



NHS
West Midlands
Ambulance Service
University NHS Foundation Trust



Adult Intubation by Critical Care Paramedics – Competency and Governance

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Introduction

Intubation of patients in cardiac arrest has been a core skill taught on the first Paramedic training programmes in the UK since the 1980's. However, the practice of intubation by Paramedics has been widely debated, particularly with the introduction and increasing use of second generation supraglottic airway devices during resuscitation. The risks of failing to identify a misplaced tracheal tube includes hypoxia and death.

There is a recognition that there is a need for specialist advanced airway support, and this should be delivered by a small cohort of specialist Paramedics who can be provided with a higher level of training, supervised clinical practice and rigorous assessment of competence.

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) employs Critical Care Paramedics (CCP's) deployed through the Midlands Air Ambulance charity (MAA) on helicopter and land vehicle platforms. They are Paramedics who have gone on and gained further skills, knowledge and education to carry out an advanced clinical role. Their day to day work sees them exposed to patients who are more likely to need advanced airways and this alongside the fact they work with senior experienced clinicians leads them to be able to maintain competency in this skill.

Adult intubation would be a skill delivered by this group of clinicians under a robust and governed training and competence system as outlined in this document.

New CCP's

Within Higher Education Institutions (HEI's) the standards of both training and assessment of competence in intubation now vary considerably; this has been compounded by reduced opportunities for supervised clinical practice within the operating theatre environment.

In recognition of this Paramedics who are successful on progressing on to the trainee CCP training programme will undergo an initial mannequin-based training session delivered by senior clinicians from MAA as part of the CCP induction process as set out in the Critical Care Paramedics Clinical Competency Levels document.

Following successful completion of the induction programme the trainee CCP would, as part of the level 1 CCP training programme, be expected to complete the following:

- A total of 3 days of hospital placements where upon a minimum of 10 intubations would have to be undertaken supervised by anaesthetist approved by MAA clinical lead.
- A minimum of 10 mannequin intubations observed by a senior clinician from MAA – 5 by a consultant level doctor and 5 by an approved sign off clinician.
- Following this a final sign off assessment which is done by the MAA Medical Director or appropriate deputy where a review of evidence and OSCE style scenario.

Dependant on academic background this would be achieved within a 18 month time frame and includes the academic programme, completion of clinical portfolio and final sign off by the MAA clinical team to operate as a level 1 CCP.

Ongoing competency achievement

Minimum of 24 intubations completed over a 12-month period which can be a 50/50 split with actual patient care or simulated practice. This would be self-directed and evidenced in a live airway/skills log, reviewed on a monthly basis by the air base supervisor.

If any concerns are highlighted, then these would be discussed and reviewed with the clinician and where appropriate an action plan put in place to ensure ongoing competence is maintained.

Review of current CCPs

It is recognised that there is a current workforce of CCP's within the Trust that have variable training and competence in the skill of intubation. It is important that this is reviewed to ensure there is no training needs therefore:

A review of each clinicians previous 12 months airway log will be undertaken and following this where appropriate an action plan is put in place to support the clinician in obtaining or maintaining the skills and competence required to undertake intubation.

This will reflect the ongoing competency level of a minimum of 24 intubations over the 12-month period which can be a 50/50 split with actual patient care or simulated practice