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Paramedic leadership in ambulance trusts in England

Understanding the synergies and differences with other allied health professions' leadership and leadership development

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Foreword



Research has consistently demonstrated the value Allied Health Professions (AHPs) in leadership positions bring to health and care providers ultimately improving patient outcomes and experiences.

I am therefore delighted to share the latest addition to the AHP leadership research collection which focuses on paramedic leadership and paramedic leadership development in the ambulance service in England.

While this report demonstrates many synergies to earlier work in AHP leadership, it also highlights areas that will need augmentation within the ambulance service.

This report has been achieved through working with multiple groups and individuals who have openly and willingly imparted their insights and expertise, including my counterparts in the UK devolved administrations.

To everyone involved thank you.

A handwritten signature in black ink that reads "Suzanne Rastrick".

Professor Suzanne Rastrick OBE FRCOT FRSA

Chief Allied Health Professions Officer, England

I would like to take the opportunity to thank the Chief AHP Officer at NHS England for undertaking this work specifically addressing paramedic leadership and paramedic leadership development.

As paramedic practice develops further, professional leadership diversity at all levels up to and including, board positions will further increase in importance. This document provides five evidence-based recommendations to support this.



Collectively we must continue to work across the ambulance service to fully harness the leadership skills and attributes of our paramedic colleagues.

D J Mochrie

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Executive summary

Since 2018, the research evidence base demonstrating the positive impact of allied health professions (AHP) leadership has expanded. This includes the added value of senior AHP leaders and chief AHP roles within health and care organisations.

This project focused on the development of paramedics as leaders, and paramedic leadership associated to ambulance trusts in England as the majority employer of paramedics in England. The purpose of the work was to build on the established AHP leadership evidence base recognising there was limited contribution from either ambulance trusts or paramedic leaders in the original programme of work.

Following an iterative co-production approach with a range of stakeholders, and mapping to contemporary research relating to paramedics and wider leadership considerations, it was agreed that there were similarities with the current AHP leadership evidence. Conversely, there were areas that require augmentation for the paramedic workforce. Five themes were identified:

1. Ambulance service business and structure
2. Performance and productivity metrics
3. Evolution of paramedic profession and ambulance service
4. Paucity of leadership opportunities in ambulance service
5. Pay structure.

The following recommendations were agreed via consensus with each recommendation framed to the requirements of the ambulance service:

1. Appoint a substantive Chief AHP with a strategic focus
2. Support paramedic leadership development and talent management
3. Build on paramedic leadership success
4. Promote equity, diversity, inclusion, and belonging
5. Optimise the momentum from this work.

1. Report recommendations

Based in evidence, the following recommendations propose the best course of action for paramedic leadership.

1.1 Appoint a substantive Chief AHP with a strategic focus

A growing body of evidence recognises and supports the need for diverse clinical leadership. This work demonstrates synergies with previous AHP leadership research.

If ambulance trusts are to recognise and realise the AHP workforce's transformative potential, chief AHP leadership roles must be established as the norm, to engage and provide dedicated strategic leadership for the largest clinical workforce in the ambulance service in England. Further details of the role can be found in the [Chief Allied Health Professions Handbook](#).

While job evaluation undertaken locally will determine the specific grade, the previous [Investing in Chief AHP Leadership](#) (2018, p11) identified that where trusts began to invest in senior strategic AHP leaders (8d band and above) boards were able to describe tangible benefits. These included an increase in staff engagement and improving services.

This is significant, given the correlation between improvement, quality, and productivity, as well as the staff retention benefits that come from staff taking part in improvement activity. Ambulance trusts should also consider the grade and title of strategic board-level professional leadership posts. In trusts where the workforce is diversifying across the AHP workforce, it is helpful to reflect this in the job title.

1.2 Support paramedic leadership development and talent management

The [Developing allied health professional leaders – an interactive guide for clinicians and trust boards](#) publication offers a guide to professional development opportunities and possibilities to support AHPs, including paramedics, to lead at all levels.

