



Paramedic Practitioner Skills Assurance Time Procedure

Contents

1	Scope.....	2
2	Responsibilities	2
3	Procedure.....	3
4	Audit and Review (evaluating effectiveness)	5
5	Equality Analysis	6
	Appendix 1: SAT entitlement chart	7
	Appendix 2: Paramedic Practitioner: Skills Assurance Time Annual Plan	8
	Appendix 3: Paramedic Practitioner: Skills Assurance Time	14
	Appendix 4: Guidance on Problem Based Learning and Case Based Discussion	16



1 Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing clinical care at the highest standard. The Trust also strives to meet changing patient need by ensuring staff have the skills, knowledge and equipment at the forefront of practice.
- 1.2. The purpose of this procedure is to outline how the Trust can support safe clinical practice in a group of specialist paramedics. .
- 1.3. Operational exposure to cases for each Paramedic Practitioner (PP) will vary across the Trust due to variances in community profiles and this results in skill and knowledge degradation. Therefore the Skills Assurance Time (SAT) programme aims to address degradation by providing supported practice opportunities.
- 1.4. Management of the SAT programme is crucial to ensuring the operational effectiveness of PPs is maintained, to ensure safe and high quality care for patients.

2 Responsibilities

- 2.1. The **Director of Operations** is responsible for ensuring that all PPs are familiar with the procedure for SAT.
- 2.2. The **Clinical Operations Managers** are responsible for ensuring that all operational staff are updated with all appropriate policies and procedures and receive the appropriate training.
- 2.3. **Paramedic Practitioners** are responsible for:
 - 2.3.1. Ensuring that they continue to be trained and educated so they are up to date with any developments in the form of information, training and/or equipment they require to effectively perform their roles.
 - 2.3.2. Maximising the clinical opportunities provided by SAT.
 - 2.3.3. Arranging their semi elective SAT, giving scheduling a minimum of six weeks' notice and getting authorisation from the relevant operational/line manager.



- 2.3.4. Assisting their SAT team in the organisation of clinical governance days, organising specialist speakers, venues and any equipment required for the day. Working as a team to ensure that the day runs effectively, meeting all learning outcomes.

3 Procedure

- 3.1. Within the current PP rotas there is built in SAT equivalent to 2.5 hours per week pro rata.,. Access to these days is dependent upon completion of the PP education pathway.

- 3.2. Full abstraction will occur in Q1 and Q2 and 50% abstraction in Q3 and Q4, this will minimise operational impact during Q3 and Q4. SAT entitlement will be broken-down by education status as follows:

3.3. Student PPs

- 3.3.1. Student PPs are not entitled to SAT as their educational pathway already enables students to experience a wide range of clinical settings and access to up to date guidelines and clinical knowledge.

- 3.4. **Qualified PPs** who have yet to complete their Exam and Objective Structured Clinical Examination (OSCE):

- 3.5. Two SAT days are taken from the semi-elective allocation in order to attend the exam and OSCE which is mandatory for newer PPs and is encouraged in longer serving PPs.

3.6. Fully qualified PPs

- 3.6.1. Will receive full SAT allocation of the equivalent of 2.5 hours per week. This can be arranged at any time in the rota but must be shown in the rota.

- 3.6.2. Part time staff will be entitled to SAT on a pro rata basis. Only those staff working at least 15% of WTE will be entitled to SAT. See table below for guidance.



Hours per week	% of WTE	SAT entitlement per week (hours)
11.5	30.67	0.75
23	61.30	1.5
34.5	92.00	2.3
11.5 per 2 weeks	15	0.38
11.5 per month	7	nil

3.6.3. For the purposes of SAT PPs will be organised into teams in three main geographic locations; east, west and central.

3.6.3.1. Clinical Governance Day (six per year): These are peer-led days based around case studies and peer review of key clinical themes. External specialist speakers will also be available when appropriate according to the case under review.

