

Mr R Brittain
Assistant Coroner for Inner London North

Sent via email only to [REDACTED]

Dear Mr Brittain

Death of Sabrina Stevenson (died 16.12.2012): Report to Prevent Future Deaths

I am responding to your letter of 30 March 2015 regarding your concerns following the inquest into the death of Sabrina Stevenson. The College of Paramedics is saddened to learn of this tragic event and sends its condolences to Sabrina's family and friends. The College will do everything it can within its scope to influence future paramedic services where there are similar patient circumstances.

Before setting out the actions proposed by the College of Paramedics, it may be helpful to provide an explanation of the role of the College as the professional body for paramedics in the UK and that of other organisations which set standards and guidelines for paramedic practice.

The College of Paramedics, formerly the British Paramedic Association, was established in 2001 following formal registration of paramedics in the UK. Over the last 14 years the College has developed its capacity and capability and built up a membership which currently represents 22 percent of UK paramedic registrants.

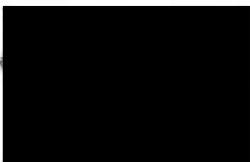
Since 2006 the College has offered best practice guidance on curricula for paramedic education and is currently producing a paramedic post-registration career framework. The College has recently established an expert paramedic group which through time will significantly contribute to guidance on paramedic clinical practice for the profession across all sectors.

While the College has no regulatory powers or authority to ensure paramedics, the UK ambulance services or higher education institutions take up the guidance it produces, it works closely with several other organisations which have important roles in setting standards and determining clinical practice. The most significant of those are briefly described below:

1. The Health and Care Professions Council (HCPC), which is the statutory regulator for paramedics, sets the Standards of Proficiency (SoPs) and the Standards for Education and Training (SETs);
2. The Association of Ambulance Chief Executives (AACE) is the body that represents NHS ambulance services in the UK for which the National Ambulance Services Medical Directors (NASMeD) determine local clinical practice in each of the members' ambulance services; and,
3. In conjunction with the AACE and NASMeD, the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) develops clinical practice guidelines for paramedics. The College of Paramedics is represented on the JRCALC.

The College of Paramedics' responses to each of your concerns are set out in the following pages and I hope you feel the actions we have outlined fully address those. Please do not hesitate to contact the College if you require further detail or believe we can be of further assistance.

Yours sincerely



D J Hodge
Chief Executive

Cc [REDACTED] Chair of the College of Paramedics
[REDACTED] Vice-Chair of the College of Paramedics
[REDACTED], Vice-Chair of the College of Paramedics
[REDACTED] Interim Executive Director of the College of Paramedics

Our comments, previous actions, and further actions

Your concern (1)

The potential for an 'early warning score' system, which is specifically validated for prehospital use, was welcomed by LAS but without further evidence as to how this might be taken forward by the Trust, in collaboration with other agencies. Further steps in this regard are required in my view and I believe that the College of Paramedics may be in a position to assist in this process;

Our comments on concern (1)

The College of Paramedics supports the use of a standard early warning system for which there is valid evidence for use in the pre-hospital setting and which would be compatible with systems used by acute and receiving trusts.

We are aware that the National Early Warning Score(NEWS) is the early warning score system that has been developed and suggested for use throughout the NHS but we also understand that this system has not been specifically validated in the pre-hospital setting and the evidence for its pre-hospital use is only starting to be generated. As NEWS was not specifically designed for pre-hospital use the pre-hospital actions to be taken linked to varying NEWS (scores) may require further research or developmental work.

We are advised by one of our members who has had a paper on early warning systems published (McClelland, 2015) that the value of NEWS in the pre-hospital setting relies on NEWS also being used in the receiving healthcare settings. McClelland noted that recent work by Silcock et al (2015) has linked a high pre-hospital NEWS to increased mortality but notes that this may be the first large study in this area.

We believe this would be a significant project which would require input and collaboration amongst the key organisations in pre-hospital care.

References:

- McClelland G (2015) A Retrospective observational study to explore the introduction of NEWS in NEAS. *Journal of Paramedic Practice*. 7(2):80-9
- Silcock DJ, Corfield AR, Gowens PA, Rooney KD. Validation of the National Early Warning Score in the prehospital setting. *Resuscitation*. 2015;89:31-35

Our actions for concern (1)

1. As a member of the JRCALC, the College of Paramedics will raise the issue of a national early warning system with the JRCALC and propose that this work is scheduled into the JRCALC workstream. We will write to the Chair of the JRCALC before **5 June 2015** requesting that this item is included on the agenda for its meeting scheduled for 25 June 2015
2. The College of Paramedics will participate on any working groups or committees that might be convened at a national level to develop and establish an effective national early warning system that can be applied in pre-hospital care and which would be compatible with receiving health facilities.
3. Should a national early warning score be agreed upon and recommended by the JRCALC, the College would promote the national early warning score through its electronic communications to its members, its quarterly newsletter, and its national continuing professional development programme.

