



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight:



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Please tell me about your career pathway?

I joined university back in 2011. I initially enrolled onto a paramedic science degree, back when it was a Level 5 Foundation degree. This is prior to the College of Paramedic framework changing to become a BSc Bachelor's. I then joined the London Ambulance Service back in 2012, initially working as a technician and then doing half time at university and half time at LAS. That was spent mostly working in the southeast of London, and then subsequently qualified in 2014, that made me eligible to register with the HCPC (The Health and Care Professions Council) as a paramedic. Post-qualification, I was in Waterloo for about a year and then moved to a specialist unit. The specialist response units exist in various forms across the UK, but in London it's called the Tactical Response Unit, and this unit primarily operates on fast response cars. They are

tasked to slightly higher acuity incidents, across the capital and also incidents that involve working alongside the MET police and dealing with armed incidents, stabbings and shooting. I've been doing that for the last 9 years. During that time, I've worked across the whole capital and then around the time of Covid-19, I applied for some additional training and was successful in becoming an Incident Response Officer. They are responsible for managing complex incidents across London. There's 8 in total. They deal with things like major incidents, looking after ambulance crews at complex calls, or anything that might involve a number of resources from other services as well, like police or fire. I've been doing that for 3 years and still do that at the moment. More recently, I have just completed a secondment with London's Air Ambulance as a paramedic. Also, now one of the first paramedics in London to become a permanent member of the establishment there, essentially working full-time for LAA. In between that, doing a bit of academic study



as well as, so topping up my degree to a bachelor's and also completing the DIMC with the Faculty of Pre-Hospital Care. So quite a bit over the last 13 years.

What inspired you to become involved in Pre-Hospital Care?

I think I just stumbled across it when I was looking at it. I was always interested in sciences but also had a bit of a natural drive to help and look after people so it seemed to be a good fit.

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The Pre-Hospital paramedicine world has changed hugely in the last 10-15 years that I've been doing this.

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It was very different career back then but also caught my eye because there was lots of exciting talk about where the career was going. It was developing from a very much ambulance-based, very limited autonomy role to actually the profession itself becoming an absolutely integral part of what pre-hospital care looks like, and how unscheduled care looks like. So, really exciting. And I like work, I don't want to sit in an office either, so I thought this seemed to be a good fit.

I think every so often you get little reminders that actually you made the right decision. The

big one in paramedicine is when you get invited into someone's home and who you've never met before, and because you're wearing that uniform, you instantly have their trust. I think it's a big responsibility to have on your shoulders. When you go into that house or street or wherever, and actually make a marginal difference to how someone might get on, even if it's just a little improvement, that's where you see the most benefit. They don't happen every day, for sure, especially in the role I'm doing now. We sadly see a lot of people who don't survive the injuries that they sustain, but equally, we get some really good wins and then we get to see people who we thought might not do so well, actually make incredible recoveries.

What advice would you give to those looking to be involved in Pre-Hospital Care?

I guess it depends on which stage of life you're at. I think I would always suggest, try and get into other activities that align quite closely with the nature of the work. Try and do some volunteering work. It doesn't have to be anything to do with the ambulance service. It can be just looking after someone in a care home, it could be volunteering in a shop somewhere, anything where you're sort of essentially dealing with the public quite face-on. The vast majority of what we do is non-technical, especially in the sort of ambulance-based Pre-Hospital Care. We don't do that many invasive skills. You just have to have a natural ability to want to care for people and talk to people and have a natural ability to have empathy and sympathy for people who are going through some of the hardest times. This



career will change your perspective on a lot of things. I went into this career very naïve of what the real world was like and this has been a huge eye opener. People facing things is what prepares you for this the most.

Generally, just a bit of resilience as well. This job does take its toll depending on where you work. Like, Covid-19 being the big example, we all went through that, and we've all seen the outcome of that on a lot of people. Knowing how to look after yourself and knowing that you've got nutrition, you exercise, you sleep, you spend time with family and friends, and that you value all those things. I think those are the things that then help you through those challenges, because it's definitely a challenging career. Know when you're reaching your limits and when you might need to take a step back.

