



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight



Career Insight:

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Please tell me about your career pathway?

My career pathway started back when I was 18. I knew that I wanted to be a Paramedic but wasn't the best academically. I knew that I was always going to find it a challenge and wasn't going to be someone that just walked straight into university and into a job as a Paramedic finding it easy along the way. So, I knew I'd have to do things differently.

When I was 18, I became a Community First Responder in Staffordshire. I genuinely loved it. It was a taster for what I was about to sign up for, and for anyone that potentially wants to go into Paramedicine I would 100% advocate becoming a Community First Responder for several reasons. One, it gives you a taster as to whether that job is really for you. There are lots of people that come through not realising what the job actually is, and then go 'yeah, it's not for

me, it's not Casualty so I'm not interested' kind of thing. So, it's a really good way of working out if that job is really for you. It also gives you some really core skills and knowledge that if you do decide to carry on into Paramedicine, you are kind of set up. It helped me no end. With its charity background, the role also gives you a real community feel, and there is pride in the fact you are responding in your local community.

Initially, when I was 19, I applied for university through UCAS, went and did the exams and interviewed but was unsuccessful and then failed my A-levels. So, I really struggled to get into university on that first attempt. I went to college then, because I just thought, how am I actually going to do this?'. I went to Stafford College and did a Level 3 BTEC in Health and Life Sciences and chose to do the medical side of that BTEC. I absolutely loved it and during that time did more work as a CFR, putting even more hours in. I think at that point I needed to reassure myself that I was putting the effort in for the right career path, and I wasn't wasting my time setting



myself up to do a job that I would actually hate. So, I did that, applied to university again, was successful and got into Worcester University.

I did two years at Worcester University starting that in 2013 where my placements were alongside West Mids Ambulance Service. I finished successfully and got a job with West Mids Ambulance Service in 2015 starting as a DCA Paramedic in Willenhall and absolutely loved it there because that is where I'd done all my training as a student, and it almost felt like going home. Started and did various roles there – I was a DCA Paramedic and Clinical Team Mentor working with the students coming through. I then felt like I needed a bit more of a challenge, so in 2019 went to start some roles in EOC [Emergency Operations Centre] in the control room. In that role, I was giving crew advice, assisting them over the phone. It is not a role that is for everyone, but I enjoyed it.

In 2019 I was also fortunate enough to be selected and successful with getting onto the West Midlands CARE Team – another voluntary based team but this time responding to patients to deliver Critical Care. I knew at that point I wanted that to be the career path for me – I was interested in that critically unwell adult. So, started on the CARE Team and have worked through many roles to now being the 'Charity and Engagement Manager'.

In 2022 I was then successful, on third attempt, on getting onto MERIT and am now a qualified Critical Care Paramedic. I have also been one of the Clinical Team Mentors on MERIT since February 2025. So, in that role I

help with all the audit process within MERIT, still working as a fully functioning CCP but also work and look a lot at audits, skillsets and helping new CCPs and development Paramedics coming through that want to be a CCP.

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MERIT is the Medical Emergency, Response and Intervention Team. It is the commissioned platform by the Midland Major Trauma Network, so we are the commissioned service to go to all major trauma within the West Midlands. It is a 24-hour service, and it comprises of a Pre-Hospital Emergency Medicine Consultant and a qualified Critical Care Paramedic on shifts.

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The CCP role is like a 50-50 split. 50% of our time is spent clinical, out on the clinical platform responding to patients, and the other 50% is spent in the Emergency Operations Centre of West Midlands Ambulance Service control room. When we are in the control room, we are working with other control desks: incident control desk, tactical commanders, helimed desk, and we are responsible for sifting through all incoming cases to look if there are any



dispatch triggers. By dispatch triggers, I mean patients who have been stabbed, been involved in a road traffic collision and are unconscious or not breathing. Any cases that need enhanced care, we are responsible for the tasking of those resources. We are also then responsible for passing any alert calls to the hospitals in a structured ATMIST format to make sure the hospital is ready to receive the patient. We will also do various other things like reporting to the Major Trauma Network. Sometimes we report when hospitals aren't performing as they should for example, as the hospitals are funded by the Major Trauma Network to provide a specific level of care to trauma patients. So, we report back if those needs are not being met. That is the control room in a nutshell.

When we are clinical, we are working with a PHEM Consultant almost in an ODP role. We are there to support the delivery of the critical care to the patient. We are autonomous practitioners in our own right, so we will also do interventions and skills ranging from intubation, giving sedative drugs such as ketamine and providing limited surgical procedures including thoracostomies and surgical airways.

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

My first ever job was at 16 as a lifeguard and we had quite a few episodes where we would deliver basic First Aid, but if it was anything beyond that, you couldn't really do anything. We had a few people who were medically unwell in the leisure centre, and we had to get

ambulances for them. There was one customer in particular, he had excruciating abdominal pain and was doubled over in the changing rooms. We managed to get him into the First Aid room, and I remember a Paramedic showed up in a rapid response car. He walked in with his bag and his kit, put monitoring on the patient and there were noises coming out of the monitor with wiggly lines on the screen and different numbers. He started treating the man, putting a cannula in, giving him drugs and I remember at that point thinking, 'That is incredible, that is so clever' and found it so interesting.

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From that point, I started doing loads of research into what a Paramedic actually was, and what they actually did!

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What advice would you give to those looking to become involved in Pre-Hospital care?

Getting into Paramedicine... My honest answer to that is make sure that you have done your market research into what Pre-Hospital Care actually is, what it entails and what specifically you want to go into based on your background. If you want to go into Paramedicine, I would honestly advise going and being a Community First Responder. It will give you a taste of what it is like working Pre-Hospitally, and if you don't think paramedicine is for you, you could always continue being a CFR helping the local community. Or you may even learn you might



want to do something more the in-hospital route.

