This short report describes the background and development of the new emergency care practitioner (ECP) programme run by the East Anglian Ambulance NHS Trust (EAAT) and the Health Schools of the University of East Anglia (UEA). The programme encompasses the emerging national competencies for the ECP. Although the first pilot cohort of 10 paramedics has yet to complete the course at the time of writing, the background and lived experience of the pilot cohort of 10 paramedics has yet to complete the course and threats that may arise with the imminent transfer of the first cohort to an operational role within the NHS.

BACKGROUND
Throughout the NHS, rapid change, emerging roles, and changing professional and practice boundaries are becoming the norm for practitioners. This has had a widespread impact among educationalists who have been called upon, often with short notice, to help design and implement robust courses and programmes to develop cohorts of people to work in new roles and innovative ways. Primary care and emergency services are no exception, with the ECP assuming a key emerging role as the pressures to prevent admission and the service consequences of the GMS contract, among other drivers, become apparent.

The notion of a paramedic practitioner has been floated for a number of years. Initial work in Coventry and Warwickshire involving extended skills within a small group of nurses and paramedics developed this concept further. It is important to emphasise from the outset that while the ECP role has some similarities to both the undefined paramedic practitioner concept and the more established paramedic, nurse practitioner, and emergency nurse practitioner roles, it is in reality something quite different and innovative. To quote students in the first cohort of the East Anglia Programme: “the emergency care practitioner occupies the space between the general practitioner, the nurse and the paramedic.”

To explore the role of the ECP in a variety of local health economies, a number of schemes were established to undertake training of either one or two cohorts by April 2004. Norfolk, Suffolk and Cambridgeshire Strategic Health Authority was selected as a pilot site for two cohorts and the remit for development was placed with the EAAT. Undertaking the ECP programme has given EAAT the opportunity to re-define operational roles and challenge traditional models of provision of emergency care. The ECP programme represents an exciting opportunity to bring together paramedics, nurses, and potentially other allied health professionals as learners, and develop core competencies that can be adapted to any given “unscheduled care” situation.

COURSE DEVELOPMENT
The ECP pilot course has been a challenging and rewarding partnership between EAAT and UEA. The development of a full and complete programme leading to an outcome defined by competencies for a role that was essentially undefined presented some problems, not least of these was the lack of understanding of roles and competency frameworks between professional groups.

All those involved, especially the project manager and curriculum leads, exploited their networks to gain support both for the theoretical elements and for the clinical placements. Although the programme continues to evolve, an early decision was made for it to be a full time 18 week course with a balance between academic and practical placements and threats that may arise with the imminent transfer of the first cohort to an operational role within the NHS.
Many “early adopters” are contributing greatly to both the theoretical and clinical components of the curriculum, but it has been difficult to secure quality clinical placements with learning orientated mentors for all students. This was also apparent when briefing faculty; often they did not have a realistic understanding of the skill levels and experiences of the paramedic cohort and needed to be briefed extensively to try and achieve the aims of individual sessions.

Where we stand at the moment is a complex position. We are somewhat clearer about the types of roles that the ECP can carry out, however the operational application of this is still cloudy. We are limited by national constraints, particularly with regard to prescribing. More local limitations regarding clear referral pathways have the potential to restrict the implementation of the role and its full potential, which may be overshadowed by the protectionist attitudes of individuals, departments, and professional groups. This is an often acknowledged but rarely combated negative feature of the NHS.7 Spreading the word and challenging boundaries is a role that, like many individuals before them, these new ECPs will have to undertake locally and nationally. We can be confident however that the development that each of these individuals will undergo will give them a head start both clinically and in terms of the changes in outlook and culture that have been developed throughout the programme.

At this juncture, cultural change and development of an infrastructure to support new clinical decision making and referral pathways is vital to ensure the success of the ECP in enabling appropriate patient journeys and meeting patient needs. Such changes are essential if we are to establish whether the ECP can “occupy the space between the paramedic, the nurse and the doctor” in reality as well as within the scope of this programme.

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