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If you are looking to venture into the critical care world of Pre-Hospital Care, you really need that solid foundation-based knowledge and experience.

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You need to have done that for years and years before you can even think about progressing into something like this job, especially in London. That experience will prepare you and give you that resilience and base knowledge that you need. I learned that the hard way but I'm very grateful. It took a very long time to get to this position, about 5

or 6 years. But I'm also incredibly grateful for that opportunity that I got to be pushed back several times.

I think for existing paramedics, reach out. A lot of people who are in these positions have been in exactly the same position as paramedics looking for these roles, so reach out if you have a particular interest in something. Anything from working alone on a car, branching into the mental health specialty of pre-hospital care to urgent care as well.

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Urgent care is going to form an absolutely huge part of paramedic practice in the next 10 years or so.

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To the extent where probably Pre-Hospital Care providers will be taking the bulk of the work that is normally seen in primary care. We see that already in places like NHS 111 and we do a lot of work with GP surgeries.

It's the same with critical care. If you have a real passion for it, and you are really interested, reach out. Some of it you'll have to be willing to get in. Something you will have to do in your own time. If you really have a genuine interest and care about getting to that stage then I think it's a sacrifice worth making. It certainly was for me. I spent a lot of time doing stuff on my own time to get this far. Reach out, because people are always willing to try and help you get to that stage if you're the right person.



The support and recognition from the whole world of medicine, that paramedics are going to be an instrumental part of what the NHS is made up of, is more than ever. There are so many more opportunities, I can't even count anymore. There's lots of support and plenty of funding available. Certainly, in the service I work for we get a government allocation of funding every year so if you want to go off and develop, you can do courses. If you're thinking of joining or you are already in the world of paramedicine, and you're struggling to decide where to go, speak to your service, there's so much on offer.

Any advice on paramedics looking to complete a secondment with a HEMS service?

In terms of experience, it equates to about 5 years post registration period so including your newly qualified period, moving into band 6, fully independent role. On top of that you will need to meet academic requirements as well so most services now ask that you are a Level 6 BSc paramedic degree holder. On top of that it varies where you go. Things that would probably make you stand out is a broad range of experiences in lots of different parts of your services. Showing that you work really well in a team whether in an ambulance or in a control room, bringing back patients or working as a two-person team. It's also important to have independent, solo responding practitioner experience, for several reasons really. It gives you the opportunity to develop on your own and work out who you are as a paramedic and how to cope in really stressful situation while

you're on your own waiting for back up as well. Learning how you respond in those situations is really important. Most importantly, having a natural interest in how Pre-Hospital Care works especially in HEMS services. So, if you want to take on a challenge you can do something like the DIMC, that's the sort of thing that will help you stand out.

What are the greatest challenges involved in Pre-Hospital Care for you?

Getting enough sleep.

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Personal resilience is a big challenge. Work-life balances are probably better in pre-hospital care than they were before.

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Historically, since when I started, when you had horrible rotating working patterns you would have maybe 24 hours between the night shift and then going back on a day shift. In general, now, the biggest challenge is maintaining your own resilience and start recognising yourself when you think you might be starting to burn out. And then don't suffer in silence either. I've seen a lot of people over the years, sadly, who've lost their lives or become seriously injured who work in Pre-Hospital Care because they were under a lot of stress and they weren't reaching out to people. So, my big advice is to make sure you look after yourself.



Another challenge is that it is a very competitive field, more than ever. If you have a real interest in this line of work, don't be disheartened when you don't get there the first time. I certainly didn't get there the first time. It took 5 attempts to become a HEMS paramedic. I would say that just treat every failure as a learning opportunity.

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Reach out, learn what your weaknesses were, what your strengths were, and then take those away and become a better person or a better paramedic the next time you come around, because you will be. Certainly, don't give up on your first attempt. Treat failure as a learning opportunity.

