Becoming a member of the Ambulance Service

Join the team and make a difference
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  Programme Director, Ambulance Service Association

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The Ambulance Service is an integral part of our National Health Service (NHS), one of the biggest organisations in Europe.

It currently employs close to 40,000 ambulance and other professionals working in pre-hospital emergency and non-emergency care.

The Ambulance Service is best known for its blue lights and sirens as it responds to 999 emergency calls. Yet its role extends well beyond responding to 999 emergency calls.

This brochure shows you the wide range of careers that the Ambulance Service has to offer.

You will find in-depth information about the different roles, as well as personal stories from some of the individuals from different backgrounds, different experiences and different cultures, all working in the Ambulance Service.

We want to encourage you to consider joining our team, and making a difference to your life and your community.

We are looking for enthusiastic, committed and motivated people to shape the future of Ambulance Services in the UK. Contact your local ambulance service for more information and advice. The telephone numbers are on the enclosed leaflet.

We look forward to hearing from you.

John Batchelor
Programme Director, Ambulance Service Association
This year over four million people will ring 999 and ask for the ambulance service. Not all of these calls will be urgent. Of those that are, not all will be matters of life and death. Sometimes, though, a life will depend on the response.

So, each time a call comes through, a trained team must decide fast what action is needed and then ensure that it happens.

A critical situation might be dealt with by a paramedic on a motorbike or in a rapid response car, or by an accident and emergency crew in a road ambulance or even an air ambulance. While they are on their way, a member of the control team could be talking a caller through a life-saving procedure or getting more information so that the crew arrives well-prepared.

When the professionals reach the scene, they will often have to give immediate live-saving treatment before they can transfer their patient to hospital.

Less obvious on our streets, but still performing an essential role, are the non-emergency ambulances, known as Patient Transport Services or PTS.

Perhaps surprisingly, PTS deals with many more journeys than the emergency service. Each year, it carries 16 million disabled and elderly people to and from outpatient appointments, hospital admissions, day centres and clinics. Without it, many frail members of our community would find it hard to lead independent lives in their own homes.

And the service also relies on a whole range of other people, working in areas such as human resources, training, IT, finance and fleet management.

The modern ambulance service is committed to being a model employer, offering excellent working conditions, wide-ranging training and career development, and equal opportunities for all. As people’s needs and circumstances change, so the openings are there to move up, change direction, take a career break or opt for a less demanding role. Late entrants are welcome, and in some posts there is the chance to work part time. And perhaps most important of all, the job really matters.
Care Assistant

Most ambulance journeys are handled by the non-emergency service, known as patient transport services or PTS.

Ambulance care assistants, known in some services as an ambulance person, drive frail or elderly people to and from out-patient clinics, day-care centres and routine hospital admissions. They often drive a specially designed vehicle with a tail-lift, but may use a car.

Care assistants are responsible for patients’ welfare on the journey and while being transferred to and from the vehicle. They must lift, move and drive people in safety and comfort. They must ensure that their vehicle is in good order and keep accurate records. And they also need life-savings skills, should an emergency occur.

Entry requirements
Some local ambulance services require GCSEs or equivalent qualifications, while others just ask for a good general standard of education. Ambulance care assistants have to be fit and they also need a full, usually clean, driving licence. You must be 21 or over and physically fit. Many recruits are late entrants. You also need a full, usually clean, driving licence. If you passed your test after 1996, you may need an extra driving qualification.

Personal qualities
All ambulance staff have to be highly responsible, professional and trustworthy. They also need a caring attitude, good communication skills, common sense and a cool head in a crisis. In particular, care assistants must be patient and reassuring with those patients who are anxious about their hospital appointment.

Training
The training consists of a two-to-four week course with assessments and exams. Courses vary slightly between the different local ambulance services. You then usually work under supervision for a probationary period.

Career prospects
The ambulance care assistant role is a recognised route to a career as an ambulance technician and from there - for those with the aptitude and motivation - to paramedic (See page 8). Some services also have trained PTS crews to advanced levels, transporting patients with special clinical needs.