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Go and do an observational day, contact your local ambulance services, because it is really not for everyone. Go out there and experience what it is really like, because it is nothing like what you see on TV.

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The jobs that we go to shown on ‘Ambulance Code Red’ on the TV make up about 5% of the workload that the ambulance service goes to and ‘Inside the Ambulance’ are only going to show you the most interesting jobs. Don’t get yourself locked into university debt and locked into contracts for a job that you don’t really want and won’t enjoy!

Becoming a Critical Care Paramedic... I think the one thing I would say to a Paramedic wanting to get into Pre-Hospital Critical Care, it is not an easy journey and to manage your expectations. There are a lot of people that want the role, so you have to be prepared to be knocked down along the way. When I say that, it’s not all doom and gloom, but thinking back to when I was applying, it took me three attempts to get onto MERIT. It took others four.

They are not easy jobs to get. When I applied to the position that I was successful in, at initial application there were 130 applicants and that was for 3 jobs. So, it is very competitive. So, you have to make sure that your application and your CV stands out amongst the rest and you’re only going to do that by regularly attending things like CPD sessions and doing things in your own time. You have to make yourself stand out.

My honest advice would be you need to be a good, solid Paramedic. When you go through these recruitment processes, unless they are specifically advertising for a qualified CCP, they are not looking to recruit a qualified CCP. They are looking for a solid Paramedic that they can mould into a CCP and that is what people get wrong. That is what I got wrong on one of my selections. I went in there trying to be a CCP and absolutely forgot the basics, lost my points and didn’t get the job.

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Keep up with your skills, keep up with your knowledge bases and getting involved in things to expand your knowledge and experiences in your free time. Going out there and going that extra mile to get involved with things.

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The cheesy, cliché ‘all the hard work pays off eventually’, it is true. It is the case. The people who will be given the opportunities will be those



who have gone above and beyond. It is not about if your face fits, it is whether you have put the work, time and effort in. If the answer is yes, you will be given the opportunities.

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

I can only speak for the Ambulance Service, but the job is very time constraining, and you feel like you spend more time at work than you do at home, especially when your friends aren't in that profession. It can really be a killer. I personally think that the demand that is put on you from the kind of role that I have is a huge challenge. There will be a strain on social lives and being able to attend social events, and then you come home mentally and physically drained but have to go back in and carry on.

Keeping up with the changes of the profession too. Things are changing. In my role as a CCP, I don't have the ability to come home and switch off from work. I have to attend lots of additional meetings and training days and have to keep up with things that are changing. An MI has not changed over the last however many years, an MI is still an MI and a cardiac arrest is still a cardiac arrest, but the management and treatment of these conditions is constantly changing. And ultimately, if you want to be good at your job, you have to keep up with all of that. To achieve that, you can't just go home and switch off.

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

I think for Critical Care especially, the future is really exciting. If you went back ten years and looked at Pre-Hospital Critical Care, it was about getting patients to hospital as quick as you could and doing some interventions on route. Skipping forward to now, the number of interventions we will do on scene has gone through the roof which then extends the period of time spent on scene. For example, an RSI.

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**We know, as a well drilled team,
we can deliver a Pre-Hospital
anaesthetic quicker than scooping
and running the patient to
hospital which would have been
done previously.**

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My particular interest is cardiac arrest management. I find it incredibly interesting. Going back to when I was 18 as a Community First Responder, the only treatment I knew was doing CPR, ventilating and giving some drugs. That was it. Looking at the research and evidence that comes out now about the management of cardiac arrest makes you sit there and think how you could have done things so differently for such a long time. Things like eCPR that has already started in London and so many other places across the world, that is what



I am currently doing my masters project on at the moment and think it is really exciting.

Paramedicine is a really new profession when you compare it to Medicine and Nursing. We are starting to develop, grow and gain recognition from other governing bodies. I think the more we advance ourselves as a profession, and the more credit we get, the more things are going to change. I think that is why it is really important for Paramedics to go through and do their ACP and ACCP work through other governing bodies. That is where we are going to change and develop. For example, we now have in our control room Paramedic prescribers that will speak to people over the phone and do prescriptions for them there and then which never used to happen.

There is even more of a focus now on keeping people at home if we can. There is a real appetite for increasing prescribing capabilities and roles such as Advanced Clinical Practitioners. Ambulance Services are now investing in people to develop these kind of skills. For me, West Mids Ambulance Service have invested over the last three years for me to do complete my masters degree in Advanced Critical Care Practice which I am just about to finish.

I think the profession on the whole, and Pre-Hospital Care, is growing rapidly but more people need to come through and push through those boundaries and that is what we are really trying to do on my team on MERIT - pushing through what the evidence out there is showing us can be done.

Acronyms:

ACCP: Advanced Critical Care Practitioners

ACP: Advanced Clinical Practitioners

ATMIST: Age, Time of incident, Mechanism (of injury/illness), Injuries/Illness, Signs (vitals), and Treatment given

CCP: Critical Care Paramedic

CPR: Cardiopulmonary Resuscitation

DCA: Dual crewed ambulance

eCPR: Extracorporeal Cardiopulmonary Resuscitation

EOC: Emergency Operations Centre

MERIT: Medical Emergency Response Incident Team

MI: Myocardial Infarction

RSI: Rapid Sequence Induction

UCAS: University and Colleges Admissions Service

BTEC: Business and Technology Education Council

CFR: Community First Responder