Nevertheless, this paramedic-focused work recognises that how paramedic leaders are developed, and the nuances of the required leadership skill set slightly differs from other AHPs groups.

It is recommended paramedics access development opportunities across emergency services other than health with exposure to primary care, and secondary emergency care.

This type of leadership development can also be supported through shadowing at board level and in ICBs and/or leadership development rotations across health and other systems.

1.3 Build on paramedic leadership success

There are examples of effective paramedic leadership and leadership development culture across the ambulance service and wider system which are not consistently recognised or shared. To ensure greater paramedic leadership and development opportunities board level leaders should:

- identify examples of effective paramedic leadership, providing opportunities to share and promote paramedic led innovation and leadership at board and system level
- review whether current productivity and performance metrics are effective in capturing the breadth of paramedic leadership impact and effectiveness across the service and systems
- establish a culture of building on successful paramedic-led innovation
- establish an inclusive leadership development culture.

1.4 Promote equity, diversity, inclusion, and belonging

The [AHP Strategy for England \(2022-2027\): AHPs Deliver](#) highlights that diverse leadership is needed in health and care to further support patient safety and to address health inequalities.

This can be diversity in ensuring those with protected characteristics are nurtured and developed in an equitable way, and/or diversity in professions.

Cultural themes of misogyny and sexual safety require attention, with access to immersive learning for paramedic leaders to be made available.

It is also important aspiring paramedic leaders see ‘mentors like me’ - culturally and professionally, at every level. The [Messenger Review of NHS Leadership](#) reiterates this point stating that a greater commitment to act on improving diversity in senior leadership through positive equity, diversity, inclusion, and belonging (EDIB) action, should be upheld.

1.5 Optimise the momentum from this work

As per the guiding principles of the [AHP Strategy for England \(2022-2027\): AHPs Deliver](#), this document has been developed through consensus and co-production. Hence it is recommended that this approach continues as the paramedic leadership in ambulance trusts workstream evolves.

This includes evaluations of these new roles and the supporting leadership development opportunities. A quality improvement approach can be achieved through continually working with the stakeholders of this work as listed in appendix one.

2. Background and project aim

This project focused on paramedic leadership, leadership in ambulance trusts in England as the majority employer of paramedics in England, and the development of paramedics as leaders.

The purpose of the work was to build on the current AHP leadership evidence base recognising there was limited contribution from either ambulance trusts or paramedic leaders in the original programme of work.

- [Investing in Chief AHPs: Insights from Trust Executives](#)
- [Developing AHP leaders: a guide for trust boards and clinicians](#)
- [Leadership of allied health professions in trusts: what exists and what matters](#)

Academic support for the project was commissioned from Kingston University Enterprise Limited (KUEL).

2.1 The project background

By adopting the approach taken in previous AHP leadership intelligence gathering, the findings from this work augmented what is already known and understood about effective leadership for AHPs and AHP leadership development.

This was achieved by adding insights about paramedic and ambulance trust leadership. As outlined in section 3, an iterative evidence-gathering approach was undertaken in which the findings from each stage informed appropriate interventions and actions.

2.2 The project aims and objectives

The aim of the work was to understand what paramedic leadership structures and development opportunities exist within ambulance services.

The objectives were to:

