. For me, the most important thing is to make it better for that one patient trying to get the right care at the right time.

Senior Manager case studies

Chris Richmond
Pricing Development Manager



Case study: Michael Bradfield

Job title: Paramedic Consultant, Lebanese Red Cross Emergency Medical Service

Entry route: Vocational/Experiential: IHCD Ambulance Technician, Paramedic, Flight Paramedic

How I got the role

I started my ambulance career working for (what is now) South Central Ambulance Service as a trainee ambulance technician. After working as a technician and paramedic I moved to the London Ambulance Service. My experience there included secondments to the emergency operations centre (clinical support desk) and London's Air Ambulance.

I then joined South East Coast Ambulance Service and trained as a specialist paramedic (critical care). Prior to my current role, I worked as an operational clinical manager for the Kent, Surrey & Sussex Air Ambulance, and held a fractional appointment as a senior lecturer in pre-hospital care at St George's, University of London.

What I do

My role is part of a national pre-hospital care quality improvement initiative, providing theoretical and practical guidance across a variety of functions. I am involved with policy and service development, audit, research, evaluation, education and drafting of operational and clinical guidelines. Having a specialist background in critical care and experience of teaching has been particularly useful in curriculum and

scope of practice development. When I am not in the Beirut office, I visit ambulance stations, attend emergency calls and participate in education sessions across the country. I have been fortunate in being able to continue studying remotely as a professional doctoral student and, in addition to working on my own research, have applied some aspects of the taught component of the course in relation to implementing change, synthesizing evidence and development of guidelines.

The best bits

Living and working in another country - particularly in terms of working for an NGO and in a different pre-hospital care system to the UK - has been a great experience. It is challenging to work clinically in a more resource-constrained environment, but finding ways of optimising care makes it rewarding. Evidence-based practice and other established principles of good governance could be suggested for any setting, but working in the country has allowed me to develop an understanding of the context-specific challenges and find ways to implement sustainable change more successfully than would be possible remotely. This has meant engagement with, and working alongside, many talented and dedicated Red Cross staff and volunteers who are passionate about providing the best care.

Senior Manager case studies

Michael Bradfield Paramedic Consultant



Case study: Claire Horsfield

Job title: Head of Nursing and Allied Health Professionals, Southern Health NHS Foundation Trust, Southampton

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. I realised these career paths were 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 undertaking an in-house paramedic course. I then worked on the road as a paramedic for two years, also working as a custody paramedic and single responder.

After this, I spent eight years in leadership roles; first as a locality support officer, then a clinical team leader, and finally as a clinical operations manager.

While in these roles I undertook some master's degree modules at university, and during this study heard about a role teaching on the undergraduate paramedic degree. I began teaching part-time for two days a week, whilst the rest of my time was spent in clinical practice. Within six 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 my 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, successfully publishing a number of papers whilst continuing my with my own MSc studies. I got more widely involved with education nationally through the national working groups of the College of Paramedics. I was also an external examiner at two other universities, which gave me a good overview of other courses.

I then moved into a role as head of nursing and allied health professional for an NHS trust that delivers community nursing and therapy (physiotherapy and occupational therapy) to housebound patients as well as older people's mental health (OPMH) services. There are no paramedics in my teams, but the skills I have gained throughout 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 forwards improvements in care.

Senior Manager case studies

Claire Horsfield
Head of Nursing and
Allied Health Professionals



Case study: Claire Horsfield

Job title: Head of Nursing and Allied Health Professionals, Southern Health NHS Foundation Trust, Southampton

Entry route: IHCD

What I do

I meet with the leadership teams to monitor clinical incidences, pressure ulcer panels, and serious incidents. I meet with GP and CCG colleagues to develop new ways of working as part of Better Local Care initiatives. My duties include:

- Performance management of clinicians in all roles as needed.
- One day each week in 'back to the floor' clinical role.
- Peer reviews of performance of teams from other areas of the trust.
- Reporting to CCG on quality of services.
- Monitor and review clinical and performance data.

The best bits

I love having a direct impact on patient care again. 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.

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

Claire Horsfield
Head of Nursing and
Allied Health Professionals



Case study: Jim Petter

Job title: Patient Safety Expert Advisor: Ambulance Services, NHS Improvement

Entry route: IHCD

How I got the role

I started in 1993 as a technician and passed my paramedic course in 1996. I then went on to operational line management roles before moving into workforce development and being seconded to the (then) Strategic Health Authority (SHA). I carried on in management and project roles, ending up as head of education for the (then) Great Western Ambulance NHS Trust. I then changed tack and returned to clinical practice as a specialist paramedic, which included taking a MSc. After a couple of years I went to teach at university, before moving into my current job three years later. At the end of 2016 I successfully interviewed for a new role as a part-time secondment to NHSi in patient safety.

What I do

One day a week I'm seconded to NHSi in my patient safety role. The rest of the time I work as head of education. This involves lots of meetings, developing plans, pushing progress and reporting and explaining what we are doing and/or planning. I spend a lot of time discussing how best to do things and which directions we want to take on specific issues, such as paramedic and advanced paramedic training, how to work best with universities, and how to support the HR strategy of the trust (in terms of

career development pathways for staff). I'm also required to represent the trust in external partnerships, such as government agencies and departments, universities, and the military etc.

The best bits

It's nice being able to help people develop; for example, into teaching and managerial roles. It's good making pathways and opportunities available to staff in earlier stages in their career, and it's flattering to be asked for advice about various issues. In the patient safety role, it is interesting to investigate and analyse serious incidents and to talk through the ambulance component of other serious incidents. Changes made can have a real impact on paramedic practice.

Senior Manager case studies

Jim Petter
Patient Safety Expert Advisor



Case study: Mark Richardson

Job title: Education Delivery Manager, Yorkshire Ambulance Service

Entry route: IHCD

How I got the role

My career started with the North Yorkshire Ambulance Service as an 'ambulanceman' at Whitby Station. Initially this entailed that I work during the day, transporting day care and out-patients and urgent transfers, etc. I then went to a training school in Merseyside and achieved my Millar qualification.

Next, I became part of the A&E crews working shifts. I then progressed and became a paramedic. It was at this point that I first started to guide and develop members of staff and organize training nights to get them prepared for their forthcoming paramedic courses. This led to me becoming a work-based training assessor on station. This was assessor based but also incorporated supervision and mentoring responsibilities. The next development in my career was becoming station officer at Whitby Station. This has played a vital part in my career, giving me a wealth of experience in line management of staff and dealing with the everyday issues of running a station. During this time I was invited to be part of a group to set up the RRV role for TENYAS. This meant that I spent three months rotating on a RRV at Scarborough Station and three months back on an ambulance as part of a crew.

