

**Table 1:**  
Critical care paramedic (CCP) training, competencies and working pattern

	Trust A	Trust B	Trust C	Trust D	Trust E
<b>Training</b>					
Theoretic modules at a university/college	♦	♦	♦	♦	♦
Theoretic modules within the ambulance service		♦			
Educational pre-hospital placements	♦	♦	♦	♦	
Intensive care unit placements	♦	♦		♦	
Anaesthetics placements	♦	♦	♦	♦	
Emergency department placements		♦		♦	
<b>Competencies</b>					
Fracture or joint reduction	♦	♦		♦	♦
Sedation using Midazolam and/or Ketamine	♦	♦	♦		♦
Rapid sequence induction of anaesthesia					
Surgical airway	♦	♦		♦	♦
Maintenance of anaesthesia post intubation	♦	♦			
Non-invasive ventilation	♦	♦		♦	
Ultrasound				♦	
Central venous access	♦				
Thoracotomy	♦				
Chest drain insertion or thoracostomy	♦	♦		♦	♦
<b>Team composition</b>					
Alone		♦		♦	
With paramedic / technician				♦	♦
With other CCP	♦	♦	♦	♦	
With pre-hospital physicians	♦	♦	♦	♦	♦
<b>Dispatch</b>					
Fixed call criteria (e.g. roll-over road traffic collision)	♦	♦	♦	♦	♦
Clinical decision by dispatcher	♦	♦	♦	♦	♦
Request from ambulance personnel on scene	♦	♦		♦	♦
General ambulance response (e.g. CCP is closest to scene)	♦			♦	
All category A calls					
Self-tasking by CCPs				♦	♦
<b>Modes of transportation to scene</b>					
Ambulance vehicle				♦	
Rapid response vehicle	♦	♦	♦		♦
Helicopter	♦	♦	♦	♦	♦
All CCPs are the dedicated crew of their respective air ambulances					
<b>Frequency of inter-hospital transfer</b>	At least monthly	Less than monthly	At least weekly	At least weekly	Less than monthly