



London Ambulance Service



NHS Trust

# Ambulance Staff Education & Training

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# The WHO perspective

**World Health Organisation clear that any effort to improve health care must approach the whole (emergency) system rather than one component of patient care. The object must be to provide a robust and sustainable improvement in care**



# The WHO perspective

**Components will need to address:**

**Primary prevention**

**Lay person first response**

**Ambulance Service response**

**Acute Trauma / Medical reception**

**Surgical care / Medical care**

**Rehabilitation**



# The “Whole Systems” approach

**Will need to address:**

**Mapping the (epidemiological) demand – Urban vs Rural**

**Lay person response & access to national system (one free number?)**

**The (ambulance service) response**

**Integration into national health services / systems**





# Ambulance Services are a part of a “Circle of Care”

**Community  
Clinic**



**All interdependent for:  
Treatment  
Care  
Health Education  
Learning environment**



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# Which equipment / drugs / fluids?

Equipment chosen / used **MUST** be able to:

- Be easy to teach / use / store / manage
- Assist patient care on scene and at clinic / hospital
- Be restocked easily, and if at all possible – for the best value for money

LUCAS device

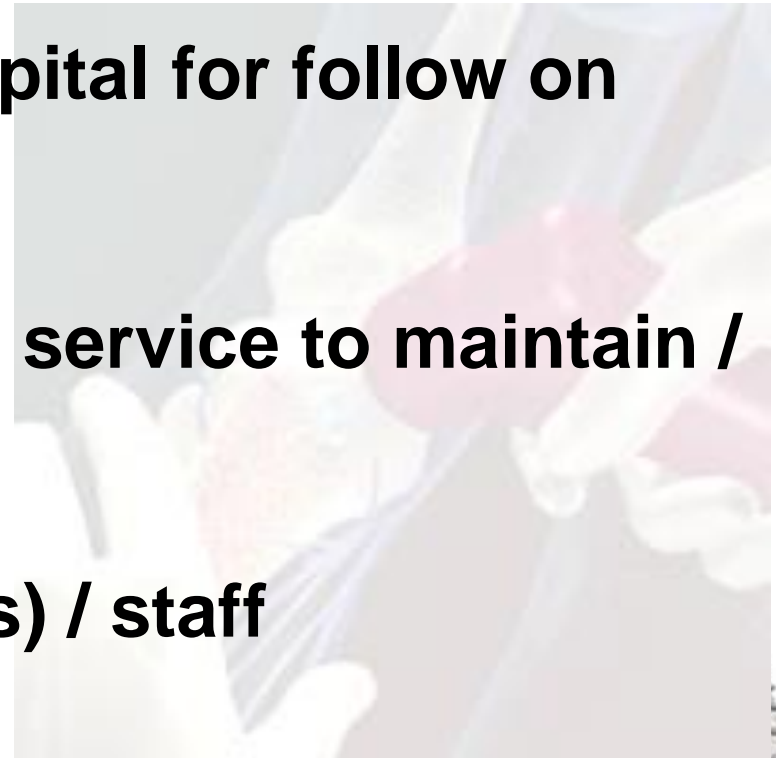
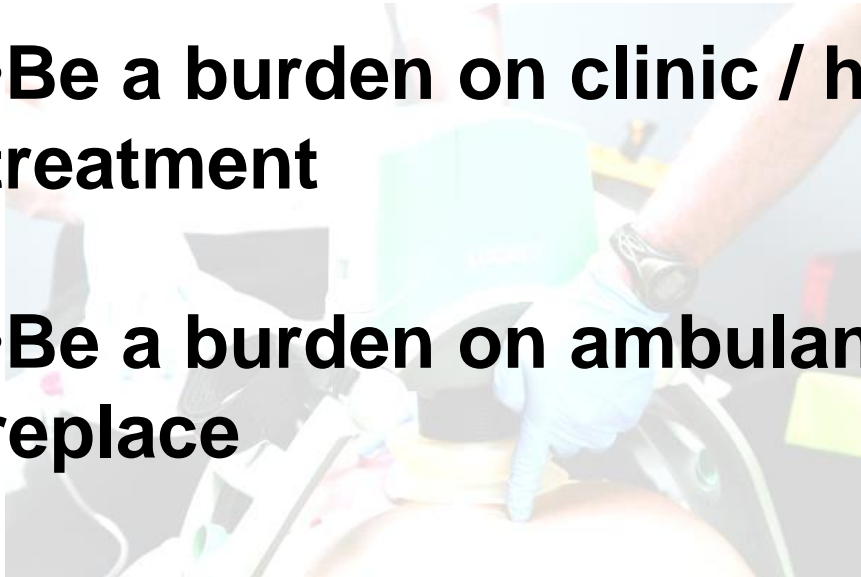
EZ-IO device