The next big turning point came in 2003 when I was seconded in to the training department. This was a great opportunity and it was at this point

that I realised my career pathway lay clearly in the education environment. In 2004 I was successful in gaining a full-time clinical tutor role and in the same year qualified with the IHCD IM & IQ clinical tutor qualification. In 2006 my trust's paramedic training moved from IHCD and started partnership working with HEI, and we delivered the DIP HE in paramedic science. My work as one of the module leads on the programme caused me to realise that my historical background of IHCD was probably becoming a bit dated, and that I needed keep one step ahead of the students I was teaching. As a result, I completed a foundation degree which opened up the opportunity to study for a BSc in paramedic science the following year. As I did not have an academic background, I needed to work hard to prove that the old IHCD route did have some good qualities; indeed, this proved to be a firm foundation, because I achieved a first-class degree in paramedic science.

In 2012 the department re-structured and a new education delivery manager role was devised. I was successful in gaining this position. Again, although the IHCD tutor training had given me a great grounding in teaching, I felt I need to update my qualifications. As a result I achieved a Post Graduate Certificate in Clinical Education (PGCCE) in 2016/17.

Senior Manager case studies

Mark Richardson
Education Delivery Manager



Case study: Mark Richardson

Job title: Education Delivery Manager, Yorkshire Ambulance Service

Entry route: IHCD

What I do

Line managing the delivery team, both clinical and driving. Planning of the courses and the tutor skill sets to cover them. Ensuring delivery is current and up to date to give assurance on quality of the delivery methodology and materials used. Helping out the training sites with assessments (being an assessor on all the different courses delivered gives another insight into assurance and quality).

I represent the Education and Standards Department on quite a few groups for the trust. A large part of my role is dealing with training issues, whether on an internal course or a training need in clinical practice. Legal issues are also a daily/weekly occurrence, and I work closely with the legal team on both staff and service user claims.

The best bits

The role brings many challenges - but that is part of the appeal. I think a paramedic background brings out the best in us when things don't go to plan. This applies to my current role in that I must ensure all courses are covered with the suitably skilled tutor - meaning that when tutor availability is limited, I must be adaptable, and mitigate these issues with a suitable back-up plan. The role still allows me to be student facing - especially for assessments - which is enjoyable and useful, as this is also a good way to maintain assurance and quality of the department's delivery and strict assessment processes.

Senior Manager case studies

Mark Richardson
Education Delivery Manager



Case study: Dave Green

Job title: Head of Quality Improvement, Yorkshire Ambulance Service NHS Trust

Entry route: IHCD

How I got the role

I started working in the PTS in 1998 before moving onto the A&E role, initially working as an EMT and completing my paramedic training in 2001. I stayed in this role for a number of years, working for Yorkshire Ambulance Service NHS Trust and the Scottish Ambulance Service NHS Trust. During this time I developed a passion for improving the service we offer, initially focusing on mentoring and clinical supervision, before moving into clinical education and helping to train all grades of ambulance staff. Finally, an opportunity arose within the quality team, which I was pleased to join; the role combined all the experience I had gained throughout the service with a chance to help develop a culture of continuous improvement.

What I do

My week is very varied and involves meeting and engaging a wide range of people, both internally and externally. It can range from working with a small team to help develop and implement a quality improvement project that they have devised and developed themselves, to working with a multi-disciplined large external team with a focus on solving a larger problem. The work can be challenging, but when a solution to a problem is found and implemented it is very rewarding.

The best bits

The best bit of the role is helping staff to make changes and improvements in what they do on a day-to-day basis. This might concern an idea they have had around improving the care they provide or improving on a way that they work. Quality improvement involves everyone from all different staff groups. This offers me the opportunity to work with a diverse range of people from inside and outside the service, all of whom have the same goal of improving what we do and making things better for the future.

Senior Manager case studies

Dave Green
Head of Quality Improvement



Case study: Steve Hatton

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

Entry route: Joint BSc(Hons) Paramedic Science with IHCD Ambulance Paramedic Award

How I got the role

During my time with EOC I became interested in telephone triage, using a number of 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. Both of these experiences came together when I saw, or was nudged in the direction of, a role with the NHS Pathways team. Although my experience was with other triage systems the national team at Pathways had yet to employ a paramedic as a clinical systems developer; the professional mix was predominantly 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 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.

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, 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 or not there needs to be a change to content, and also to recommend changes based upon any new national guidance from the likes of NICE. Currently I have a range of issues relating to hypothermia, sepsis, resuscitation (BLS, choking and anaphylaxis) and end of life issues. It's quite interesting, though, as I'm exposed to topics from general practice and paediatrics, so whilst doing the 'day job' my own knowledge is continually growing.

Much of the work I do is undertaken remotely from home, and I feel lucky to have that option. 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 that the work we do is properly scrutinised and considered from different perspectives.

Senior Manager case studies

Steve Hatton
Clinical Systems Developer



Case study: Steve Hatton

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

Entry route: Joint BSc(Hons) Paramedic Science with IHCD Ambulance Paramedic award

I also provide clinical support to our medical director 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 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. Each member of the team is linked to a 111 and/or 999 user site, working closely with our training and operations team to provide support to the organisations across England that use our system.

The best bits

It has taken me some time to get comfortable with the scale of what the clinicians do at NHS Pathways, and what collective and personal responsibility that entails for me as a registered professional. Mass population triage is complex and presents new challenges in translating clinical knowledge into something laypersons can understand and

deliver by telephone. NHS Pathway's clinical content triages over 14 million calls to 111 and 999 per year - to all levels of care - so it's quite daunting; however, it's also a huge honour to know that the work I do touches patients every day to make sure they get the right care when it's needed. I have spent a lot of time over the last twelve months working to incorporate the latest evidence and guidance on sepsis. Operating as part of a team, we have been trying to find solutions that work without compromising the ability and safety of services to respond to a mixed population with different needs. This has involved some difficult conversations.

I must say that 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! The world of clinical informatics is so varied and interesting. It's very much about delivering clinically safe systems that help us to do our daily work as

Senior Manager case studies

Steve Hatton
Clinical Systems Developer



Case study: Steve Hatton

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

Entry route: Joint BSc(Hons) Paramedic Science with IHCD Ambulance Paramedic award

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 a health professional, and it's great to see this element of the NHS engaging with our profession.

This is why I've decided to develop my knowledge in this specialist field through further postgraduate study. I'm now a third way through an MSc in health informatics, delivered by the University of Sheffield. More development opportunities will arise soon as NHS Digital and NHS England prepare to launch the NHS Digital Academy.

Senior Manager case studies

Steve Hatton
Clinical Systems Developer



Case study: **Andy Elwood**

Job title: Medical Standards North, (UKSAR Bristow Helicopters Ltd)

Entry route: 'Grandparenting Process' - Ambulance service (1996-98), RAF SAR and civilian winchman paramedic (2000 to date)

How I got the role

UK SAR has brought highly experienced professionals from a variety of backgrounds together – some ex-military and civilian search and rescue; others have joined from the NHS, or air ambulance service.

While I joined Bristow Helicopters Limited (Bristow) from another helicopter company, what was key to securing the move is my background as an NHS; civilian; and military SAR paramedic. The latter included a tour in Afghanistan as an RAF MERT helicopter paramedic. I also have extensive experience as a medical trainer in the private sector.

I'm a Patron of PTSD999, and I know Bristow is keen to support PTSD and mental health related work in the medical services community, and look forward to helping that to grow and assist more people.