3.6.3.2. Conference: These will take place once a year, with a choice of three dates and locations.

3.6.3.3. Semi-elective days These days will allow PPs to book placements against their agreed development plan. These will be based around clinical data which will demonstrate where they have skill degradation or where they require scope of practice development. The learning outcomes for these days should be agreed with the Advanced Paramedic/PP lead/ Clinical lead within the OU.

3.7. **Arranging semi-elective days**

3.7.1. Semi-elective days can be taken throughout the year by local agreement with operational/line managers at least six weeks in advance. Usually, the days will be spread across the financial year, but if there is a particular experience a PP wants to attend over the course of a week, the SAT hours can be taken in a larger block by arrangement.



- 3.7.2. Semi-elective days must be arranged with the approval of the PP's first line manager, PP coordinator or Learning and Development lead. Once the day has been authorised the approver must send an authorising email to the Clinical Scheduling Department who will put the day onto GRS. TED forms will be used to record the intended learning outcomes for the day as agreed with above managers and this will form the evidence of learning which needs to be recorded in training records after the day is complete.

3.8. **Attendance**

- 3.8.1. Attendance at all SAT days is mandatory. If a PP is sick on a SAT day, this must be recorded in the usual way via the Scheduling Department and will be included in the absence profile of that member of staff as if it were an operational shift. Non-attendance without notification of sickness or other reason will also be managed in the same way as non-attendance for an operational shift. SAT days must be taken on the day agreed with the Scheduling Department and the PP must be contactable during the placement.
- 3.8.2. Sickness absences on SAT cannot be made up at a later date.

4 **Audit and Review (evaluating effectiveness)**

- 4.1. All policies and procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy and procedure is approved and disseminated.
- 4.2. 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).
- 4.3. 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.
- 4.4. All changes made to this policy and procedure will go through the governance route for development and approval as set out in the Policy on Policies.



5 Equality Analysis

- 5.1. This document has been developed and approved with input from an Equality Analysis Reference Group.
- 5.2. 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.
- 5.3. 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.



Appendix 1: SAT entitlement chart

Trainee PP	Third SAT period split across Q3 and Q4						Days	Hours		
	Change of practice									
	Q1	Q2	Q3	Q4						
Where Change of Practice occurs in a specific quarter Allocation is applied from the next whole quarter (i.e. if you get COP in May, you start SAT from July)	Conference	0	Conference	0	Conference	0	Conference	0		
	Wound Care	0	Wound Care	0	Wound Care	0	Wound Care	0		
	Clinical Governance	0	Clinical Governance	2	Clinical Governance	0	Clinical Governance	2		
	Semi-elective	0	Semi-elective	3	Semi-elective	0	Semi-elective	3		
		0		5		0		5	10	75
Student PP who will complete Paeds and Mental Health placements in year	Q1	Q2	Q3	Q4						
	Conference	1	Conference	0	Conference	0	Conference	0		
	Wound Care	0	Wound Care	1	Wound Care	0	Wound Care	1		
	Clinical Governance	2	Clinical Governance	2	Clinical Governance	0	Clinical Governance	2		
	Semi-elective	0	Semi-elective	2	Semi-elective	0	Semi-elective	2		
	3		5		0		5	13	97.5	
Qualified PP (needs GP placement in year) GP Placement is 300 hours	Q1	Q2	Q3	Q4						
	Conference	1	Conference	0	Conference	0	Conference	0		
	Wound Care	0	Wound Care	1	Wound Care	0	Wound Care	1		
	Clinical Governance	2	Clinical Governance	2	Clinical Governance	0	Clinical Governance	2		
	Semi-elective	0	Semi-elective	0	Semi-elective	0	Semi-elective	0		
	3		3		0		3	9	67.5	
Qualified PP (needs Exam and OSCE in year) 2 SAT days dedicated to Exam and OSCE	Q1	Q2	Q3	Q4						
	Conference	1	Conference	0	Conference	0	Conference	0		
	Wound Care	0	Wound Care	1	Wound Care	0	Wound Care	1		
	Clinical Governance	2	Clinical Governance	2	Clinical Governance	0	Clinical Governance	2		
	Semi-elective	3	Semi-elective	3	Semi-elective	0	Semi-elective	1		
	6		6		0		4	16	120	
Fully Qualified PP	Q1	Q2	Q3	Q4						
	Conference	1	Conference	0	Conference	0	Conference	0		
	Wound Care	0	Wound Care	1	Wound Care	0	Wound Care	1		
	Clinical Governance	2	Clinical Governance	2	Clinical Governance	0	Clinical Governance	2		
	Semi-elective	3	Semi-elective	3	Semi-elective	0	Semi-elective	3		
	6		6		0		6	18	135	