The ambulance service also offers many other career opportunities, for example in the control room (see page 16) and in areas such as training, human resources and health and safety (page 22). With further experience and training, you could also be promoted into senior management.
Anthony Ledger
Ambulance Care Assistant
London Ambulance Service

When Anthony Ledger left school, it was to take up the job he really wanted as a mechanic in a garage. However, it didn’t turn out as he had hoped: “I wasn’t at all happy. I just didn’t seem to be able to settle,” Anthony says. But he did discover something about himself: “I was good at dealing with people, chatting to them and discussing their cars.”

These ‘people skills’ and his love of driving were partly why Anthony applied to join the London Ambulance Service as an ambulance care assistant.

At that time, all London operational staff began in patient transport services (PTS), taking people on non-urgent journeys to and from hospitals, clinics and day centres, although this has now changed. Anthony loved the work from the start. “After a time in PTS, you are offered a transfer to the accident and emergency sector but I don’t want to move. I am extremely happy doing what I do.”

He drives a specially designed ambulance, equipped to carry people in wheelchairs as well as for stretcher patients, and he is trained to care for patients who are frail or elderly or who have special needs. He says that talking to patients is a vital part of the job. “Many of them don’t get out much, and when they see you they like to have a chat,” Anthony says. “Some people say that they haven’t been out for a year. I found it hard to believe at first, but now I know that it’s not that unusual.”

What Anthony likes best about the job is seeing people get better and knowing that he has helped: “I have taken particular patients to and from hospital over the course of a year. I’ve seen them coming in at first on a stretcher and eventually I’ve seen them walking unaided. I like to think that I’ve contributed to that, talking to them and getting them to their appointments safely and on time.”
Technician

With paramedics, technicians are the first healthcare professionals on the scene of an accident or medical emergency. They assist paramedics in giving patients the urgent care that they need, while ensuring that patients get to hospital quickly and safely.

For example, technicians must be able to control haemorrhages, care for wounds and fractures, and look after patients with spinal injuries. They must be able to use defibrillation – electric shock therapy – on a patient with heart failure. They are also trained to give a range of drugs.

Not all of the work involves a life-or-death emergency, however. Less dramatic but still essential, is transferring a sick baby from a general hospital to a specialist centre or going out to an elderly person who has had a fall at home or to a victim of domestic violence.

Entry requirements

You must be 21 or over, and many recruits are late entrants. Local ambulance services have slightly requirements. Some want GCSEs or equivalent qualifications, while others ask for a good general standard of education. You must be fit because the work is physically demanding, and you also need a full, usually clean, driving licence. If you passed your test after 1996, you may need an extra driving qualification. Some services require ambulance technicians to start as ambulance care assistants.

Personal qualities

All ambulance staff have to be highly responsible and professional. They also need a caring attitude, good communication skills, common sense and the ability to work in a team. Technicians must also learn new information and acquire new skills.

Training

Ambulance technicians have an intensive training lasting up to 20 weeks. The course covers pre-hospital emergency care, physiology and anatomy, and emergency driving. If you are successful, you go on to work under supervision for up to a year before becoming a qualified ambulance technician (QAT).

Career prospects

Traditionally, paramedics have been recruited from experienced ambulance technicians (see page 8) and the paramedic role itself is now being extended (see page 10). However, the ambulance service also offers a wide range of non-operational career opportunities, such as working in the control room or in training, human resources or health and safety, for example. There are also good prospects for promotion to senior management for those with the ability and motivation.
Case Study 2

Kuldip Bhamrah
Technician
East Midlands Ambulance Service

Kuldip Bhamrah spotted an ad in the local paper for a part-time ambulance driver in the non-emergency Patient Transport Service (PTS) and thought that it might tide him over until he found something more suitable. “But I enjoyed the work so much that after six months I applied to go full-time,” Kuldip remembers.

He then had the chance to train for accident and emergency work. The job is now quite demanding, Kuldip says. “We use all types of emergency equipment and techniques, like defibrillators and drugs. We stabilise and treat people at the scene, although, depending on their condition and how far you are from hospital, there are still times when you just rush them to casualty.” And as medicine develops fast, so the job is still developing along with it. “It’s really a continuous training,” Kuldip adds.