What I do

My region covers Stornoway, Sumburgh, Inverness, Prestwick and Humberside Coastguard bases, which means I am on the road a lot. When visiting bases, mentoring and training is a key focus, to ensure that as a service we provide the highest standard of care, which is rightly expected of us.

I also liaise with other emergency services, to foster closer working relationships and ensure they are each aware of what we can do to help them when they have an urgent need for aerial support with qualified, highly-experienced paramedics on-board.

I also attend national conferences and meetings alongside my southern counterpart and other members of the clinical governance team. From a personal perspective, I also need to keep myself current on two aircraft types, and mostly achieve this by covering operational shifts, wherever I happen to be.

The best bits

There is an incredible variety of work in UK SAR. It is often seen as a sea-based service, as part of the Maritime and Coastguard Agency yet, looking at our base map of the UK and its surrounding waters, we cover every bit as much land as we do sea.

It's quite routine to be tasked from completing a long-distance medical evacuation of an unwell seafarer, straight into a mountainous environment to assist other emergency services in a trauma incident.

Senior Manager case studies

Andy Elwood
Medical Standards North



Case study: **Andy Elwood**

Job title: Medical Standards North, (UKSAR Bristow Helicopters Ltd)

Entry route: 'Grandparenting Process' - Ambulance service (1996-98), RAF SAR and civilian winchman paramedic (2000 to date)

Being able to work with police forces, mountain rescue teams, NHS colleagues from local surgeries to road-based ambulance paramedics, as well as the coastguard, is so rewarding.

That so many of our colleagues are trained former NHS or civilian paramedics and technicians means we have a great understanding, appreciation for, and experience of the emergency services beyond UKSAR and we are committed to working with them and supporting what they do to recover people in distress to a place of safety.

Senior Manager case studies

Andy Elwood
Medical Standards North



Case study: Julian Rhodes

Job title: Head of Education and Training – West Midlands Ambulance Service NHS Foundation Trust

Entry route: Vocational/Experiential and Post-Graduate Education

How I got the role

I was fortunate to hold education experience and relevant qualifications upon joining the ambulance service back in April 1996. I have worked in a variety of roles from patient care assistant in non-emergency patient transport, ambulance technician, paramedic, community paramedic, advanced paramedic, and also have experience in the emergency operations centre. Initially I worked for Staffordshire Ambulance Service NHS Trust prior to the amalgamation, and currently for West Midlands Ambulance Service NHS Foundation Trust.

I was seconded to the education department due to my experience and joining qualifications, and progressed into the education management role of head of education and training and continued this position into the amalgamation of the West Midlands Ambulance Service it is today. More recently I studied at DeMontfort University, successfully gaining the post-graduate level 7 diploma in health and social care management.

What I do

My role is very motivating, challenging and truly multi-faceted, branching across both regional and national responsibilities. My regional responsibility is the effective and efficient strategic operations of the education and

training function, which carries with it a large portfolio for workforce development. I am proud to hold this position and the team I have and manage to achieve our strategic objectives. Taking up national responsibilities has been one of the most recent challenges, which I have thoroughly enjoyed. I am currently the chair of the National Education Network for Ambulance Services, Driver Training Advisory Group (DTAG), and the vice chair of NHS Ambulance Services First Aid. I have been privileged to undertake a part-time secondment to the Association of Ambulance Chief Executives (AACE).

My own learning will never stop, and although I am the head of education and training, I will never stop being a learner myself.

The best bits

Honestly, every part of my journey since 1996 has been the 'best bit'. If I had to narrow this down, I would have to say that the best parts have been having the opportunity to head up the education function within the West Midlands Ambulance Service NHS Foundation Trust, and most recently the experience gained from the secondment to the AACE.

Senior Manager case studies

Julian Rhodes
Head of Education & Training



Case study: Paul Bates

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

Entry route: Experiential and Post-Graduate Study

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 LAS 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 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, and as such I went on to complete a post-graduate certificate in education and a certificate in learning and teaching at master's level.

What I do

I lead on the paramedic higher education programmes for the department of education LAS, managing and designing undergraduate pre-registration programmes. I oversee practice-based educations 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

I enjoy developing and pushing the boundaries of paramedic education and practice, and being part of the full cycle of developing new students through to practice educators and tutors, as well as mentoring and developing new managers. I get a great sense of satisfaction from watching students develop into competent practitioners and advance their knowledge, skills, and confidence.

Senior Manager case studies

Paul Bates
Higher Education Manager

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.



Being in a position to implement an aspirational career framework is an exciting and motivational aspect of my role.”



Case study: **Andy Swinburn**

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

Entry route: Vocational Route Emergency Medical Technician, Paramedic Post-Registration BA (Hons) and MSc

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 this year I was successful in obtaining the position of assistant director of paramedicine with the Welsh Ambulance Services NHS Trust.

What I do

As the assistant 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

Andy Swinburn
Assistant Director
of Paramedicine



Case study: John Martin

Job title: Associate Director of Operations, Cambridgeshire and Peterborough NHS Foundation Trust

Entry route: BSc(Hons) Paramedic Science with IHCD Ambulance Technician and Paramedic Award

How I got the role

I started as a front-line paramedic and enjoyed mentoring new starters. This led me to move to education and undertake a teaching qualification. I worked as a clinical educator and manager before moving into a specialist development role developing clinical pathways.

I progressed to consultant paramedic with responsibility for education and research, profession development, strategy and clinical leadership across an ambulance trust. When the director for clinical quality left, I was asked to act into the role for an interim period. This lasted for 15 months. At this point I was fortunate to be selected for a place on a full-time national leadership programme, which included studying at Harvard, IBM and visiting South Africa's health system. I also undertook a placement at Cambridge University Hospitals and became the director for integrated care on completion of my course. The role I am in now covers both physical and mental health, and entailed a move from the acute hospital to the community provider.

What I do

As a director there is no typical day. I am responsible for the direction of services, which encompass a budget of £60m and 1,600 staff. These include district nurses, therapists, psychologists, minor injury units, rapid response teams and nine wards on six sites. The services cover the whole county, which has a population of about 940,000 <http://www.cpft.nhs.uk/>.

The wide variety of services means that the day can include talking to staff, answering emails and phone-calls, and attending meetings, as well as travelling around the county on lots of different topics.

In general the role is split between setting strategic direction, developing or transforming services and running the day-to-day operations.

The setting of direction is exciting and requires you to have a broad overview of the changing health and social care landscape.

The transforming services aspect is currently focused on the local sustainability and transformation partnership (STP). This includes developing new services - such as a discharge service from hospital, and

Director case studies

John Martin
Associate Director
of Operations



Case study: John Martin

Job title: Associate Director of Operations, Cambridgeshire and Peterborough NHS Foundation Trust

Entry route: BSc(Hons) Paramedic Science with IHCD Ambulance Technician and Paramedic Award

a new community early support service for stroke - as well as developing existing services, such as heart failure and the Joint Emergency Team (JET). The day-to-day operations aspect of my role includes staff management, recruitment and staffing, estates and equipment, budget management and meeting cost improvement plans.