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I think it's hard that we can't be there quickly for every single patient that calls us. There's just not the capacity in the system to do that. And that's not really changed since I started. It's progressively become worse in all parts of the NHS and it's widely understood that that's the case. It's really hard to accept sometimes, especially when part of my role is that I work in the ambulance control room and I see all the calls filtering into the system and you can see plenty of patients that might not need HEMS intervention but certainly need an ambulance crew. It's really hard to sit there and know that there's someone maybe on the floor having chest pains simply because there isn't just the

capacity in the system to get to them really quickly.

I think one of the hardest challenges I found is that the pace of development has been so quick probably within the last 5 or 6 years, and I think that's down to the technology and the AI being used now. We've completely revolutionised the way we access patient records and document. The challenge has sometimes been bringing along people who have been in the service for a long time. The challenge is trying to convince them that this is the way things should be going and recognition that these things are going to change patient care in the future.

Where do you see Pre-Hospital Care developing in the future?

In the service that I am working at in the moment, it's a really exciting time. We've just published our latest strategy for the next couple of years which is essentially bringing hope across London. This means that we are trying to target the really advanced interventions that we carry to the right patients as fast as possible. So, one of the big things we do now is carry blood. In the future, with the development of AI and drone technology, really would be interesting to see what we could do with that in the future. There's a study starting in January, where we were going to try and monitor patients' physiology and trends to try and project their risk of trauma and what sort of interventions they might need before they even arrive in hospitals.



13th August 2025

Another one of the things we're doing is an ECMO study, first one in London to be undertaken as well. That's running every couple of weeks. In the service, we are attending out-of-hospital cardiac arrests with the view of placing particular patients on ECMO. It has been proven to work well in some other countries with up to 40% survival rates, so that would be incredible if we could achieve something like that here.

There is development of advanced paramedic practitioners within the LAS with their scope and autonomy increasing all the time.

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I think in the future, hospital-based care will become a much smaller part of what the NHS is made up of. I think community-based medicine and out-of-hospital care will hopefully be a much bigger part of how the NHS function to make it more sustainable.

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So many patients we go to don't need to be in hospital but they just need the right access to the right services at the right time. I think that's something that will develop over the next few years. It's going to be so important, so we can actually then focus on those patients who are really unwell and get to them faster.

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One of the big things we can really make a big outcome on is having HEMS paramedics working in all the control room. Having a clinician plus or minus a dispatcher working alongside each other, is worth its weight in gold.

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That's where we can make those biggest gains in recognising and getting to these patients really quickly. We have a constant presence in our control room in London, where paramedics like myself are filtering through all the calls and looking for the most time critical ones. That's something you can only pick up after having been on the roads and having years of experience listening to those calls, picking up on those really subtle cues that might indicate someone's really unwell. Having a dispatcher alongside you to sort of complement that is great because they're tasked with looking after the crews you've got out there whilst you can essentially focus on the medicine and speak to callers and provide interventions over the phone before they get there. I think not every service does that so that's something that should change in the future.

I think having access to blood products as well. It's not universal and we're really lucky in London that every HEMS team we put out has access to 8 units of blood. That's not the case across the country but obviously blood is a big precious



resource. It's really high in demand but having that across the UK would help.

It's really interesting, we don't know how this permanent HEMS paramedic role is going to completely look yet in London because its never happened before. We have a rough idea how the next four years is going to look. It will involved academic development so developing a master's degree. Working closely with Bart's NHS Trust to get onto wards, ITU and theatres to do things like intubation training, different forms of intravenous access and different types of access to administer blood products.

There's lots of stuff in the pipeline and hopefully that's something we can replicate across the country but also learn from other services who have been doing this for a long time. A lot of collaboration with other services is what will probably form a big part of what we do in the next few years.

Acronyms:

BSc: Bachelor of Science

DIMC: Diploma in Immediate Medical Care

ECMO: Extra-Corporeal Membrane
Oxygenation

GP: General Practice

HCPC: The Health and Care Professions
Council

HEMS: Helicopter Emergency Medical
Services

ITU: Intensive Care Unit

LAA: London's Air Ambulance

LAS: London Ambulance Service

MET: Metropolitan