



Critical Care Clinical Currency Procedure

Contents

1	Scope.....	2
2	Procedure.....	2
3	Definitions	3
4	Responsibilities	3
5	Operational Clinical Currency	3
6	Training Currency.....	4
7	Flexible working and reduced hours	5
8	Bank CCPs	6
9	Prolonged periods away from CCP practice	6
10	Audit and Review (evaluating effectiveness)	6
11	Associated Trust Documentation	Error! Bookmark not defined.
12	Financial Checkpoint	7
13	Equality Analysis.....	7
14	Quality Impact Assessment.....	Error! Bookmark not defined.
	Appendix Two – Red Currency Tasks	8



1 Scope

- 1.1 The South East Coast Ambulance Service provides a trust-wide Critical Care Service and this is delivered by team of Critical Care Paramedics (CCP). The service is organised into a central Operating Unit (OU) and deploys its team from 10 bases spread across the region and EOC.
- 1.2 This procedure will outline the currency required to operate with a Critical Care Paramedic (CCP) scope of practice within the South East Coast Ambulance Service NHS Foundation Trust (the Trust).
- 1.3 This procedure relates to all Paramedics that may practice with a CCP scope of practice within the Trust including those in roles which are full time, less than full time or include clinical shifts (i.e. Consultant paramedic, CCP managers).
- 1.4 Currency refers to whether a CCP is up-to-date with the clinical, operational and training requirements of the role. Currency does not infer authority to practice.
- 1.5 This procedure will also provide detail on the requirements for less than full time or bank working and returning to practice following extended absence for any reason.

2 Procedure

- 2.1 Currency applies equally to all clinical staff who are authorised to practice with a CCP scope of practice.
- 2.2 Overall clinical currency includes operational currency and training currency.
- 2.3 To be clinically current a clinician must meet the requirements of both operational and training currency.
- 2.4 Currency status is rated as;

Green – Clinician is current in all necessary aspects and is clinically current to practice with a CCP scope of practice.

Amber – Clinician has lapsed currency in either operational or training components and is required to undertake specific tasks. They are not clinically current and cannot practice with a CCP scope of practice until these tasks are complete.

Red – Clinician has lapsed both operational and training currency due to a prolonged period away from work. They are not clinically current and cannot practice until a return to practice action plan is agreed and completed.

- 2.5 Requirements for less than full time, sessional or bank working will be outlined separately to currency.



3

Definitions

- 3.1 **Critical Care Clinical Operations Manager (COM)** – An Advanced Paramedic with responsibility for the delivery of critical care services within the Trust and for the development of critical care specialist practice. They also hold responsibility for first line management of CC-TLs and second line management for CCPs.
- 3.2 **CCP** – Critical Care Paramedic, a specialist paramedic role practicing with a defined scope of practice, specifically targeted at the high acuity patient caseload.
- 3.3 **OU** – Operating Unit.
- 3.4 **CCD** – Critical Care Desk. This is a tasking and clinical advice desk operated by one or more CCPs
- 3.5 **RCM** – Response Capable Manager – in the context of this procedure this relates to an RCM that is responding with a CCP scope of practice.

4

Responsibilities

- 4.1 The **Chief Executive Officer** is accountable for the overall effectiveness of this procedure.
- 4.2 The **Executive Medical Director** is responsible for managing this procedure.
- 4.3 The **Consultant Paramedic** for Critical Care and Resuscitation has responsibility for implementation of this policy.
- 4.4 The **Critical Care Clinical Operations Managers** have responsibility for overseeing this policy on a day-to-day basis. This includes promoting and upholding compliance.
- 4.5 All **CCPs** are responsible for adhering to this procedure.

5

Operational Clinical Currency

- 5.1 Operational clinical currency refers to undertaking a clinical duty operating as a CCP resource. Undertaking other operational activity with a CCP scope (i.e., DCA shifts, ad-hoc responding) does not contribute to currency unless agreed with the critical care leadership team.
- 5.2 In order to maintain operational currency the following condition must be met;
- At least one CCP Clinical shift/dedicated clinical session as an RCM (booked on as a CCP SRV) with no more than 7 weeks duration (a governance cycle) between shifts.



5.3 If the condition in section 5.2 are not met then currency shall move to amber status and the clinician will not be able to practice with a CCP scope of practice until specific actions have been undertaken. Amber actions can be found at Appendix One.

5.4 If the clinician does not complete an operational duty within 14 weeks of their last duty then they are automatically moved to red status and are not able to practice with a CCP scope of practice until a red action plan has been agreed and completed. A red action plan can be found at Appendix Two.

6 Training Currency

6.1 Training currency assumes qualified status and refers to ongoing training activity.

6.2 Training currency includes a number of elements to be completed within a calendar 12 month period (April – April);

- Attendance at a minimum number of clinical case review forums (D&D).
- Attendance at a minimum number of clinical simulation (moulage) session.

6.3 The expected attendance annually as a baseline is proportionate to contracted hours and the minimum attendance is percentage of that figure, which is outlined in table 1. Attendance at any required uplift or refresher training is in addition to this activity.

Contracted Hours	Expected Attendance	Minimum Attendance
Full Time	7	5
0.8 – 0.9	6	4
0.6 – 0.7	5	3
0 - 0.5 (inc RCMs/bank CCPs)	4	2

Table 1: Attendance requirements

6.4 Attendance will be recorded. All CCPs are required to meet the expected attendance, however falling below expected attendance may occur for a number of legitimate reasons, e.g. annual leave, sickness absence, maternity leave, etc. The COM team will monitor attendance and missed content will be addressed on an individual basis as required.