The best bits

I enjoy supporting services to become the best they can be. I really enjoy innovation and thinking differently about how we can deliver health and social care. This role gives me the opportunity to support teams to operationalise this.

Director case studies

John Martin
Associate Director
of Operations



Case study: **Richard Lee**

Job title: Director of Operations, Welsh Ambulance Services NHS Trust

Entry route: IHCD

How I got the role

I followed my father into the ambulance service after service with the Royal Air Force. I joined as a trainee paramedic in 1993, and followed the IHCD ambulance technician and then paramedic programme, becoming a paramedic in December 1995. I undertook additional short courses such as PHTLS and PHPLS and developed as an instructor for these disciplines. In 2001 I completed the Royal College of Surgeons (Edinburgh) diploma in immediate medical care and subsequently became an examiner for this award.

I have followed a traditional career path, progressing from a team leader role via some secondments to a borough and then regional role. In 2012 I moved into a role leading the clinical and operational modernisation of the ambulance services in Wales.

Following the launch of our revised clinical model in 2015, and a spell working on the launch of this model across Wales, I became Director of Operations in 2016.

What I do

My working week is spent leading the teams that deliver ambulance services across Wales. I am responsible for around 2000 staff at 100 locations. I believe that ambulance services must be delivered with plans that are both clinically sound and operationally deliverable. With this in mind, the highlight of the week, my weekly management team meeting, spans both the operational and clinical leaders of the organisation. I really try to solve operational problems with my team using a “what does the patient need?” starting point.

I am also often required to provide media and conference presentations about the ambulance service.

I undertake regular clinical shifts on an ambulance or a response vehicle. These shifts are really important as they allow me to maintain my practice and experience the reality that our staff and patients see on a daily basis.

Director case studies

Richard Lee
Director of Operations



Case study: **Richard Lee**

Job title: Director of Operations, Welsh Ambulance Services NHS Trust

Entry route: IHCD

The best bits

Being able to lead real changes to the quality of the services we provide patients, and the facilities and environment for our staff, is a rewarding part of the role. Similarly, being able to increase the influence of the ambulance service and paramedics across the NHS system is always exciting.

My first mentor told me that joining the ambulance service meant that "you got to meet all the people that your mother would not let you play with at school!" He was right; and the best bit - not just of this role but of all roles that I have had - is the people you meet. Both staff and patients have contributed to how I practice as a paramedic, and my views on how ambulance services can contribute best to the whole unscheduled care system.

Director case studies

Richard Lee
Director of Operations



Case study: Mark Millins

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

Entry route: Vocational Route Ambulance Technician, NHSTD Paramedic

How I got the role

I joined the ambulance service as an ambulance technician before doing my paramedic training after three 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 tutor post. I then transferred out of the ambulance service and worked at a university, where I spent four 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 two years before taking up my current post.

What I do

As the associate director of 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

Mark Millins
Associate Director
Paramedic Practice

Research



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 begin to develop the ability to critically appraise research using information systems, and become involved in service audit with the aim to publish original research.



Being a front-line paramedic is rewarding because you are able to directly impact on the life of an individual patient at each call-out.”



Case study: **Greg Whitely**

Job title: Research Paramedic, East Midlands Ambulance Service NHS Trust

Entry route: Foundation Degree

How I got the role

After completing the FdSc in paramedic practice most of my colleagues topped their qualification up to BSc level. Already holding my BSc (Hons) helped my career progression hugely as it allowed me to begin my MSc with confidence. I secured the role of research paramedic whilst undertaking my MSc (which I believe was the main reason for my successful application, along with my drive and enthusiasm for research).

What I do

Throughout the course of a clinical trial there are different phases, and I am responsible for ensuring each phase is successful. At the start of AIRWAYS-2, for example, I was responsible for advertising, recruiting, training and randomising paramedics. This involved a lot of travelling and meeting many new faces from around the service - 337 to be exact - which was a privilege. During patient recruitment, I was responsible for uploading data onto the trial database on a daily basis along with managing data queries. Now that AIRWAYS-2 patient recruitment has finished, I am performing 'exit training' for all AIRWAYS-2 paramedics to debrief them and ensure a safe transition back to routine practice.

Unfortunately this research post - like many others - is a fixed-term contract. However, the experience and knowledge gained through managing a large-scale randomised controlled trial is invaluable, and has helped me secure my next venture. I applied for, and was granted, a PhD studentship, which was awarded by Health Education England - East Midlands and the Collaboration for Leadership in Applied Health Research and Care – East Midlands. This provides a stipend (student salary) and tuition fees for three years of full-time study. My involvement in AIRWAYS- 2 and gaining my MSc qualification were paramount to my success in this application. With this PhD I plan to continue my research into child pain management within the ambulance service, whilst also working part-time as a paramedic.

Research Paramedic case studies

Greg Whitely
Research Paramedic



Case study: **Greg Whitely**

Job title: Research Paramedic, East Midlands Ambulance Service NHS Trust

Entry route: Foundation Degree

The best bits

Being a front-line paramedic is rewarding because you are able to impact directly on the life of an individual patient at each call-out. However, with research, the potential to impact on the lives of many more patients is appealing to me. The results of AIRWAYS-2, for example, will influence national and international guidelines, which in turn will be used to improve the treatment of numerous patients. I can't imagine a more rewarding career.

Research Paramedic
case studies

Greg Whitely
Research Paramedic



Case study: Jamie Miles

Job title: Research Co-Ordinator (Paramedic)

Entry route: DipHE

How I got the role

Initially, research was very intimidating to me. I can remember picking up a copy of the British Medicine Journal (BMJ) and struggling to comprehend what each article was trying to say. It was very academic and authors seemed to adore throwing strings of numbers in halfway through a sentence. My determination to grasp reading such articles led to being interrogative of paramedic practice. In practice I was developing clinically in both urgent care (practitioner course) and critical care (RAT course). These developments led me to appraise evidence further and think of changes that might improve practice. I started participating in research - such as the AIRWAYS-2 trial and RIGHT-2 trial - which gave me an insight into the pragmatics of conducting research. From this I decided to enrol on a master's degree in clinical research. The intention was to be able to design and conduct my own research that would improve my profession in the future. Halfway through the master's, an opportunity arose to be a research paramedic in Yorkshire. I've not looked back!

What I do

The role is wonderfully broad. I will start the week checking to see if any patients have been enrolled into the RIGHT-2 stroke trial and then move on to entering cardiac arrest patients for AIRWAYS-2. These two elements formulate the bulk of the week for me. Part of the role is developing research, so I may find myself reviewing literature and writing proposal summaries that might develop into full projects. It also entails helping academics and institutions with projects that involve the ambulance service. Towards the end of the week I spend my time at the University of Sheffield. I am working with a complex dataset to map large amounts of patient journeys from phone call to discharge. It's quite exciting!

The best bits

Research as a career is rewarding, particularly if you are the inquisitive sort. My favourite part of the role is the 'light bulb' moment - such as when I've read a piece of research and can really visualise the practical changes that could improve care; or when I've analysed data and found something that I can show people and will make a difference.