Yours concern (2)

I am concerned by evidence provided from LAS that there are 400 vacant positions within the Trust. This connotes a significant recruitment issue for the profession, which could risk future deaths occurring simply through a lack of available trained paramedics;

Our comments on concern (2)

The College has recently voiced its concerns through the media in regards to the increasing demand on paramedic services and the parallel shortage of paramedics in the UK and is concerned to see so many vacancies in a number of ambulance services.

The College of Paramedics does not commission education for paramedics. However, the College has previously responded to consultations by the Centre for Workforce Intelligence (CfWI) and has noted that in early 2015 the Migration Advisory Committee has recommended that paramedics qualified to NQF 6+ should be included in the shortage occupation list.

The College has also made application for student paramedics to be eligible for NHS bursaries. Unlike other healthcare students, who do not pay for their university tuition fees, student paramedics have to bear either all or most of their educational costs themselves. We believe this would be a significant factor in attracting students to a career as a paramedic. The position in regards to progress of this application is covered under the next section which addresses Concern (3)

Our actions for concern (2)

Previous actions

1. The College of Paramedics undertook a survey of Higher Education providers regarding Paramedic Science education at the end of 2011 and provided the CfWI the results and we noted that the Migration Advisory Committee has recommended that paramedics qualified to NQF 6+ should be included in the shortage occupation list.
2. The College made application to the Department of Health on 16 August 2012 for student paramedics to be included in the NHS Bursary Scheme and the final decision is due to be recommended to the Department of Health by HEE in June 2015

Further actions

1. Through our website, we will continue to promote the paramedic profession as an attractive and rewarding career;
2. We will write to all NHS ambulance services as employers of paramedics and to HEIs to offer our assistance in their activities which aim to recruit student paramedics and paramedics. We will do this by **5 June 2015**

Reference

See '*Partial review of the Shortage Occupation Lists for the UK and for Scotland*' by the Migration Advisory Service, February 2015. Pages 56-60 set out the Committee's findings for paramedics. Viewed via the Centre for Workforce Intelligence website. [Accessed 20th May 2015]

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406775/Partial_review_of_the_SOL_for_UK_and_Scotland_Report.pdf

Your concern (3)

A related issue was raised at the inquest, regarding whether the increasingly complex clinical role of paramedics means that they should be recruited through graduate, rather than vocational schemes. I am sufficiently concerned by the apparent variation in training that I consider this issue to warrant consideration;

Our comments on concern (3)

Unlike most other health professions, entry to the paramedic register requires the equivalent of a Certificate in Higher Education. The College has long held the view that entry should require degree level education for paramedics, mainly due to the increasing complexity of paramedic services. Moreover, some registered

paramedics move into specialist and advanced roles which are recognised in the College's post-registration framework.

This position coupled with the fact there has been wide variation in courses and awards leading to paramedic qualification led to the College funding the Paramedic Evidence-based Education Project (PEEP) in 2012 which has since led to a major project being led by Health Education England (HEE). The Chair of the College of Paramedics has co-chaired the HEE PEEP Steering Group, and senior College members have provided representation into its sub-groups. The recommendations from the Steering Group are due to be published in June 2015 following approval by the Department of Health.

As part of the HEE PEEP Steering Group work, a review of the College of Paramedics' Paramedic Curriculum Guidance, the College of Paramedics Paramedic Post Registration – Career Framework, and the College of Paramedics Scope of Practice Policy was reviewed by an independent body [Institute of Education]. This was to ensure parity with other Allied Health Professions and confirm that the Paramedic Curriculum Guidance was at the appropriate Higher Education standard. The College of Paramedics has addressed the comments raised by both the independent body and HEE and the revised documents will be published in May or June 2015.

The College of Paramedics offers an endorsement process and award to HEIs and education providers for paramedic courses that meet its curriculum guidance. The College recommends that only those programmes approved by the statutory regulator, and 'endorsed' by the professional body, should be commissioned by the Local Education & Training Boards (LETBs).

