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# A call for research into the link between professional practice and education

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There is no universally accepted definition of the criteria that makes a profession, nor what factors contribute to professionalisation of a specific industry. Definitions by Greenwood (1984), van Mook et al (2009) and Mahony (2003) provide a brief comparison of the attributes of a profession and being professional. Greenwood (1984) offers a succinct definition of a profession, identifying they possess a systematic body of theory and community authority, while van Mook et al (2009) suggest it is expertise in a particular domain that contributes most to professionalism. Additionally, Mahony (2003) argues that the controlling of education is key to being a profession and being professional. Mahony (2003) further suggests having specialist knowledge with autonomy and specific professional ethics are essential elements in developing professionalism. The concept of professionalism is therefore interwoven with education.

While university programmes educate paramedics, there has been little research conducted on how paramedic-specific education may alter the development of an out-of-hospital care profession. Some evidence from developed ambulance services indicates education improves patient care (Spaite et al, 2000; Giddens et al, 2012), and currently this is postulated as a major driver for UK paramedics to undertake higher level academic programmes of study.

Globally this perspective is not universally accepted as necessary for paramedics. Advocates for the use of medically-controlled treatment protocols, rather than enhanced workforce education and professionalisation, remain (Halter et al, 2011). Despite research around this increasingly divergent debate within the profession, it remains unclear from the literature if any one model of service provision has particular advantages for developing an ambulance service. Furthermore, few studies have considered the impact of non-tertiary training courses in terms of professional development.

Many countries, such as Germany and the US, largely remain convinced that paramedic practice should stay under physician leadership (Roudsari et al, 2007). In these settings, existence of a body of knowledge, without acceptance by associated professions, is unlikely to provoke the same innovations seen in mature professional and independent paramedic practice witnessed in the UK, Australia and New Zealand. We propose that within these settings it is critical other aspects of professionalism, such as community recognition and authority from medical and paramedical colleagues, are essential features to achieve and maintain professional status.

We suggest research should be undertaken to discover the extent of education in the out-of-hospital

health workforce. For example, a population survey of paramedics in the UK would identify levels of education, training and career planning. Together with supporting research into the experiences of paramedics and examination of paramedic practice, this would contribute to identification of specific professional features within this cohort. In this way the policies, planning and delivery of paramedic-specific tertiary education programmes can be grounded in evidence, thus enhancing the care such practitioners provide.

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