Research Paramedic case studies

Jamie Miles
Research Co-Ordinator



Case study: Kelly Hird

Job title: Research Paramedic

Entry route: IHCD

How I got the role

I have been in the ambulance service for almost fifteen years, starting on PTS before becoming an emergency medical technician. I qualified as a paramedic in 2008.

I completed the FdSc in paramedic science and particularly enjoyed the research side of the course - largely because, as I didn't previously have a higher-education experience, it was all new to me!

I was surprised to realise that the majority of interventions a paramedic makes are from in-hospital research, and I felt that this wasn't appropriate for the job we do. I felt that I would like to be involved in the transition that we as paramedics are all making from best practice to evidence-based practice.

What I do

I am currently facilitating the RIGHT-2 trial across the trust I work in. This is an important study regarding administering GTN to hypertensive CVA patients. As paramedics we are limited in the treatment we can give to CVA patients; and if we can improve practice and patient outcome via something so simple, that would be really great.

I am also involved in research around staff well-being and other trials that are currently going on in and around the ambulance service. I provide support to both prospective researchers and academic researchers from outside the ambulance service.

The best bits

Promoting our profession through evidence-based practice to care better for our patients.

Research Paramedic case studies

Kelly Hird
Research Paramedic



Case study: **Graham McClelland**

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

Entry route: Experiential & post-graduate study

How I got the role

I worked in a variety of roles within North East Ambulance Service; as a technician, paramedic and hazardous area response team paramedic, before applying for a 12 month secondment as the trial coordinator for the head injury transportation straight to neurosurgery 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 occupying the trial coordinator role, I completed my BSc Practice Development degree and applied for a fellowship with the National Institute for Health Research to study for a masters degree in Clinical Research. Once my application to join was accepted I studied part time whilst continuing to work for North East Ambulance Service as a research paramedic working across a range of studies and projects.

What I do

My role involves participation 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 continuing professional development requirements.

The final part of my role is developing as an academic which currently entails working on my PhD supported by a fellowship from the Stroke Association and attached to the stroke research group at Newcastle University.

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 Paramedic case studies

Graham McClelland
Research Paramedic

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 is empowering if you can understand it, you can influence so much more in the future.”



Case study: John Talbot

Job title: Paramedic Research Fellow, University of Hertfordshire

Entry route: Experiential and Post-Graduate Study

How I got the role

I worked for Two Shires and South Central Ambulance Service as a technician, paramedic, clinical supervisor, specialist paramedic and urgent and emergency care practitioner. Having completed a BSc (Hons) degree in paramedic science in 2010 at the University of Hertfordshire, I began lecturing on the programme in 2011. I also had a particular interest in pharmacology and completed a postgraduate diploma in therapeutics and an MSc in medical toxicology, both at the University of Cardiff. Having always enjoyed research, I am fortunate to now be working as a research fellow in paramedics.

What I do

Any and all things research; primarily I look for potential research opportunities in the paramedic field. Initially, I'll do background work such as literature searching and reviewing to establish the research question and how best to answer it. Finally, I write the grant application in an attempt to win funding. I am also involved in systematic reviews, writing about research in the Journal of Paramedic Practice and lecturing in pharmacology.

The best bits

Raising the profile of paramedic research and getting students and paramedics to see the value of it. Research is empowering; and, if you can understand it, you can influence so much more in the future.

Research Fellow
case studies

John Talbot
Paramedic Research
Fellow

Reader

A paramedic reader applies their knowledge and expertise in the creation and interpretation of new knowledge through original research. They would hold or be working towards an appropriate PhD (such as a clinical doctorate research fellowship).



Working with peers and colleagues to promote the value of research for the paramedic profession research projects is truly rewarding.”



Case study: **Michelle Esoum**

Job title: Reader in Paramedic Science

Entry route: Experiential; Post-Graduate Education; Research Activities

How I got the role

I first came into the paramedic profession via a higher education route, gaining my BSc Hons degree in paramedic science. After that I worked as a paramedic in an NHS ambulance service, during which I took every opportunity to be involved in clinical research as this was an interest of mine throughout my pre-registration programme. After completing my first degree I got involved in some small in-service research projects where I was mentored by more experienced researchers and, after a few years of clinical practice and exposure to research activity, I felt ready to undertake my PhD. Evidence of doctoral-level study is essential for consideration for a reader's post.

Throughout all of these processes, one thing I was advised to do was publish, publish, publish! I started by writing reviews for peer-reviewed journals and then moved on to working with other, more established authors to write full papers. Although daunting in the beginning, I am so glad I took this advice as my publishing record and portfolio of conference outputs certainly helped me when applying for my readership post.

What I do

My role is varied as half of my work is research focused, and the other half involves teaching on both undergraduate and post-graduate paramedic programmes, as well as undertaking operational shifts to maintain and develop my skills and knowledge as a paramedic. As a reader I am expected to develop my own programme of original research, which involves not only submitting grant applications to gain funding to run the projects, but also acting as the principal investigator on these projects. This involves implementing the research, monitoring governance of the research, collecting data, analysing data and publishing the findings, as well as managing the research teams affiliated to these projects. Supporting and developing colleagues and students into good research practices is an integral part of my role. Alongside this, I enjoy facilitating other people to engage in research activities, helping them to address clinical research problems that ultimately may inform paramedic evidence-based practice.

The best bits

All of it! Working with peers and colleagues to promote the value of research for the paramedic profession and supporting them to shape their ideas into actual research projects is truly rewarding.

Reader case studies

Michelle Esoum
Reader in Paramedic
Science

Professor

A professor is an academic paramedic who has completed an appropriate PhD (such as a senior clinical lectureship or clinical doctorate research fellowship). Through research, they would have made - and will continue to make - a significant and original contribution to a specialised field of inquiry, demonstrating a command of methodological issues, engaging in critical dialogue with peers and accepting full accountability for outcomes.



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



Case study: Julia Williams

Job title: Professor of Paramedic Science, University of Hertfordshire

Entry route: Experiential; Post-Graduate Study; Publishing Activities; Successful Grant Applications

How I got the role

The selection process was extremely challenging and it involved several stages, all of which required demonstration of successful previous research activity as well as highlighting future potential for research and innovation. In addition, I had to evidence an extensive contribution to the teaching and supervision of both pre and post-registration students - at all levels, from undergraduate through to doctoral level - in a variety of roles, from lecturing through to programme development and validation.

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 and 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 I then 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 research.

Over the years I have developed a solid portfolio of publications and conference presentations, reflecting my input to both clinical

and educational research, and I have been involved 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!

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 programme through to supervising my PhD students who are undertaking essential research in out-of-hospital emergency, urgent and unscheduled care.

Professor case studies

Julia Williams
Professor of Paramedic
Science



Case study: Julia Williams

Job title: Professor of Paramedic Science, University of Hertfordshire

Entry route: Experiential; Post-Graduate Study; Publishing Activities; Successful Grant Applications

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 presenting research findings at conferences; writing research papers; peer reviewing other staff member's publications and facilitating their development in research; coordinating meetings with partner organisations and other research-interested people to raise the profile of paramedic research and to capitalise on collaborative research opportunities.