While entry to the paramedic register is on completion of a course approved by the regulator (the HCPC), the College of Paramedics firmly believes that these courses should be a BSc (Hons) degree at academic level 6 in England, Wales and Northern Ireland, and SHE level 3 (SCQF10) in Scotland.

Our actions for concern (3)

Previous actions

1. In 2011, the College responded to a circular from the Department of Health which invited eligible professions and workforce to apply for access to the NHS Bursary Scheme. In January 2012 we were advised that the application had met the criteria for stage 1 and it would proceed for financial analysis. In April 2013 we were advised by the Head of Education Funding at the Department of Health that the financial responsibility had been transferred to HEE and that the outcome of the application for student paramedics having access to bursaries would be considered by HEE in its review of the PEEP report recommendations which is noted at point 2 below;
2. In 2012, the College of Paramedics funded the Paramedic Evidence-based Education Report (PEEP) which was commissioned by the Department of Health (England) National Allied Health Professions Advisory Board. The PEEP report was published in August 2013 and has resulted in HEE reviewing the recommendations made in the report which as previously noted will be published in late June 2015;

Further actions

1. The College of Paramedics will write to the ambulance services and HEIs advising of the revised Paramedic Curriculum Guidance once published and offer our assistance in course development through the availability of the College's course endorsement process. We will write to those organisations by the **30th June 2015**.
2. The College will assist wherever possible in the implementation of recommendations from the pending HEE report; and,
3. The College will advise the Coroner of the recommendations from the HEE report once published

Your concern (4)

Concern has been raised by Sabrina's family, with whom I concur, that the Manchester Triage System should reflect the evidence of the consultant Gynaecologist; that any woman of childbearing age with abdominal pain should be presumed to be pregnant, until proven otherwise by pregnancy testing

Our comments on concern (4)

The College supports the recommendation made by the Consultant Gynaecologist regarding all women within an age range who have abdominal pain being suspected of being pregnant unless proven otherwise.

We understand that the Manchester Triage System (MTS) tool is widely used in emergency departments across the UK but is not used widely by paramedics at the point of patient contact, although some ambulance services have employed a derivative of the tool in operational practice, named 'Paramedic Pathfinder'. Paramedic Pathfinder does include a validated pre-hospital Early Warning Score system (PHEWS) but this is not aligned to the National Early Warning Score (NEWS) detailed above. As such some other services have chosen to use NEWS, despite the absence of a proven efficacy in pre-hospital use.

This concern is similar to concern (1) and should be considered by the JRCALC.

Our actions for concern (4)

These actions would be the same as those noted under concern (1) since we believe the two issues would be dealt with under a single project.

1. The College of Paramedics will advise the JRCALC of the recommendation made by the Consultant Gynaecologist and propose that this work is scheduled into the JRCALC workstream. As in our actions for concern (1) we will write to the Chair of the JRCALC before **5 June 2015** requesting that this item is included on the agenda for its meeting scheduled for 25 June 2015
2. The College of Paramedics will take the issue of triage tools, such as the Manchester Triage System and Paramedic Pathfinder to the JRCALC and propose that work is undertaken to explore the inclusion of formalised triage tools into the next iteration of the JRCALC clinical practice guidelines. We will write to the Chair of the JRCALC before **5 June 2015** requesting that this item is included on the agenda for its meeting scheduled for 25 June 2015

Other action we will take

1. The College of Paramedics will include a clinical case study and expert commentary on potential ruptured ectopic pregnancy in its **August 2015** newsletter which will aim to increase awareness of the risks associated with such cases

Our further actions summarised

For concern (1)

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2. The College of Paramedics will participate on any working groups or committees that might be convened at a national level to develop and establish an effective national early warning system that can be applied in pre-hospital care and which would be compatible with receiving health facilities.
3. Should a national early warning score be agreed upon and recommended by the JRCALC, the College would promote the national early warning score through its electronic communications to its members, its quarterly newsletter, and its national continuing professional development programme

For concern (2)

1. Through our website, we will continue to promote the paramedic profession as an attractive and rewarding career;
2. We will write to all NHS ambulance services as employers of paramedics and to HEIs to offer our assistance in their activities which aim to recruit student paramedics and paramedics. We will do this by the **5th June 2015**.

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1. The College of Paramedics will write to the ambulance services and HEIs advising of the revised Paramedic Curriculum Guidance once published and offer our assistance in course development through the availability of the College's course endorsement process. We will write to those organisations by the **30th June 2015**.
2. The College will assist wherever possible in the implementation of recommendations from the pending HEE report; and,
3. The College will advise the Coroner of the recommendations from the HEE report once published

For concern (4)

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