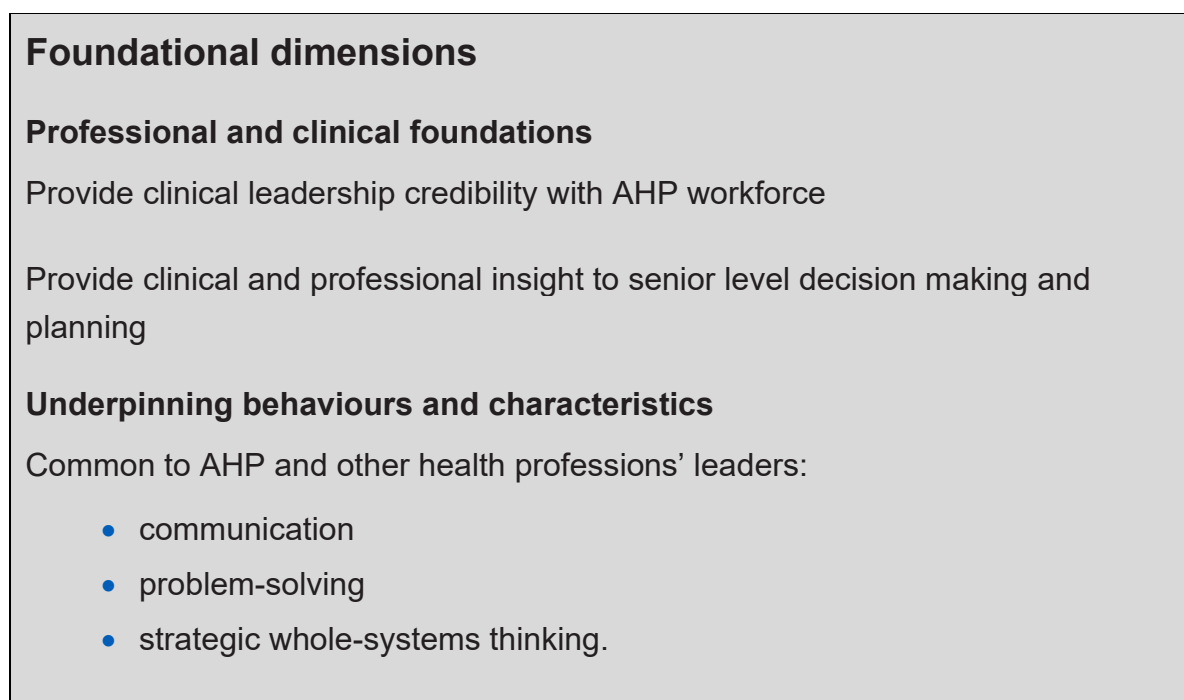
- compare with existing AHP and clinical leadership guidance, development documents and resources considering:
 - how paramedics feel they are led

- the impact of better leadership
- if AHP leadership voice and visibility matters
- the importance of leadership diversity
- explore how paramedics are developed as leaders?
 - How do ambulance trusts support this?
 - How do aspiring paramedic leaders access their development?
- identify how paramedic and ambulance trust insights can augment current portfolio of AHP plus clinical leadership resources and workplace development opportunities
- present findings to ambulance trusts, with key recommendations and support offers to encourage focus on paramedic leadership development.

2.3 Synopsis of previous developing AHP leader's evidence

Previous work on AHP leadership across the 14 professions who form the AHP community identified the following dimensions of leadership:

Figure 1: AHP leadership foundational and developmental foundations



Developmental dimensions

Mid-career: Widening perspectives, boundary testing

Multi-professional leadership experiences gained across different parts of the health system.

Mid-career: Formal learning

To support and augment experiential leadership learning.

Leaps of faith supported by mentors and champions

Leadership 'stretch' opportunities, prompted and supported by mentors and champions.

Building a track record

Demonstrate leadership impact in variety of settings and projects.

3. Findings

3.1 Synergies for paramedic leaders

Synergies are important as they demonstrate that it is reasonable to apply AHP leadership learning, highlighted in section 2, to the paramedic context. They are also significant because paramedics are not the only AHPs working in ambulance trusts.

Mapping to the previous work described in section one highlighted the dimensions set out in figure 1 apply equally to paramedic leader and paramedic leadership development.

3.2 Additional considerations for paramedic leaders and ambulance trusts

While synergies are helpful this work also identified areas that require additional considerations for paramedic leaders. Five themes were identified specifically relating to paramedic leadership in ambulance trusts:

- ambulance service business and structure
- performance and productivity metrics
- evolution of paramedic profession and ambulance service
- paucity of leadership opportunities in ambulance service
- pay structure

These interwoven themes have implications for paramedic leaders and leadership development in ambulance trusts. Ambulance trusts are structured around specific aspects of healthcare service. This is reflected in a workforce with a higher concentration of paramedics compared with other provider organisations and inevitably a relatively limited subset of the full breadth of health provision activity.