As the first person from an Asian background to join the emergency ambulance service in Leicester, Kuldip experienced some hostility at first. “But that has changed now,” he says. “People are much more relaxed and prepared to accept you for what you are.” In fact, Kuldip’s background and his linguistic abilities – he speaks Punjabi, Hindi, Urdu and Gujarati – are a great advantage on the streets.

He is now considering qualifying as a paramedic and eventually moving into training or recruitment: “This job gives you an opportunity to use, not only the skills that you learn in your training, but all of your personal skills and your experience of life itself. I like not knowing what I’ll be dealing with from one moment to the next, whether it’s a traffic accident, domestic violence or someone with a heart attack. And if you care about people, then saving someone’s life is not a bad way to earn a living.”
Paramedic

Paramedics are the first healthcare professionals on the scene of any accident or medical emergency. Their vehicles are no longer simply a rapid means of transporting sick people, but emergency clinics. Such is paramedics’ knowledge and expertise that they are now state registered, in the same way as doctors, nurses and physiotherapists.

Most accident and emergency crews consist of a paramedic and an ambulance technician working in a motor vehicle, but paramedics can also reach their patients on a motorcycle or bicycle or in an emergency response car or even an air ambulance. They are trained in emergency driving as well as in emergency healthcare.

When they arrive at the scene, they assess the patient’s condition and start any necessary treatment. They work with sophisticated equipment, such as heart defibrillators, spinal and traction splints and intravenous drips, and they administer oxygen and drugs.

Entry requirements
Traditionally, the route into paramedics is by joining as an ambulance technician or care assistant (see pages 4 and 6). However, with the introduction of degree courses in paramedic science, some ambulance services are now welcoming direct-entry graduates (see page 9).

Personal qualities
You will need to be highly responsible, have a caring attitude, good ‘people’ skills, common sense and a cool head in a crisis. In addition, paramedics have to make fast decisions and take the lead in emergencies. You will also need considerable academic ability.

Training
Training is usually both in the classroom and in hospital. Subjects include: the respiratory system, intubation, cannulation, pharmacology, trauma injuries and the emergency care of babies and children. You also undergo regular further training, including a re-certification course every three years. If you want academic qualifications, there are now degree courses in paramedic science and pre-hospital care while courses for ‘emergency practitioners’, combining paramedic and nursing skills are being introduced.

Career prospects
Paramedics wanting a different role have traditionally moved over to the control room or into areas such as training, human resources or health and safety. Many senior officers have come up via the paramedic route. But new clinical roles are now emerging and paramedics are starting to work alongside GPs and practice nurses.
Academic qualifications for paramedics
The first degree course in paramedic science was an important stage in the development of paramedics as an autonomous, research-based profession. Now new academic possibilities are opening up, including a course currently being developed that crosses the traditional healthcare boundaries between paramedics and nursing, leading to a qualification in emergency care.

In 1989, the University of Hertfordshire introduced its BSc honours degree in paramedic science. This course is offered both full and part-time. The full-time course is aimed at new entrants to the ambulance service and the part-time version is open to qualified paramedics.

Since then, Hertfordshire has introduced a foundation degree for new entrants into the ambulance service, focusing on technical and work-related skills. Candidates study full time for the first year, and for a day a week during the second and third years, while at the same time working as ambulance technicians on a salary. They normally qualify as technicians after two years, and as paramedics after three years. With further study, the foundation degree can be converted into the BSc honours degree.

Foundation degree entry requirements
Candidates usually need five GCSEs at grade C or above and one GCE/VCE A level or a VCE Double Award or equivalent in a relevant subject. Mature students without these formal qualifications may still be eligible through their other qualifications and experience.

More information from: Andy Newton,
Professional Lead for Paramedic Science: 01707 286428  www.herts.ac.uk

The University of Coventry offers a four-year (36 weeks a year) degree course in paramedical science, with entry requirements at two A levels or the equivalent. Students will be able to leave the course with a BSc honours in paramedical science and register both as a nurse in adult care and as a paramedic.