I chair the College of Paramedics' Research and Development Advisory Committee and I am a member of several other 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.

I also spend time working in clinical practice, 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.

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 - 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 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.

Professor case studies

Julia Williams
Professor of Paramedic
Science



Case study: **Julia Williams**

Job title: Professor of Paramedic Science, University of Hertfordshire

Entry route: Experiential; Post-Graduate Study; Publishing Activities; Successful Grant Applications

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

Julia Williams
Professor of Paramedic
Science

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](#)

Paramedic Lecturer

The first role undertaken by paramedics progressing into the education arena is often that of practice educator; this role is paramount to the educational and clinical development of pre-registered and postgraduate students.



My role allows me to step outside of the ambulance service and work closely with the Higher Education Institutions (HEIs), helping to change and shape my perspective.”



Case study: Mark Gregson

Job title: Practice Education Lead

Entry route: FdSc

How I got the role

I started my career in 2006 as a then named, Emergency Medical Dispatcher (EMD) in the control centre for North West Ambulance Service. Twelve months on, I was part of one of the first cohorts of student paramedics undertaking a Foundation Degree at Yorkshire Ambulance Service, with whom I stayed with for 4 years. In 2011, I joined SECAmb as a trainee Specialist Paramedic, and qualified 3 years later. As a specialist paramedic in urgent and emergency care I worked within the emergency operations centre, frontline response, and also within the Out of Hours GP service. Throughout this time I studied for my Practice Educator qualification enjoying my experience of developing students, and then in the 2015 started my role as Practice Education Lead (PEL).

What I do

My substantive role, as Practice Education Lead (PEL) for SECAmb, is about closing the theory – practice gap that occurs between students being in University, and being out on placement within the ambulance service. The role involves close working with the universities, and at the core is about creating a positive learning environment where students get consistency of support between university and the practice setting.

Often this would be about crucial link pin between Practice Educators, students and university lecturers, and the role requires the balance of time and energy between all three. I'm part of a good team that puts students at its core, which strive to improve the experience they have year on year. Availability of places on certified Paramedic university courses have quadrupled over the past 4 years, and so one of the biggest challenges faced was to sustain and build on the quality of practice experience in spite of this.

In April 2017 I was accepted on a leadership programme (the Darzi Fellowship programme) and with it was seconded to Public Health at Kent County Council, where I've been developing my system thinking and learning skills in system dynamic demand & capacity modelling. Currently I'm leading a project for adult social services, modelling the demand for older peoples' home care, and how we might improve meeting needs in the future.

Paramedic Lecturer case studies

Mark Gregson
Practice Education Lead



Case study: Mark Gregson

Job title: Practice Education Lead

Entry route: FdSc

In 2015, and outside of my role within the NHS, I proudly accepted an invitation by the College to contribute and develop its first Practice Educator Guidance handbook. It was due to the task and finish group that all Practice Educators in the UK will receive a copy, whether they are a member of the College or not. Providing tools for Practice Educators to do their job I feel is a key determinant of the success of a Paramedic programme, and the guidance handbook is a great step forward for the profession.

Following the success of the Practice Educator group, I was accepted to be part of the College's Education Advisory Committee, and was pleased to start my 3 year tenure back in January.

I've recently successfully completed the first year of an MSc Advanced Practice programme at the University of Greenwich, and now alongside my fellowship, I'm studying for a PG Cert in Healthcare Leadership at the London South Bank University.

The best bits

I've learnt over the years that there's never a holy grail of professional development, it's a journey that gets no easier, and it's just that each step along the way is different. My 11 years of experience and my reflections on this time have shaped my knowledge and my understanding of things today. The PEL role allows me to step outside of the ambulance service, and work closely with the Higher Education Institutions (HEIs), helping to change and shape my perspective. Where do I get my enjoyment from the role? Knowing I've done my best to support students on their academic and professional journey of 'ups and downs', and then seeing smiles on their faces when they graduate.

Paramedic Lecturer
case studies

Mark Gregson
Practice Education Lead



Case study: Helen Holt

Job title: Clinical Skills Development Tutor

Entry route: IHCD

How I got the role

I worked for West Yorkshire Metropolitan Ambulance Service as a direct entry paramedic and field-based assessor; then I moved to Tees, East and North Yorkshire Ambulance Service as a staff development officer and remained in the education department during the merger to Yorkshire Ambulance Service. Having completed a PGCE in further education in 2004 with Leeds University, I continued working in education and working with university partners to develop the paramedic foundation degree pathway within Yorkshire in partnership with Teesside University and North East Ambulance Service. I began lecturing on the programme in 2006 and was a first and second year module leader for the duration of the course within YAS. I then undertook the BSc (Hons) degree in paramedic science in 2010 at the University of Teesside, the first year it was run; I had a particular interest in education and completed a master's degree in clinical education this year.

What I do

I work to support the learning and education of new and existing staff within the ambulance service and other partner agencies. I have a particular interest in simulation and can often be found making videos

for the immersive simulation suite or to go alongside standard operating procedures. I work closely with our supervisor teams on the road and am a point of contact for staff to clarify their knowledge and skills. I am also involved in the development and quality control of training materials.

The best bits

- Encouraging others to participate in simulation, and developing the freedom to make mistakes during simulation and learn from them.
- Seeing the 'lightbulb' moment: when a person has had difficulty grasping a topic, but after sitting with them and trying different techniques they begin to grasp the topic or skill.
- Working as a clinician.

Paramedic Lecturer case studies

Helen Holt
Clinical Skills
Development Tutor



Case study: Dan Lawton

Job title: Clinical Tutor

Entry route: FdSc

How I got the role

I started in patient transport services following my A-levels at the tender age of 18. I quickly progressed onto the urgent tier and then student paramedic, paramedic, and clinical supervisor, finally ending up as a clinical educator.

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 Huddersfield University, awarded in 2017. I hope to complete a PG Certificate in Clinical Education, and will commence the course in September 2017.

What I do

I deliver clinical refresher training to clinicians, including drug and practice updates, provide training to new staff that join on core ambulance assistant courses, and also skills training and simulation to student paramedics from the University of Bradford as part of their placement. I also develop new course material and update existing, design courses and cover OSCE assessments.

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 debate in class. In particular, I enjoy sharing and learning from different experiences and motivations and relating this to professional practice.

Paramedic Lecturer case studies

Dan Lawton
Clinical Tutor



Case study: Rob Slee

Job title: Paramedic Lecturer; BSc (Hons) Paramedic Science, University of Greenwich

Entry route: Vocational/Experiential and Post-Graduate Education

How I got the role

I had been working clinically for 20 years in a variety of roles, including: as emergency medical technician; paramedic; clinical team leader; emergency care practitioner (specialist paramedic); 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, I applied to the University of Greenwich on a part-time basis as a lecturer practitioner. There - along 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 across all three year groups as well as be the course leader for two of the courses. I have just completed my MSc in Advanced Practice.

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 100). I also have the opportunity to deliver a variety of sessions to undergraduate nurses 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, this role 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.