As a profession with a relatively short history in its current form, paramedic practice is rapidly evolving and maturing alongside ambulance services. This changing understanding is reflected in the continuing evolution of contemporary pre-registration and post-registration paramedic education aligned to the four pillars of practice. One of these pillars being leadership.

As paramedic practice is developed further it will be important to acknowledge organisational leadership differs to on scene command control. To support tomorrow's paramedic leaders today, leadership as a core pillar of practice must be integrated in pre-registration training programmes.

Performance and productivity metrics are currently more focused on the high acuity aspects of ambulance service and less focused on aspects of emerging contemporary paramedic practice and ambulance service.

In addition, the pay incentives which accompany some aspects of ambulance work can unintentionally create a leadership progression disincentive, as moving from a clinical rota with enhancements to a higher graded leadership post can lead to a reduction in take home pay.

Sections 3.2.1 to 3.2.4 outline opportunities to enhance and support paramedic and wider ambulance trust AHP leadership aligned with the dimensions of leadership development identified in previous AHP leadership recommendations:

3.2.1 Mid-career: Widening perspectives, boundary testing

The structure of ambulance trusts focused on specific aspects of healthcare service and the accompanying higher concentration of paramedics in the workforce limits multi-professional leadership opportunities.

Aspiring paramedic leaders look for opportunities to widen clinical and leadership experiences outside of the ambulance service in primary care, secondary care and higher education and this pattern is accompanied by ambulance trust concerns about workforce retention.

Ambulance trusts should consider working across integrated care boards to establish reciprocal leadership development opportunities which include gaining experience in other part of the health system.

Furthermore, to ensure breadth of experience across trauma, high acuity emergency, civil contingency/major incident response, high volume/low acuity urgent and emergency aspiring ambulance leaders should consider experiential leadership learning and/or shadowing in:

- other emergency services, (police, fire, and rescue)
- local government

- primary care and social care
- integrated care boards/integrated care systems
- voluntary organisations.

To facilitate these opportunities, the factors outlined in 3.2 regarding productivity and performance metrics and pay disincentives should be considered.

3.2.2 Mid-career: Formal learning

Current ambulance leadership development opportunities and national programmes need augmenting to reflect the ambulance service context: trauma; high acuity emergency; civil contingency/major incident response; high volume/low acuity urgent and emergency care; vehicle fleet; geographically dispersed.

One way to achieve this is to develop and introduce formal leadership learning and development with and from peers, where peers are not limited to health professions and/or services but extend to include wider professions and sectors, as indicated in 3.2.1.

3.2.3 Leaps of faith supported by mentors and champions

Previous AHP leadership work identified the value of mentors and champions within and beyond the aspiring leader's immediate employer. These valuable relationships are often described as being serendipitous; being in the right place to meet or be noticed by a senior colleague who then mentors or champions the aspiring leader informally.

Effective mentoring and championing are often described as crucial in encouraging aspiring AHP leaders to take up opportunities which might otherwise be outside of the practitioner's comfort zone, a leadership 'leap of faith'.

These leaps of faith are valuable aspects of leadership development but do not always turn out as either the mentor, champion or mentee anticipated and in such circumstances the mentor/champion can be vital in supporting the paramedic to avoid burnout or leaving the service/profession.

Efforts should be made to ensure such mentoring and championing is not left to chance. Ambulance trusts and others employing paramedics must:

- facilitate mentoring opportunities for aspiring paramedic leaders

- recognise the potential benefits of leadership development champions
- acknowledge the value of senior paramedic leadership role models.

In supporting the development of an inclusive leadership development culture (section 1.4), trusts should consider the influence of equality, diversity, and inclusion for mentor/mentee relationships.

