



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight:



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Jonathan Bush

Advanced Paramedic in Critical Care, YAS BASICS Paramedic, Operations Directorate,
Yorkshire Ambulance Service NHS Trust.

Interviewer: Sophie Goddard-Hunt, FPHC STG Yorkshire Representative

Editor and Graphic Design: Dr Sophie Riley, Chair of the FPHC Student and Trainee Group

Please tell me about your career pathway?

I had an indirect way into the Paramedic profession. I left home around 16 and joined the army. Before this, I had an unusual upbringing involving years of foster care before eventually being adopted. The army provided an escape and some structure to life that I had been lacking by this point.

In the military I was a Medic which I sort of fell into, but absolutely became enthralled by. If I wasn't doing it, I was reading about it and I just wanted to always know more. It rapidly filled this massive void in my curiosity, it sounds strange, but something just clicked.

From those first anatomy and physiology lessons, to learning how to apply battlefield medical skills in stressful circumstances – I just absolutely loved it. Over the years it just became an obsession for me.

Eventually, though, like, you know, you think about your long-term career and having a normal life and stuff like that. So, I wanted to carry on being able to do that, but in civilian life. And I saw that to be a paramedic, you had to go to university, and I left school without a single GCSE to my name. Never knew anyone that ever went to university or anything like that. So as soon as I saw that, I was like, oh, that's for clever people, not for me, so I put it off. I ended up sort of doing a bit of a dead-end civilian job working for a bank. The money was good, but it was soul-destroying.



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And even when I was there, all I was thinking about was medicine, basically, Pre-Hospital Care.

My wife ended up being the catalyst for it all, she's the one who twisted my arm into just, giving it all up and taking a really big gamble. So, I quit my job, went to college as an older adult and re-did all my GCSEs. Then completed an access to higher education course, like a very watered-down A-level equivalent. Then applied for university and I was lucky enough that I got all the grades I needed, finally got the GCSEs, I should have had 10 years ago and went to university. I went to the Teesside University, did my BSc in paramedic practice and qualified as a paramedic in 2017. Then came to work for YAS and I worked on a double crew ambulance in Sheffield. At that time, I did really well on my degree, graduated with 1st and a couple of extra awards for my performance on the course.

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So I thought, out of curiosity, how far could I take this? So quite early on, went to the University of Sheffield to do a Masters, my first one, which was in Advanced Emergency Care.

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I completed an MSc in Advanced Emergency Care whilst working as a paramedic on the road. Eventually, while I was also studying, a job advert came out for selection for HART. So, I went for HART selection. Again, I was really, really lucky to pass that and to join the team. While I was there, I finished off my first Masters, and just enjoyed being a HART paramedic and everything that comes with being a HART paramedic. Around this time, well, after about 3 years on HART, the trust implemented the Specialist Paramedic in Critical Care role. It had dipped its toes in very diluted versions of critical care paramedics in the past, but then it decided to go all in, with a fully funded Masters in Advanced Clinical Practice pathway and, you know, it supported a portfolio career and everything like that for critical care.

I was really lucky that 7 of those jobs were going to be at HART, so you could be both at HART and a Specialist Paramedic in Critical Care. This was the first in the country, as no other HART team had done this. And there's a lot of like cynicism, I suppose, whether it could work, because HART traditionally don't do lots of jobs. The target is very niche work. So, the idea that you could be a Critical Care Paramedic and maintain the exposure to that niche sort of caseload and developed competence was sort of a criticism, I suppose, at the time of us trying to set this up.

So what we did is set up a hybrid model, where you responded to HART jobs, but you also responded to critical care jobs. If you weren't on a HART detail, you were basically available, like any other critical care paramedic resource.



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I did that for a couple of years and as a team of 7 we really built the service, we had lots of struggles and things to overcome to make that service work and develop a credible Critical Care Paramedic (CCP) out the back of it, but we were able to do that, which was great, and that's when I did my 2nd MSc, which was in Advanced Clinical Practice at Sheffield Hallam University (SHU)

I'd done 5 years at HART now. I've been a Critical Care Paramedic at HART for 2 of those, and an opportunity came up to be seconded into a clinical leadership role back here in South Yorkshire. So that was the clinical lead for the whole of South Yorkshire for all paramedic practice in South. It was always a secondment. It's not a job I wanted to do permanently, but it was more an opportunity to gain my first bit of exposure to leadership in healthcare, developing services and understanding governance and everything like that.