More information from: Pete Gregory,
Course Tutor: 02476 795912  www.coventry.ac.uk

The University of Plymouth has developed a part-time, two-year course leading to BSc honours in emergency care. This is aimed at post-registration practitioners, including qualified paramedics and nurses, with at least two years’ experience.

More information from: The Recruitment Team,
Faculty of Health and Social Work: 01752 233894  www.plym.ac.uk

Oxford Brookes University offers part-time study programmes for both new entrants and qualified/part-qualified paramedics already working in the ambulance service. Students can study to certificate, diploma, BSc or BSc honours level, achieving paramedic state registration at diploma level.

More information from: Andy Freeman-May,
Oxford Brookes University: 01865 308291  www.brookes.ac.uk/schools/hcs
All of these degrees are modular and allow students flexible entry and exit points, depending on their academic achievements and their work experience in the ambulance service. They have the opportunity to study for a certificate, a diploma and then a degree.

You will need a full, usually clean, driving licence to be considered for direct entry as a paramedic. If you passed your driving test after 1996, you may need to get an extra driving qualification (known as classes C1 and D1) to allow you to drive large vehicles and to carry passengers.

**The developing paramedic role**

The ambulance service has changed out of all recognition since we realised how vital it is to treat people as fast as possible after serious injury or a medical emergency. Long gone is the stretcher-bearer with a basic knowledge of first-aid.

Now the accident and emergency crew are highly-trained, highly-skilled professionals, caring for patients with a whole range of life-threatening conditions, from crush injuries to severe heart attack.

The paramedic role is a specialist state-registered profession, in the same way as nursing and medicine. And its academic base is recognised in honours degree courses.

Now the role is being extended even further. Paramedics will increasingly work in other areas of healthcare, such as the GP surgery and hospital accident and emergency departments.

Several ambulance services now employ community paramedics who work alongside GPs and practice nurses, providing care in the surgery and visiting patients at home.

Other academic courses will increase this trend. The new emergency practitioner qualification, for example, embraces knowledge and skills from both nursing and paramedics, as many traditional barriers between the different healthcare professions disappear.
George Scott
Paramedic
East Midlands Ambulance Service

George Scott left school “without a qualification to my name”, he says. He then began a long line of different jobs before working as an operating department assistant in a regional burns unit. “I did this for 11 years and had the most rewarding time in my life so far,” George says. Then one day he got chatting to an ambulance crew and liked the sound of their job. He joined the Manchester service as a patient transport services (PTS) driver. “I did it for two years and liked it so much that when I was first invited to go on the technician course I turned it down. I was driving old ladies and gentlemen to and from hospital, I got to know them all and I really enjoyed it.”

He also learnt some skills that stood him in good stead later on: “You can be the finest paramedic in the world with the most brilliant skills but you are no good if you can’t communicate with the patient and you are no good if you can’t find your way to an incident quickly.” George eventually did train as a technician, however, and worked in the accident and emergency service in Manchester until the family moved to Leicester, where the East Midlands Ambulance Service wanted George to train as a paramedic.

George says that he may consider applying for a management role in the future, but for the present he is still thoroughly enjoying his present job. “One of my best successes recently came when I was called out to a man I knew. He is only 35 and he had chest pain. He then had a cardiac arrest in front of his wife and we managed to resuscitate him. It happened just before Christmas and he was able to spend it at home with his family. You couldn’t get job satisfaction like that anywhere else.”
Case Study 4

Sammy Wills
Paramedic
Yorkshire Air Ambulance Service

Sammy Wills was interested in first aid as a small child. Later as she grew up, she became determined to join the ambulance service.

So after finishing college, Sammy joined the South Yorkshire Ambulance Service. Her first job was taking people to and from day centres and hospitals. “This was the stepping stone to accident and emergency work at the time and it gave me a really good grounding. You learn how to deal with sick people, how to move and handle patients and also where the hospitals are, which is important.” Two years later she successfully applied to become an ambulance technician.