3.2.4 Building a track record

The factors described in section 4.2 have implications for the aspiring paramedic leader who is building a track record of leadership impact and for ambulance trusts in demonstrating the value of developing paramedic leaders. Ambulance trusts should:

- create opportunities for senior paramedic leaders to demonstrate a track record of delivery, across all the pillars of practice and the diverse strands of ambulance business from clinical to operational
- promote an inclusive learning environment that aligns to a trust's equality objectives and create opportunities for senior paramedic leaders to engage with self-reflective practice
- ensure paramedics are accessing clinical supervision opportunities as set out in the Clinical Supervision: A Framework for UK Ambulance Services 2021
- encourage aspiring, developing, and established paramedic leaders to showcase examples of paramedic-led innovation and best practice at local level and across health and other systems
- explore whether current headline metrics capture the breadth of ambulance trust and paramedic activity and the full range of impact which may be realised through senior paramedic leadership at or close to board.
- use quality improvement methodology to support and learn from implementations of senior paramedic leadership posts to identify and share, across the ambulance services, the impact associated with paramedic leadership roles, responsibilities, and approaches to professional development.

Appendix 1: The project steering group

- Chief AHP Officer, England
- Chief AHP Advisor, Wales
- Chief AHP Officer, Scotland
- Interim Chief AHP Officer, Northern Ireland
- College of Paramedics
- NHS Leadership Academy
- Professor at St. Georges, University of London
- Head of Allied Health Professions, NHS England
- Member of Joint Ambulance Improvement Programme team (JAIP), NHS England
- Care Quality Commission (CQC)
- Health Education England (HEE) representative
- Association of Ambulance Chief Executives (AACE) Human Resources Director (HRD) group representative
- Equity, Diversity, Inclusion and Belonging Lead, Office of the Chief AHP Officer, NHS England

Appendix 2: Background, context and design of the evaluation

To understand the similarities and differences with other allied health professions' leadership work the following was undertaken.

The initial steering group

Prior to initiating the work, an advisory group including representation from the ambulance and paramedic workforce convened to consider the purpose, scope and aims of the work. It was agreed that evidence would be gathered through interviews and interview findings checked with relevant stakeholders.

The interviews

In-depth interviews with paramedic and ambulance leaders were undertaken between September 2021 and February 2022. It is noted this was a challenging period for the NHS including the ambulance services due to the ongoing CoVID19 pandemic (omicron wave).

Fifteen participants were invited to participate; four had to cancel and could not reschedule. The final number of participants (n=11) included those in executive level leadership, individuals in clinical leadership (consultant level practitioners) roles, paramedics in leadership positions outside of ambulance services and academic paramedic leaders.

The post-interviews steering group

A short life steering group of key stakeholders (appendix one) was established between July and October 2022 to sense check the data gathered via the in-depth interviews.

The group was also tasked with offering support in shaping recommendations for consideration by the Association of Ambulance Chief Executives (AACE) and the Joint NHS England Ambulance Improvement Programme (JAIP).

Three meetings were hosted virtually during summer and autumn 2022. The steering group closed following the last meeting in October 2022.

The duties and the responsibilities of the steering group were to:

- share and sense-check insights from the phase one interviews
- agree research informed barriers to paramedic leadership development
- identify paramedic leadership development opportunities across systems
- recognise and bring to the attention of the project team any relevant or additional information that supported the project
- ascertain key project deliverables and outputs.

Appendix 3: The 14 allied health professions

1. [Art therapists](#)
2. [Drama therapists](#)
3. [Music therapists](#)
4. [Podiatrists](#)
5. [Dietitians](#)
6. [Occupational therapists](#)
7. [Operating department practitioners](#)
8. [Orthoptists](#)
9. [Osteopaths](#)
10. [Paramedics](#)
11. [Physiotherapists](#)
12. [Prosthetists and orthotists](#)
13. [Radiographers](#)
14. [Speech and language therapists](#)

References and useful resources

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