I did that for a year and just as I was about to go back to HART, the trust realised they needed a 3rd advanced paramedic in Critical Care. Therefore, the trust paid for a third advanced paramedic and critical care role. So, in Yorkshire, advanced paramedic critical care roles are leadership roles. It's not management - somebody else manages that stuff. What we do is lead the profession, lead the critical care paramedics, essentially. So that's designing the service, the operational model, and how we dispatched target work, you know, stuff like that, how EOC functions, the scopes of practice, developing new PGDs

new SOPs, new ways of working to benefit patients.

We also select, train, educate, and mentor all of the critical care paramedics in the county as well. So anyway, this job came up. I applied for that, and luckily because of that year, I'd spent in a clinical leadership role already. It set me up really, really nicely for this for this job and I was, successful and got it. and that's the job that I do now really. My job's a bit of a weird hybrid.

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I work on my own as a Critical Care Paramedic. I'll sometimes work with a physician, on a physician-paramedic platform, or as a paramedic. I will go out and coach critical care paramedics and develop them or do their initial training, like I said, all that sort of stuff. And then the other side of the job is very much service leadership.

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Understanding the service that we're trying to deliver for patients and find ways to improve it, find different ways of measuring it beyond simply how many times we give a drug and stuff like that. You know, we've been doing some really exciting



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work recently around quantifying the benefits of leadership. So, rather than just saying we bring clinical leadership to scene, actually, how do you measure the benefits of that with regards to accurate decision making, accurate conveyance decisions, time on scene for patients that really don't need to be on scene, how things like debrief and micro-teaching benefits staff welfare and how more or less they go off sick, following that proper support after a bad job and things like that. We've been doing loads of work around that too, which is great.

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

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It was very much doing my Combat Medical Technician course in the military. I don't know why I did it, but those first few days, those first few lectures, I just became obsessed with it. I absolutely loved it.

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I loved being that person that people could depend on and trust and feel safe with when in an environment that traditionally people don't feel like that. You know, people don't like being vulnerable traditionally in the military, especially when you're working with combat

units like the infantry where you're attached to people, it's easier to just take the mick out of each other and not have a problem.

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So actually, becoming that trusted person that people do come to and talk about their injuries, their mental health, their urgent care problems, the stuff, like problems at home and things like that. it was just a real privilege. And I absolutely loved it and I just wanted to spend the rest of my life doing it, it became an obsession.

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If I wasn't working, I was reading about it. I was practising the skills on my own, listening to podcasts, watching YouTube videos, anything I could, just engaging with the subject. I was just really attracted to that, blend of dynamic problems and human performance, which I think is unique to Pre-Hospital Car and probably Emergency Medicine as well, to be fair. It's not just the clinical problem, that's 50% of the issue. The other 50% is how humans can support or not support the outcomes of a situation. And I think nothing really embodies that quite like Emergency Medicine or Pre-Hospital emergency care. Everyone has to collaborate everywhere, but it's just so time sensitive and you've got so little control over the makeup of the people that turn up in these emergencies and you've just got to get the best out of them regardless.



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If I had to put a pin in it and say this is the thing that I absolutely love about about Pre-Hospital Critical Care, it's the fact that most of the problems that we face don't have a right answer.

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Some of them do. Most of them just have the least bad answer, and to get to the least bad answer, you have to know why the other answers were worse. I think, it is a bit naive when people say that Emergency Medicine or Pre-Hospital care is very algorithm focussed. Some patients fit the algorithm, many don't. many fall into those little areas of grey where there isn't a page in a textbook or an algorithm that fits them and actually you're left with making the least bad choice. But to make the least bad choice, you have to understand the consequences and otherwise, of sort, of all the other decisions that you need to make with that patient. So I think that it what I find really attractive about the job. Yeah, I just think it's unique.