Sammy was nervous when she first went out on the emergency ambulance: “I was worried that I might let someone down, but it’s amazing how your training kicks in when you need it.” Sammy qualified as paramedic in 1997, and, keen to continue developing her skills, she went on to do a course in paediatric advanced life support. Soon after this she successfully applied for a two-year secondment to the Yorkshire Air Ambulance helicopter.

More learning followed – this time in flight navigation, meteorology, flight physiology, flight safety, crew resource management and how to refuel a helicopter, as well as more trauma management. Then she was ready to take her place as a member of the air crew.

Sammy says that the paramedic role remains substantially the same, only the urgency is different: “On the road, we refer to the golden hour, which is the time from the incident to the time of what is called definitive care, whether it is in the hospital resuscitation department or on the surgeon’s table, but in the air ambulance, we talk about the platinum ten minutes,” Sammy explains. “But it is really only the speed that makes the difference. Job satisfaction doesn’t get any better.”
Case Study 5

Vaughan Preston
Community Paramedic
East Anglian Ambulance Service

Vaughan Preston joined the ambulance service after six years in the police force. “I was never a happy policeman,” Vaughan remembers.

He started on non-emergency ambulances and then trained for his emergency qualification.

When new roles were introduced, along with more demanding clinical training, Vaughan progressed steadily up the career ladder, finally qualifying as a paramedic: “I particularly enjoyed the hospital training. We worked with an excellent consultant anaesthetist and I learnt a lot.”

After a short period working in control, during which Vaughan became a team leader responsible for the whole of Norfolk, he was seconded to a rapid response vehicle, a single-manned car. Six months later he was offered his present job as community paramedic.

“It’s a new concept,” Vaughan explains. “I have my own marked car and I carry emergency equipment but I work out of a GP surgery.” His other responsibilities include assessing people with chest pain in their own homes. “I then either organise an ambulance or I can refer the patient back to the doctor, giving their history and my observations.”

He also sees many “walk-in” patients with cuts and possible fractures, gives flu inoculations, carries out electrocardiograms (ECGs) and takes blood samples. “I can make a few decisions, which I like, and there is also a learning curve to it, which is also good. Of course I’m responsible to the ambulance service and I have rules and procedures to follow, but I make my own decisions and no-one tells me what I can and can’t do.”
PTS Controller

PTS controllers, or non-emergency call handlers, organise transport to take patients to and from out-patient clinics, day-care centres and routine hospital admissions. They must record patients’ details accurately and when booking vehicles, they must ensure that the best possible use is made of NHS resources.

Entry requirements
You must be 18 or over and many recruits are late entrants. Local ambulance services vary slightly in their requirements but, generally, they look for people with a good general education and keyboard skills. People from minority ethnic backgrounds are particularly welcome and the ability to speak another language can be an advantage.

Personal qualities
All ambulance staff have to be highly responsible, professional and trustworthy. They also need a caring attitude, common sense and the ability to work in a team. PTS controllers should have a good telephone manner, be able to record and process information accurately and be able to work under pressure.

Training
The training varies slightly between the different ambulance services but it will take in a classroom or on the job or both. You will learn how to use the switchboard and other equipment, and how to record information.

Career prospects
After experience and possibly further training, you could move to a supervisory or management role, responsible for a team of controllers, for running of a fleet of vehicles or for planning the delivery of the service; or into training or another specialist area such as human resources. And with the right motivation and ability, it is possible to be promoted to a senior management post.

If you become interested in operations work, you could transfer to ambulance duties, provided that you meet the entry requirements and pass the selection process.
Case Study 6

Saratha Rabindrnath

PTS Controller
London Ambulance Service

Saratha Rabindrnath took a gap year after finishing college four years ago and looked for a temporary job before embarking on a career in business or law.

‘I heard about a vacancy for a patient transport services controller and I thought it would suit me for the time being,’ Saratha said. The work was more challenging and interesting than she had imagined.