Appendix 2: Paramedic Practitioner: Skills Assurance Time Annual Plan

Name: SAT Team (e.g. West 1):
Location: SAT Base:
Line Manager PP Cohort:
(CTL/COM):
Year (e.g. 2012/13):

Type of SAT day	Description or learning objective(s)	Date	Learning requirement linked to:	Associated document (e.g. Competency document section, PGD, CMP)
Wound day 1				
Wound day 2				
Clinical Governance Day 1	Minor Illness			
Clinical Governance Day 2	COPD			
Clinical Governance Day 3	Mental Health			
Clinical Governance Day 4	LTCs in Primary Care (GP led)			
Clinical Governance Day 5	Medicines Management/PGDs			
Clinical Governance Day 6	MSK			
Semi-Elective Day 1	Mandatory day on PP Desk		<input type="checkbox"/> PADR <input type="checkbox"/> PP Dashboard <input type="checkbox"/> Peer Review <input type="checkbox"/> Agreed with manager/clinical lead	
Approved by:				
Semi-Elective Day 2			<input type="checkbox"/> PADR <input type="checkbox"/> PP Dashboard <input type="checkbox"/> Peer Review	
Approved by:				



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Type of SAT day	Description or learning objective(s)	Date	Learning requirement linked to:	Associated document (e.g. Competency document section, PGD, CMP)
			Agreed with manager/clinical lead	
Semi-Elective Day 3			<input type="checkbox"/> PADR	
Approved by:			<input type="checkbox"/> PP Dashboard	
			<input type="checkbox"/> Peer Review	
			<input type="checkbox"/> Agreed with manager/clinical lead	
Semi-Elective Day 4			<input type="checkbox"/> PADR	
Approved by:			<input type="checkbox"/> PP Dashboard	
			<input type="checkbox"/> Peer Review	
			<input type="checkbox"/> Agreed with manager/clinical lead	
Semi-Elective Day 5			<input type="checkbox"/> PADR	
Approved by:			<input type="checkbox"/> PP Dashboard	
			<input type="checkbox"/> Peer Review	
			<input type="checkbox"/> Agreed with manager/clinical lead	
Semi-Elective Day 6			<input type="checkbox"/> PADR	
Approved by:			<input type="checkbox"/> PP Dashboard	
			<input type="checkbox"/> Peer Review	
			<input type="checkbox"/> Agreed with manager/clinical lead	
Semi-Elective Day 7			<input type="checkbox"/> PADR	
Approved by:			<input type="checkbox"/> PP Dashboard	
			<input type="checkbox"/> Peer Review	
			<input type="checkbox"/> Agreed with manager/clinical lead	
Semi-Elective Day 8				



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Type of SAT day	Description or learning objective(s)	Date	Learning requirement linked to:	Associated document (e.g. Competency document section, PGD, CMP)
Approved by:			<input type="checkbox"/> PADR <input type="checkbox"/> PP Dashboard <input type="checkbox"/> Peer Review <input type="checkbox"/> Agreed with manager/clinical lead	
Semi-Elective Day 9			<input type="checkbox"/> PADR <input type="checkbox"/> PP Dashboard <input type="checkbox"/> Peer Review <input type="checkbox"/> Agreed with manager/clinical lead	
Approved by:			<input type="checkbox"/> PADR <input type="checkbox"/> PP Dashboard <input type="checkbox"/> Peer Review <input type="checkbox"/> Agreed with manager/clinical lead	