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

So whether you're a doctor or a paramedic, you need to pin this idea that you're going to one day work in Pre-Hospital Critical Care, you need to pin that dream on the wall. And then do a little something every day that makes that puts you one step closer to being the best person for that opportunity when it does come up because you don't know when the opportunities are going to come up. They are few and far between. Highly, highly competitive. And that can put a lot of people off, the idea that there's 3 jobs and 200 people apply for it, but from experience, I can tell you that the vast majority of those 200 people were sat doing whatever it is that they're doing in their day job at the moment, saw the opportunity and chanced it.

And then maybe they didn't get it last time and then they spent another 2 years sat there not doing anything apart from waiting for that opportunity to come round. The people who are consistently successful in getting these roles, I think, are, the ones where it's a dream that you pinned on the wall, and you said I hope in the next 20 years that's going to be me. And then all you've done, you know, hopefully happens sooner than that, but all you've done is every single day you've read a chapter of a book, listened to a podcast, had a conversation with somebody, just engage with the subject matter every single day, just in bite-sized chunks, so you're constantly simmering, ready for when the opportunity comes and you will be the best person in the room on the day. That's it. Be that person that, actually, when they hear that, that



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Sophie's applied for this job, everyone's gone, oh, I don't think there's any point applying she's gone for it, because that's a reputation that you've crafted through excellence and consistency. So, don't be put off by the numbers of people that apply for these jobs.

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I think the other bit of advice is remembering that Pre-Hospital Critical Care, it is a platform to lead and improve others.

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When I first started doing critical care, I saw it very much as my job is to turn up and do the medical stuff to the patient. Increasingly, both as a clinician and as somebody who leads a service like this, I've realised that if you only measure your success by how many times you open that red principal care bag or how many times you intubate or RSI a patient, one, professionally, it's not very rewarding. Eventually you've done all of those things once, twice, 10 times, and the novelty of doing it for the first time soon wears off. But also, increasingly, if you're only happy at work, when you open that red bag, you're going to be really disappointed most of the time because you don't open it a lot. What you do for every single job, is lead other people. you should walk away from a job, knowing that everyone else was calmer, safer, felt they were better able to do their job because of your presence, because

you were able to lead and sort of empower people to do a better job.

If you sort of focus more on the leadership side of the job, every job becomes completely different. You could go to 4 cardiac arrests in a shift, but the teams' makeup is going to be very different each time and what that team needs you to be. Because that's what it's about. It's not, 'I am a leader, this is how I lead', your job is to have a bag of masks and know which mask you need to wear for that team. What does this team need me to be in this moment, in this job to get the best out of them? To make care safer, to make their performance better? That's critical care for me, increasingly, because you do that at every job. You don't open the red bag on every job.

The reason I'd give that advice is a lot of people go, What courses should I do? What Resus Council courses should I do? Should I go and pay for ATACC? Should I do this and that? All that does is create a culture where, essentially, if you've got a load of disposable income and you can afford to do a load of courses, that you'll get a critical care job. I don't think that's it.

What I am looking for and what I think the future of critical care doctors, the future critical care paramedics look like. I always use the sort of example of, I'm looking for, you know, Jane, the paramedic who's sat at some tiny little ambulance station in the middle of nowhere that, started a journal club. Who pins ECGs on boards with a sort of a breakdown of the ECG and the clinical case.



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You know, people that, with the platform that they have already, are trying to make other people better because I look at that and think, imagine what they'd do if I gave them this platform.

There's another thing that I'm looking for with, the Janes of the world, on that station, are they the person that, if somebody does turn up for a meal break and have had a weird job and asks someone's advice on it. They go, well, actually, you know what? I'm not so sure but Jane's working today, she'll know. That tells me that one, you've got a reputation for excellence clinically amongst your peers, but more importantly, people recommend you as someone to go and speak to and be vulnerable about your practice with. I care far more about that because I can take the Janes of the world and teach them how to do thoracostomies, to assist in a PHEA. I can teach competence. I can't teach character.

Certainly in Yorkshire, what we're interested in is creating selection processes and interview processes that prioritise character, over competence, and how much disposable income people have. Because I think that gatekeeps the progression into Critical Care. And I said, I came from a very, very, very, very poor broken background. If the only way I could have ever done this job was if I had £15,000 disposable income, I never had £15,000 of disposable income at any point in my life. I don't want to be part of the system that carries that on or encourages that.