‘I didn’t know how much was involved. You really have to be on top of the situation,’ Saratha explains. Her training helped her to master the basics but she really got to grips with the work through on-the-job experience. Based in South London, Saratha works shifts of 8am-4pm or 11am-7pm, arranging transport between five different hospitals and clinics. She is responsible for ensuring that about 180 patients a day get safely to their appointments on time and back home again.

‘When we start work we have to know which ambulances and cars are available, where the patients are coming from and what their mobility is. It’s up to us to get the right vehicle to the right place and to keep a check on where all the vehicles are. We also have to plan the next day’s work. And all the time you are taking calls from drivers, patients and the clinics.

Sometimes a tactful approach is needed: ‘Patients can get a bit anxious about their appointments, and perhaps also they are tired and haven’t eaten because of having a test. You have to be able to calm them down. They often ring up when they get home to thank us, really happy because everything has gone smoothly. I like the fact that you are helping people.’

Now Saratha has rather different career plans from those of four years ago. “I am looking to progress in the ambulance service. My eventual aim is to become a member of the accident and emergency service but first I want to apply for a job as a non-emergency PTS driver.”
Emergency Medical Dispatcher/
Emergency Call Handler

Emergency medical dispatchers and emergency call handlers are the first link in the vital emergency response chain, receiving urgent calls and mobilising ambulances. They are also sometimes directly involved in saving lives by talking a caller through an emergency procedure over the phone, while the ambulance is on its way.

Emergency medical dispatchers/call handlers take the essential details of every call quickly and accurately, sometimes from people who are very distressed. They must stay calm and reassuring, while thinking fast and using their initiative. Some ambulance services split the control role into call handlers and dispatchers.

Entry requirements
You must be 18 or over and many recruits are late entrants. You will need a good general education and keyboard skills. Some local ambulance services also ask for extra computer skills, a knowledge of map reading and local geography, GCSEs (including English, maths and a science), a typing qualification and/or some understanding of medical terminology. People from minority ethnic backgrounds are particularly welcome, and the ability to speak another language can be an advantage.

Personal qualities
All ambulance staff have to be highly responsible and professional. Emergency dispatchers/call handlers also need a caring attitude, good ‘people’ skills, a cool head and the ability to work in a team. The job also requires excellent powers of concentration and the ability to work with high-tech equipment.

Training
Training varies between the different ambulance services but it will take place in a classroom or on the job, or both. The subjects covered include using the switchboard; using radio communications and other equipment; first aid; prioritising calls and giving telephone advice.

Career prospects
As you become more senior, so you take on more complex work. After experience and possibly further training, you could move to a supervisory or management role, responsible for a team of dispatchers/call handlers or running of a fleet of vehicles, planning the service, training or another specialist area such as human resources. With the right motivation and ability, you could go on to a senior management post.

If you become interested in operations work, you could transfer to ambulance duties, provided that you meet the entry requirements and pass the selection process.
Joyce Higgins
Emergency Call Handler
Greater Manchester Ambulance Service

Joyce Higgins originally worked in catering but eventually she wanted to take on something more challenging. While she was studying for an NVQ in administration and legal secretarial work she heard about the emergency call handler role. Joyce applied. The telephone call inviting her to start couldn't have come too soon for her.

She enjoyed the training because it was completely new and unlike anything she had done before. “It took me a while to get used to it but it wasn't that difficult,” Joyce says. Now she is completely at ease with her job, still fascinated by the unpredictability of never knowing what is coming next and yet confident that she has the training and experience to cope.

“People often come on in such a panic that they are unable to give you the information you need. It is your job to calm them down. They always do calm down eventually, though sometimes it takes time.”

Joyce has often had to talk someone through giving cardiopulmonary resuscitation while the emergency ambulance crew is on its way. “I have also delivered quite a few babies over the phone,” she says. “Sometimes you are mentally wiping your brow but, though your colleagues may realise that you are a bit stressed, you must always stay very professional I love never knowing what will happen next.”
Case Study 8

Beverley Dyer
Emergency Medical Dispatcher
London Ambulance Service

Beverley Dyer joined the ambulance service in June 1999 after she became disabled. She had been a pharmacy technician but had to give up, because it was impossible to accommodate her wheelchair in the pharmacy. Ironically, Beverley had always wanted to work in the ambulance service but had failed to meet the then height restrictions.