# Which equipment / drugs / fluids?

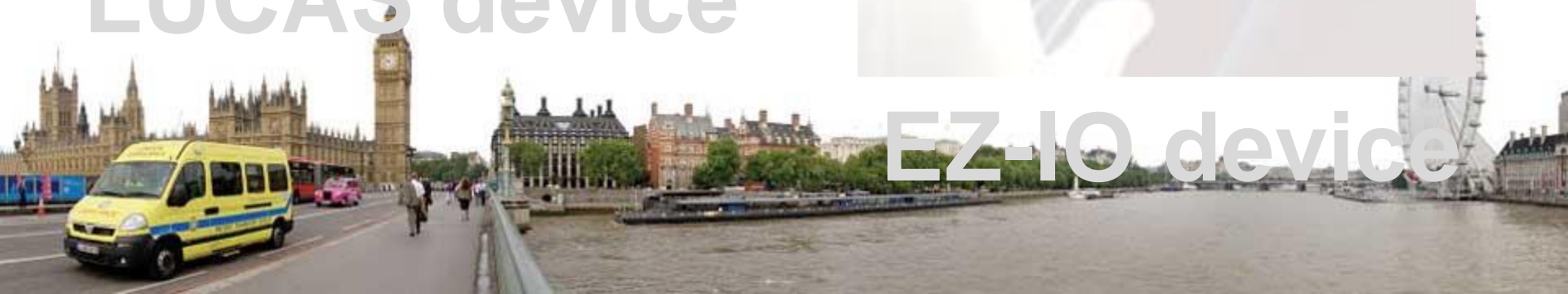
## MUST NOT :

- Be a burden on clinic / hospital for follow on treatment
- Be a burden on ambulance service to maintain / replace
- Give false hope to patient(s) / staff



LUCAS device

EZ-IO device



# Which equipment / drugs / fluids?



***EXPENSIVE to buy***

***EXPENSIVE to run***



**EZ-10 device**



# How to approach staff education?

It must have :

- **Structure – (initial programme & continuing professional development**
- **Curriculum – (? set and overseen by medical / nursing school – Or bespoke Ambulance Training College?)**
- **Competency and proficiency testing**
- **Certification - (? National Regulatory body)**



# Educational goals :

**Should ambulance staff;**

- **Have basic first aid training only**
- **Have a level of training similar to a nurse**
- **Have a level of training higher than a nurse**
- **Get paid the same as, less than or more than a nurse?**
- **Be trained to the level of a university certificate, diploma or degree**

Thanks to : Ed O'Connor for using his work referenced in: *Guidelines for National Ambulance Service in the African context*

# The educational facility:

- **At a medical university / School of Nursing / Bespoke centre ?**
- **Multiply facilities in the country or one central facility ?**
- **Conducted out of country (a neighbouring country with facility and capacity. Potential to fill a gap to set up the NAS and until in country facilities and expertise are established) ?**
- **Outsourced to Red Cross or St John (dependant on level and capacity of provider and level of skills wanted) ?**

Thanks to : Ed O'Connor for using his work referenced in: *Guidelines for National Ambulance Service in the African context*

# Integration of Voluntary Aid Societies

**Do their education programmes provide a basis for National Ambulance Standards**

**Can their programmes be run hand in hand with National Ambulance Standards**

**Can they operate within the National Ambulance Service**





# Emergency Care needs for Inter Facility Emergency Transfer(s)



**Can be a different discipline – but many of the basic principles talked about in this presentation are in fact the same / applicable**



# Emergency Care needs for Emergency Transfer(s)



**What is the need / requirement**

**How often will it be undertaken**

**Who will provide the care in transit**

**Does this require additional education / training  
for ambulance staff and / or medical teams?**



# Educational models

**Didactic and protocol driven education does have its place for aspects of ambulance training**



**Just do it!**

**“See a change in patient’s condition – (do I) make a change in patient’s treatment ?”**



**Know why you are doing it!**

**But the aspiration must be towards higher education and an autonomous practitioner**



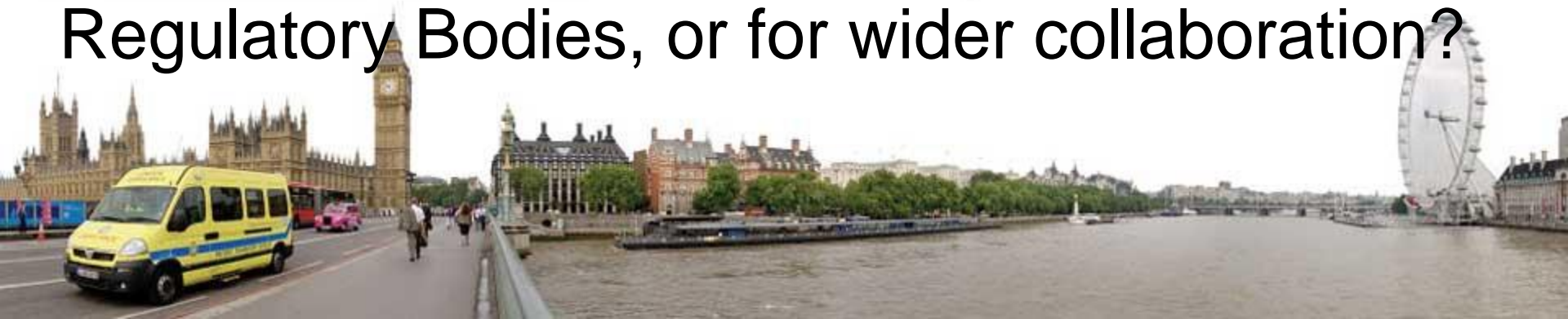




# National Professional Regulation

The Health Professions Council of South Africa has a long standing good example of professional regulation for the allied health professions.

Is there an appetite for further individual Regulatory Bodies, or for wider collaboration?



# National Professional Regulation

**Will enhance:**

- **Educational standards**
- **Standards of conduct, performance and ethics**
- **Fitness to practice standards**
- **Individual practitioner autonomy**



# Thank you







# Which vehicles?



Will impact upon education / training programmes



- Are staff to have driver and clinical role(s)
- Will other health care professionals crew the vehicle
- Who will have primacy of care



# Which *donated* vehicles



Will also impact upon education and training that could go to waste

Do not be afraid to explain why a vehicle is not suitable