3 piece of advice: pin that idea on the wall, do a little something every day that makes you the best person for that opportunity when it comes up because it will come up a short notice and you will be competing against people that have sat there treading water, not doing anything. That's how you stand out.

Two remember the Pre-Hospital Critical Care is a platform to lead and improve others. That example I gave of, I'm trying to find the sort of the colleagues in the world that already use the platform they have, to try and make other people better, let me give you a platform that's going to amplify that. Because you're going to do amazing things.

And then finally, character over competence. Want the job for the right reasons. It's not about you being the main character of every job. It's about making other people say for a more effective by your presence, by you being there. And then if you're lucky, you might get to open the red bag and do something as well. Yeah.

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

Flash team formation. Most people have seen the video that you get shown at the start of an ALS course where, 4 people get together and talk about if the bleeps go down today, you're going to be the airway person and, you know, you're going to do defibs and all that sort of stuff. It looks great on the ALS video, but I imagine it probably doesn't work like that in hospital as well, but I don't have that experience, but



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certainly in the Pre-Hospital space, it doesn't look like that.

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You are going to do bad jobs, and even if the patients are the same, even if the problems are the same, the team around that patient is going to be different, their needs are going to be different.

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That's one of the most challenging things I think about Critical Care. You're dealing with really stressful situations, really stressful bystanders, family members, crews that are sometimes really stressed as well. You're really stressed as well, and your job is to pull all of that together and try and create something cohesive, safe, and effective out of it. The more I do this work, the more I realise it's less about the medicine and much more about leadership, I think, and yeah, going back to the advice thing, I suppose, don't neglect developing and demonstrating those areas of your practice as well. I think that's it. It's the people. It's a dynamic situation with dynamic teams. And how those two things fuse together and what your job is in all of that, which is to orchestrate it to be something useful.

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

I think I've got an easy answer for this one. I think the last 20 years in PHEM has been all about bringing resource to the roadside. I think the next 20 years increasingly is going to be about bringing intensive care to the roadside. This is about identifying time sensitive decisions, diagnostics, interventions, evaluating the need and the benefit of those interventions and bringing them earlier in the patient's care journey.

We're almost at a point where we've kind of done almost everything we can now to decide whether a patient makes it to the doors of resus alive or not. What the future is about is thinking about, decisions, diagnostics, and interventions that the sooner they have them, the more likely the patient will get to 36 hours an ICU to then be to be discharged from ICU to leave hospital, more intact than they would have otherwise. I think if we limit ourselves to measuring success as to whether somebody gets to hospital alive or not, I think where we're missing a massive opportunity to shape the patient's sort of onward journey through the healthcare system and onwards into rehabilitation.

For me, that's where the innovation lies. It's about finding those interventions that are time sensitive and working out what's appropriate and cost effective to bring them into the pre-hospital space. And it's not about doing it Pre-Hospital versus in hospital. It's not about that. It's about time to treatment. If time to treatment is best achieved in the Pre-Hospital space, and it's a time sensitive intervention, then that's the



answer. That's what I think. We need to get smarter. We need to remember the algorithms have a place, but they are designed for fitting most patients. Actually, with the advent of physiology guided resuscitation, and trauma care, actually being able to tailor the treatment that we give to that patient rather than what should work for most patients. I think is the future. It's about smarter treatment, not blanket approaches to stuff. And I think we've got a lot to learn from intensive care medicine for that.

Acronyms:

ALS: Advanced Life Support

PHEM: Pre-Hospital Emergency Medicine

ATAAC: Anaesthesia, Trauma and Critical Care

BSc: Bachelor of Science

CCP: Critical Care Paramedic

EOC: Emergency Operations Centre

GCSE: General Certificate of Secondary Education

HART: Hazardous Area Response Team

ICU: Intensive Care Unit

MSc: Master of Science

PGD: Patient Group Direction

RSI: Rapid Sequence Induction

SHU: Sheffield Hallam University

SOP: Standard Operating Procedure

YAS: Yorkshire Ambulance Service