Beverley says that at her interview this time all of the questions about how she would be able to cope with her disability came from her, not the ambulance service: “I asked loads of questions because I wanted to make sure I would be able park my car and get around the building,” she says. “The answers were that most of what I needed was already in place and that they would provide anything that wasn’t.” When she started, she found that both the training centre and her workplace were equipped to meet her needs.

Beverley trained as both a call taker and dispatcher, but now works mainly on dispatch, mobilising emergency vehicles. “The details of the call come through to the sector controller who decides on the nearest ambulance crew. I pass them the call by computer if they are on station, or by radio if they are on the road. The crews can respond very quickly and the difficult part is to give them all the information they need about the patient before they arrive at the address.”

Beverley may be dispatching 15 calls an hour and dealing with all the queries and actions arising from them. “It’s a demanding and challenging job and you need to able to multi-task and deal with some very complex situations. I think you need good listening skills and the willingness to do whatever you can to help.”

“The best part about this job is that you are helping people, particularly older people who are often anxious not to cause a fuss, even when they are in considerable pain. It’s good when we can make them comfortable.”
Management roles

There are excellent opportunities to move into supervisory roles and then into management, for those with the ability and motivation. These two case studies show how people have joined the ambulance service with no qualifications and progressed up the career ladder into senior posts, one operational and the other administrative.
Case Study 9

Iqbal Masters
Assistant Operations Manager
Lancashire Ambulance Service

When he left school, Iqbal Masters allowed himself to be talked into doing an apprenticeship in engineering. “But I was never happy in engineering,” Iqbal remembers. I wanted to work in the community and I wanted a job where I could think on my feet.”

So he wrote to the three emergency services. The ambulance service was the first to offer him a job. Iqbal began on the non-emergency patient transport services (PTS), but within 12 months he was starting accident and emergency training. He passed his exams and, after 12 months probation, qualified as an ambulance technician.

At this time, in the early 1990s, the new role of paramedic was being discussed, and Iqbal was quick to respond. “I started reading up on anatomy and physiology, so when paramedics were introduced I was ready to go.”

Before long, Iqbal was looking for his next challenge. He became a team leader, heading a team of paramedics and ambulance technicians and was in this role for six years, gaining a certificate in management studies along the way.

Next came a secondment to his present role of assistant operations manager. Iqbal is still very much a practising paramedic, carrying life-saving equipment in his car and answering emergency calls when his other work allows. However, his main responsibility is to manage large incidents, such as major road accidents, house fires and factory accidents, liaising with senior police and fire officers at the scene. He is also busy completing an MBA degree.

“I have been in the ambulance service for 16 years now and I find the job as exciting and rewarding as on my first day,’ Iqbal says. ‘I have never had that Monday morning feeling since I joined. I was paying for my petrol the other day and a man behind me in the queue thanked me for helping to save his father when he had a heart attack. There are not many jobs where that happens.”
Case Study 10

**Kathy Smith**

Safety Manager  
East Midlands Ambulance Service

Kathy Smith joined the ambulance service with the firm aim of working in the non-urgent patient transport services (PTS). “A lot of people like emergency work but I really wanted PTS,” Kathy said. You are often carrying the same people every week, and you get to know your patients and establish a real rapport with them.”

She eventually went on, however, to become first a technician and then a leading technician, before qualifying as a paramedic. “I went into A&E because I wanted promotion to management, but at the same time I wanted to do the best I could for my patients and to learn as many skills as possible,” Kathy explains.

Before long she had the necessary experience to apply for station officer posts. Her first such job was back at the ambulance station where she had started on PTS. “It was very much a learning curve,” she says. “Not only was I managing a staff of 50 people, but I was managing people I had worked alongside. There were very few women then and, at just over 30, I was also the youngest. I didn’t encounter any hostility, but I did feel that I had to prove myself.”