6.5 In addition to case review and clinical simulation there are a number of other mandatory components for training currency;



- Attendance at any required uplift or refresher training (i.e. new equipment, CMPs, PGDs).
- Completion of Trust Statutory and Mandatory training.
- Completion of Trust Key Skills Training (subject to Key Skills plan).

6.6 Specific competencies must also be demonstrated at least once annually;

- Surgical cricothyroidotomy
- Open thoracostomy
- Obtaining cardiac view and identifying wall motion on ultrasound
- Paediatric endotracheal intubation

This will be captured using a structured template and will be assessed by a Team Leader, COM or Consultant.

6.7 All of these elements must be completed in order to maintain training currency.

7 Flexible working and reduced hours

7.1 CCPs are eligible to apply for less than full time as detailed in the Trust Flexible working policy, this includes a number of reduced hour shift patterns, including annualised hours, part-time working & job sharing.

7.2 Applications for less than full time working should be made as described in the Flexible Working Policy. Each application will be considered on a case by case basis and there is no guarantee that an application will be granted. Each case will be considered on its own merit balanced against the needs of the service and current vacancy levels and locations.

7.3 CCPs may request to work less than full time hours of any value, i.e. 0.8 WTE, 0.5 WTE, etc. All applications for less than full time working will be considered against the needs of the business and the flexibility in the budgeted establishment, i.e. any reduction in hours or application for portfolio style contracts would have to consider how this could fit into the establishment.

7.4 Due to the nature of the role and the need to gain experience and competence in the role prior to any reduction in operational practice and clinical exposure, applications for less than full time working will normally only be considered from CCPs with 3 or more years whole time equivalent (WTE) experience. That does not change the eligibility to apply under Trust Policy and consideration will be given to the nature of the request, the value of the reduction in hours and the support that can be provided to mitigate risk.

7.5 In line with Trust Policy flexible working agreements will be reviewed on an annual basis.



8 Bank CCPs

8.1 CCP are eligible to apply for a Bank CCP contract if they fulfil the following criteria;

- Has met the requirements to qualify and work as a CCP within the Trust.
- Has 3 years WTE experience of practicing as a CCP.
- Up to date with operational and training currency.
- Continues to practice in a specialist or advanced clinical role involved in the assessment and management of high acuity patients in an equivalent role (e.g. Air Ambulance/HEMS Paramedic/CCP, ACP, ACCP).

8.2 Bank CCPs must meet the clinical currency requirements outlined in this Policy.

8.3 If a bank CCP triggers red currency status then their bank contract will be frozen until an action plan is agreed and completed.

8.4 If a bank CCP triggers red currency status more than once or amber currency status more than twice within a 12-month period then the status of the bank contract shall be reviewed and potentially terminated.

9 Prolonged periods away from CCP practice

9.1 Staff for a number of reasons may spend a prolonged period away from their CCP role. Examples include;

- Long term sickness
- Approved alternative duties
- Maternity/Paternity/Adoption leave
- Secondment
- Career break/sabbatical

9.2 Absence will be in accordance with Trust policy and should not normally exceed 12 months.

9.3 The return to practice action plan will depend upon the duration away from practice and in addition to currency tasks may include re-fresher training and supervised practice. This will be determined on an individual needs basis.

9.4 Returning to practice following a prolonged period away from CCP practice only applies to staff that hold a substantive contract of employment in a role that includes CCP scope of practice. It does not apply to staff who have resigned their contract of employment and who are returning to the Trust.

10 Audit and Review (evaluating effectiveness)



- 10.1 This procedure will be reviewed initially at 6 months after approval and then regularly as required by the Critical Care Governance Sub-Group thereafter.
- 10.2 Effectiveness will be reviewed using the tools set out in the Trust’s Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 10.3 This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

11 Financial Checkpoint

- 12.1 This document has been confirmed by Finance to have no unbudgeted financial implications.

13 Equality Analysis

- 13.1 The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 13.2 Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.
- 13.3 An Equality Analysis has been completed and approved for this procedure.

Appendix One – Amber Currency Tasks

Operational currency lapse – required to complete all tasks	
Task	Complete
1. Review PGDs	
2. PGDs are signed on JRCALC plus	
3. Review CMPs	
4. Complete 100% check of CCP bag	
5. Complete 100% of CCP Drug bag	



6. Familiarise with USS device function	
7. Familiarise with infusion pump function	
8. Review relevant operational and clinical bulletins for period of absence	

Training currency lapse – only required to complete tasks that are outstanding	
Task	Complete
1. Attend case review forum	
2. Attend moulage day	
3. Undertake outstanding uplift training	
4. Complete Statutory & Mandatory training (if not within last 12 months)	
5. Complete Key skills (if not within last 12 months)	
6. Demonstrate competence in surgical cricothyroidotomy	
7. Demonstrate competence in open thoracostomy	
8. Demonstrate basic competence in echo in life support (USS)	

Appendix Two – Red Currency Tasks

If a CCP falls RED current they must undertake all elements of AMBER currency and undertake a minimum of one supervised clinical shift with either a CC TL or CC-COM. The number of shifts and the exact plan will be based on an individual needs analysis.