Paramedic Lecturer case studies

Rob Slee
Paramedic Lecturer



Case study: **Rob Slee**

Job title: Paramedic Lecturer; BSc (Hons) Paramedic Science, University of Greenwich

Entry route: Vocational/Experiential and Post-Graduate Education

In order to maintain my own credibility I retain a bank contract. The students not only respect this more, but also they understand that I have the experience of using the skills in practice - and that I am using those experiences to try and help them understand the context in which they are applied.

The best bits

Seeing the students grow through their educational journey, having the ability to be able to help them with the theory practice gap, and seeing them grow into the registered professionals of tomorrow.

Paramedic Lecturer case studies

Rob Slee
Paramedic Lecturer

Senior Lecturer

A senior lecturer is an academic paramedic who has a relevant teaching qualification, such as a Post-Graduate Certificate of Education (PGCE). They 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.



I am still able to make a difference to the lives of my patients directly but I am also able to indirectly effect the lives of so many more patients through those who I educate.”



Case study: Rachael Hosnyak

Job title: Senior Lecturer and Programme Lead BSc Paramedic Science, Birmingham City University

Entry route: IHCD

How I got the role

I am a paramedic with over fifteen years' experience of pre-hospital practice. Having joined the NHS in 2003 after a career in the private sector, I spent my early career working as an emergency medical technician in South Devon, where I remained to undertake paramedic training. I later undertook post-registration training with Plymouth University to develop practitioner competencies (which aligned to the Skills for Health ECP framework). My career then moved into leadership and management. I undertook various officer and management positions within the local ambulance service, eventually reaching the strategic management position of clinical development manager (8A) and operating at a bronze and silver command level. During this time, I continued to practice as a specialist paramedic, and completed critical care education such as the ATACC syllabus (with instructor recommend).

I've always been committed to developing others, and - having completed a BSc in health studies and graduate diploma in emergency care - I transitioned into academia in 2011 as a lecturer with Plymouth University, where I completed a PgCert in academic practice and held positions such as placement and admissions lead.

More recently I have moved to Birmingham City University as a senior lecturer and programme director in paramedic science. To maintain currency, I continue to practice with South Western Ambulance Service, EMS as a specialist paramedic, and GBEMS as an advanced paramedic. I also hold positions with the College of Paramedics as an alternate trustee and Education Advisory Committee member (research).

I am currently engaging in PhD research into 'Ocular nerve sheath ultrasound and impedance threshold therapy in the assessment and management of increased intracranial pressure in pre-hospital medicine' and an MSc in advanced clinical practice (as a trainee advanced clinical practitioner). I have a specialist interest in mindfulness, teaching and Lean Six Sigma Leadership and Management, and I am about to sit my Lean Six Sigma black belt exam this year (2017).

Senior Lecturer
case studies

Rachael Hosnyak
Senior Lecturer and
Programme Lead



Case study: Rachael Hosnyak

Job title: Senior Lecturer and Programme Lead BSc Paramedic Science, Birmingham City University

Entry route: IHCD

What I do

A typical week can be quite varied, but there are elements of consistency. Depending on where we are in the academic calendar and particular deadlines or project demands, I try to set aside one day a week for my management workload. This management day is mainly concerned with the administrative tasks or strategic management associated with my role as programme director, as the actual running of the programme and leadership behind this is part of my every day role. I then schedule a day a week for scholarly activity. This day may either involve research, writing for publication or attending CPD study sessions/lecturers for my own development. As a senior academic, I am expected to demonstrate how these days benefit the student experience as well as my own development; to do so I create a scholarly/writing plan for the year ahead which keeps me on track. I condense full-time hours, as a senior academic, into a four-day week - meaning a 10-hour working day Monday to Thursday - but I am able to make good use of my train commute, which becomes my mobile office for three to four hours a day.

This then gives me one day a week to work in the clinical environment. My clinical roles vary, depending on my employer, but I ensure I work across the NHS and private sector and maintain exposure within all of my clinical skill sets. For the majority of the time, this clinical work is in a paid capacity, but as a trainee advanced clinical practitioner I also complete clinical shifts in a non-paid (student) capacity. As well as maintaining clinical practice because I love what I do, I feel it is important to teach from experience - and maintaining this level of clinical practice allows me to further enhance paramedic education.

So that leaves two more days; these two days are mostly spent teaching or as a senior developing others who teach, which I also enjoy a great deal. My work as a senior academic also greatly complements my various roles with the College of Paramedics; and some of this work overlaps into my academic role, whilst some is done in my own time.

Somewhere in amongst all of that I find the time for various meetings, open days, widening participation events, mentoring and coaching my team - and the odd time out for a walk around the building, coffee with colleagues, or a game of chess at my desk!

Senior Lecturer
case studies

Rachael Hosnyak
Senior Lecturer and
Programme Lead



Case study: **Rachael Hosnyak**

Job title: Senior Lecturer and Programme Lead BSc Paramedic Science, Birmingham City University

Entry route: IHCD

The best bits

It may sound like a cliché but I love all of it! If I had to try and sum up the best bits of my job, I think I would focus on the ability to make a difference to so many people's lives. I am still able to make a difference to the lives of my patients directly but I am also able to indirectly affect the lives of so many more patients through those I educate. I also have the privilege of being part of one of the most rewarding journeys of an individual's life: their student journey. Seeing the development of an individual from fresher to graduate paramedic is an honour, and graduation ceremonies would certainly be on my list of 'best bits'.

Senior Lecturer
case studies

Rachael Hosnyak
Senior Lecturer and
Programme Lead



Case study: Ken Street

Job title: Senior Lecturer/Course Leader FdSc/BSc (Hons) Paramedic Science, University of Portsmouth

Entry route: Vocational/Experiential and Post-Graduate Education

How I got the role

I have worked clinically for 12 years in a variety of roles, including: as a paramedic; specialist paramedic (urgent and emergency care); emergency care practitioner; 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.

At first I joined the university as a senior lecturer (primarily in a teaching role) 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. I took up my course leader role in 2014 and now work as part of a seven-person paramedic team offering three pathways to registration to over 100 undergraduate students.

What I do

My role is truly multi-faceted, from preparing and delivering lectures to all levels of student, to other programme areas like pharmacy, as well as providing pastoral care to our students and writing, developing

and steering new programmes through the approval process. As a course leader I also have an administrative role, ensuring that quality is maintained and that all programmes are delivered smoothly, effectively, and continue to meet professional, statutory and regulatory body standards. I also retain a bank contract with the ambulance service to maintain my own professional development and credibility.

My role has allowed me the opportunity to do things I would never have done as an operational paramedic, including presenting at conferences, working more closely with the College of Paramedics, and embarking on my first empirical research project with colleagues looking at paramedic education in higher education over the past decade. I am still a student myself and am working towards my MSc degree in advanced clinical practice.

The best bits

Seeing competent, confident and enthusiastic paramedic students graduate and embark on their careers.

Senior Lecturer case studies

Ken Street
Senior Lecturer/
Course Leader



Case study: Ursula Rolfe

Job title: Lecturer and Programme Lead MSc Trauma Sciences, University of Southampton

Entry route: IHCD

How I got the role

Working in SWASFT as a training officer before being seconded into Bournemouth University fueled 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 on a part-time basis. Once the study bug had bitten it was difficult to shake, and when I stepped into the role of programme lead at Bournemouth University - and shortly after my son was born - I signed up to do my PhD. I never expected to like research but because my topic 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 Southampton. Now I am about six months away from completing my PhD and am excited to see what the future will bring.