Kathy was ready for a new challenge when she spotted a vacancy for a secondment to support services manager. It was a senior position at headquarters, dealing with supplies and also with risk and safety issues. Kathy got the job and then successfully applied for a new, permanent role as risk and safety manager.

She now also has a certificate in health and safety and a postgraduate qualification in healthcare risk management, the first member of the ambulance service to achieve this. For someone who joined the service with no ambition, Kathy has come a long way: “At first I set my sights no higher than working in PTS. Then, when I did start to think about promotion, my ultimate goal was station officer. Sometimes life takes you by surprise.”
Other opportunities in the ambulance service

The ambulance crews on the road are the public face of the ambulance service. And anyone who has ever called for an emergency ambulance will have had contact with the control room staff.

But keeping the service running smoothly and efficiently 24 hours a day, seven days a week, relies on a much wider team of people, working in a whole range of different specialist areas. Without them, the system would break down.

They work in human resources, dealing with staff recruitment and development. They look after the vehicles upon whose speed and reliability lives depend. They train new recruits, as well as those existing staff who are widening their skills.

They work in new technology, ensuring that accurate information gets to the people who need it fast. They work in clinical standards and quality control, which are both vital if patients are to get the best possible care. And they provide all the other essential services, like finance and administration, upon which all large, modern organisations depend.

Some of these roles, such as training or clinical standards, clearly need healthcare and other experience and qualifications. Others may need different professional qualifications or experience, such as information technology or finance. Many other jobs, for example in human resources, might be done either by ambulance staff moving across after further training, or by specialists recruited directly. Much depends on the particular job description and the requirements of the individual ambulance service.

The NHS as a whole is committed to offering flexible, lifelong careers. This means that increasingly ambulance staff will also have opportunities to move into other areas of healthcare.

Employment package

The ambulance service, like the whole of the NHS, is committed to being a model employer. This means offering excellent working conditions. It means rewarding all staff according to their skills and experience. It means giving equal opportunities to all, and treating everyone with dignity and respect. It also means helping staff to develop their careers, while keeping the right balance between work and their other commitments and interests.

For example, NHS employers are helping staff to access good-quality, affordable childcare. They are introducing flexible ways of working, such as job sharing and career breaks. They are investing in staff training and development, and making this available to all. Other priorities include tackling discrimination and harassment at work, upgrading rest areas and catering services and protecting employees against violence and other crime.
Career development is high on the agenda for the ambulance service. As well as induction training for new recruits and follow-on training for those moving up, ambulance services increasingly offer courses in supervisory skills, team leadership and management. So, as your ambitions or circumstances change, you can use your skills and experience in different ways and in different areas of healthcare.

Pay and conditions

Conditions of employment vary between the different ambulance services and some conditions, such as hours worked and shift patterns, will depend upon your particular job. Operational staff might work an average of 39 hours a week, with additional hours paid as overtime, and have 20-25 days' holiday a year, plus public holidays. Other benefits would include sick pay, uniform, training, free occupational health service insurance, automatic membership of the NHS pension scheme unless you choose to opt out (see below) and study leave for sponsored courses.

For more details, contact your local ambulance service.

Pension scheme

The NHS pension scheme is extremely attractive and a valuable benefit for staff. It also has the full support of health service trade unions and professional bodies.

These are some of the features of the scheme:

- a retirement pension based on 1/80th (1.25 per cent) of your pay at retirement for each year that you have been in the scheme
- a tax-free lump sum on your retirement equal to three times your pension
- life assurance of two years' pay while you are working
- pensions and allowances for your husband or wife and dependant children if you die
- a net contribution from you of only 3-4% of your pay
- a contribution of 7% from your employer, increasing to 14% from April 2004
- benefits if you have to retire because of ill health after two years
- all benefits are guaranteed by the government
- benefits are usually based on highest earnings towards the end of your career
- it is available to all staff
- it is payable through different NHS employers, linking to provide an overall pension
- pensions and allowances are linked to inflation, so their value is protected
- you can increase your contribution to get bigger benefits, subject to limits
Becoming a member of the Ambulance Service

Join the team and make a difference