What I do

I teach across the health sciences faculty and manage, support and organize the MSc in trauma sciences. The degree is run in collaboration with University Hospital Southampton, and has leading clinical experts teaching on the MSc, so this means I spend a lot of my time at the hospital as well. I try and fit in some PhD work, but this is usually in the evenings. On weekends I maintain my specialist paramedic clinical skills by working for a local out-of-hours treatment centre.

The best bits

I like working with my clinical colleagues at the hospital, as they are all leading experts in their specialist fields. I also enjoy supporting my university colleagues across a range of different programmes and contributing to our faculty output. Research is the surprising part: I enjoy it a lot, and I am looking forward to finally finishing my PhD and moving on to the next paramedic-related research project.

Senior Lecturer case studies

Ursula Rolfe
Lecturer and
Programme Lead

Principal Lecturer

A principal lecturer is an academic paramedic who has undertaken a relevant master's level programme of education. They are responsible for the management of an academic team who deliver courses and programmes of pre-registration and post-graduate education applicable to the paramedic and multi-professional workforce.



The variety in my work load keeps me thinking, challenged, enthused and focused – there is always something to learn!”



Case study: Simon Dady

Job title: Principal Lecturer, Deputy Head of Department and BSc Course Lead for the BSc Paramedic Science, Anglia Ruskin University. Paramedic, Motorcycle Response Unit, London Ambulance Service NHS Trust.

Entry route: Ambulance Service Training Vocational Route (Registration). Post-Graduate Higher Education. Professional Development

How I got the role

I joined the ambulance service before higher education direct entry routes existed, having always wanted to give 'being a paramedic' a go. My dad had been a paramedic and I recall wondering what the sense of satisfaction would be from doing a job which both changed and challenged me every day. I remember looking at the introduction of university paramedic degrees and decided to complete the BSc (Hons) degree so that I would not be 'left behind'.

20 years later, I have supplemented my involvement with clinical audit and research by completing a master's degree in clinical research (in addition to a BSc degree equivalent award in leadership and management). I am now employed at a university, imparting some of what I have learned and, I hope, some of the passion that I still have doing the role as a paramedic as well.

Having undertaken the training and a secondment to the London Helicopter Emergency Medical Service; and been employed in both a clinical team leader and paramedic clinical tutor role, I remain current clinically on a part-time basis from a MRU perspective in central London as an experienced specialist (senior) paramedic.

What I do

My typical day is dichotomous – a teaching day can involve anything from lecturing 150+ students at a time to tutor groups of a few, covering subjects as diverse as anatomy and physiology, through to the finer nuances of care involving capacity and end of life circumstances. My clinical day is as varied as any other paramedic, though seen from two wheels. Cardiac arrests, heart attacks and stroke are not untypical, but then neither are the calls at the other end of the spectrum, which can prove just as challenging for a whole range of other clinical and social care reasons.

The best bits

The variety in my work load keeps me thinking, challenged, enthused and focused – there is always something to learn!

Principal Lecturer case studies

Simon Dady
Principal Lecturer



Case study: Tim Hayes

Job title: Deputy Head of Department, 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 master's 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.

What I do

As deputy head of department I am responsible for the staff and the delivery of the paramedic science, paramedic studies and healthcare science courses that take place on our Cambridge campus, as well as having a broader management role dealing with university operational and quality processes. 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 department and develop the suite of courses that we offer. I'll undoubtedly have some discussions with our local ambulance service about the paramedic courses, placements and mentoring. I normally teach students a session or two a week on a variety of topics across the paramedic curriculum, mainly to cover leave of our core lecturing staff. I'm also undertaking a PhD on a part-time basis, 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.

Principal Lecturer case studies

Tim Hayes
Deputy Head of
Department



Case study: **Tim Hayes**

Job title: Deputy Head of Department, 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 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.

Principal Lecturer
case studies

Tim Hayes
Deputy Head of
Department



Case study: John Donaghy

Job title: Principal Lecturer and Professional Lead – Paramedic Science University of Hertfordshire

Entry route: Vocational/experiential and post-graduate education

How I got the role

I have worked for the London Ambulance Service NHS Trust for over thirty years as a technician, paramedic, flight paramedic, duty officer and training officer. I was involved in working with the Department of Health in establishing the concept of the hazardous area response teams. I completed my post-registration studies in paramedic science at the University of Hertfordshire, graduating in 2001. Following a short time as a sector training officer, I moved into higher education at the University of Hertfordshire as a part-time senior lecturer. Following a period of around four years I became the professional lead for paramedic science and subsequently went full-time. In this time I have undertaken a number of roles, from undergraduate admissions tutor, programme lead, postgraduate MSc programme lead and professional lead.

What I do

My role as professional lead is to manage the team (line manage) which currently consists of twelve members of staff. I have overall responsibility for the paramedic department and oversee the paramedic budget. I report to both my line manager, the Head of Department of Allied Health and Midwifery, and the Dean of School. I report directly

to the Dean on professional issues and advise on strategy. I contribute to the school's business plan. I liaise closely with the College of Paramedics, the Health Care Professions Council and commissioning authorities. I sit on national and international working groups and formed partnerships working with Oslo, Norway and Seville, Spain.

The best bits

Working with partner organisations and our postgraduate paramedic students.

Principal Lecturer case studies

John Donaghy
Principal Lecturer

Professor

A professor is an academic paramedic who is working towards or has completed an appropriate PhD clinical/professional doctorate. They have responsibility for the management of all programmes within their remit, and provide strategic direction, professional involvement, promotion of the paramedic role and its future path, and educational process to achieve this.



Being involved with forging the paramedic of the future and steering educational approaches around simulation.”



Case study: Peter Woodford

Job title: Associate Professor – Kingston and St George's, University of London

Entry route: Vocational Patient Transport Service, Emergency Medical Technician, Paramedic Post-Graduate. Master's degree with intention to gain a PhD

How I got the role

When I started, I worked for an ambulance trust in patient transport service, then trained as an ambulance emergency medical technician, and, following that, an Institute for Health Care Development (IHCD) paramedic. This, after a period of time, 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 so as 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 programmes, etc. Finally, I decided to progress full-time in a university setting and undertook the role of associate professor on a full-time basis, whilst maintaining a small part-time bank role in the trust.

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 courses we undertake. All staff issues, leave, appraisal and management of the 19 staff in the team. The second role is national engagement, strategic direction, professional involvement, promotion of the paramedic role, 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 and College of Paramedics to help steer the direction of paramedic career development. I also undertake research and publish annually on paramedicine topics.

The best bits

Being involved with forging the paramedic of the future and steering educational approaches around simulation.

Professor case studies

Peter Woodford
Associate Professor

[Introduction](#)

[The Career Framework](#)

[Clinical Practice](#)

[Management](#)

[Research](#)

[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](#)