Semi-Elective Day Records

Semi-elective Day:	Location	Attendance times (from and to)	Name of Supervisor	Learning outcome report (continue on separate sheet if required)
1	Narrative of day:			
2	Narrative of day:			
3	Narrative of day:			
4	Narrative of day:			
5	Narrative of day:			



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Semi-elective Day:	Location	Attendance times (from and to)	Name of Supervisor	Learning outcome report (continue on separate sheet if required)
6	Narrative of day:			
7	Narrative of day:			
8	Narrative of day:			
9	Narrative of day:			



Statements

Skills assurance time is a mandatory requirement for PPs. Attendance is not optional and failure to attend must be recorded as per any other working day. You must complete your annual SAT plan in collaboration with your line manager. Support can be obtained from one of the PP Coordinators. You must keep your Annual SAT Plan up to date and submit to L&D Training Records by the end of April each year. The SAT year runs from the 1st April to the 31st March each year.

Self-directed study is only authorised to take place on Trust premises. Study related to SAT is not permitted at home as this is funded CPD, unlike other profession CPD requirements which is the responsibility of the individual health professional.

This form will allow your managers and PP programme team to keep an accurate record on how you use your SAT. This form will be held on station and a copy sent to Learning and Development for insertion onto your individual training records.



Appendix 3: Paramedic Practitioner: Skills Assurance Time

Clinical Governance Day Form

This form must be completed for every Clinical Governance Day undertaken, and submitted to L&D Training Records via CTL/COM.

Clinical Governance Days are intended to provide a forum for PPs to learn from their experiences using Problem Based Learning, and to discuss their practice within the peer group and with subject area experts in order to reach a consensus in practice. CG Days should be fun and light hearted, but retain a focus on learning. This document is a record of the day and the learning that has taken place.

Information		Comments
SAT Team:		
Date of CGD:		
Location of CGD:		
Lead PP for CGD:		
PPs present:	Names	<i>Comments</i>
PPs absent:	Names	<i>Reason for absence</i>
CGD Theme:		
External delegate:		
Case based study topics/situations/incidents:		
Title	Incident number & date of incident	If PCR available, tick to confirm patient identifiable data has been redacted/obscured
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>



Key discussion topics – using Problem Based Learning framework (see appendix)		Consensus prior to expert input
1		
2		
3		
4		
5		
6		
7		
8		
Key discussion topics – discussion with Subject Area Expert		Consensus following expert input
1		
2		
3		
4		
5		
6		
7		
8		
Key learning outcomes based on group consensus		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Comments from subject area expert (if required)		
Review by CTL/COM/PP Coordinator		
Name of reviewer:		
Date of review:		
Submitted to L&D Training Records:		<i>Tick - <input type="checkbox"/> - Date of submission:</i>
Guidance notes:		
Please complete all sections		



	Case based studies should be drawn from at least 3 PCR/incidents
	There should be at least 3 key discussion topics.
	All group members should be encouraged to participate
	The chosen lead for each day must be prepared to chair the group and remind the members of the ground rules:
	Ground rules:
	<ul style="list-style-type: none">• CGD Teams come from across the Trust, so at the start of each CG Day, take time to introduce yourselves• Respect and value that everyone is different and will think differently about things.• Respect the fact that everyone is different and thinks differently.• Listen to each other.• Only one person speak at a time.• Agree on the method to request to speak (such as raising your hand)• Do not interrupt the person speaking. If you need to, ask the chairperson.• If you don't understand what someone is saying, please ask them to repeat it or explain it. You are probably not the only person who doesn't understand.• Be polite, don't be rude to each other. If you disagree about something concentrate on the thing you are talking about not the person involved.• Switch off mobile phones. If you have a personal or operational reason to have your phone on, make the chair person aware• Make every effort to turn up on time.• If you have any concerns about the ground rules not being respected please speak to the chairperson of the meeting.

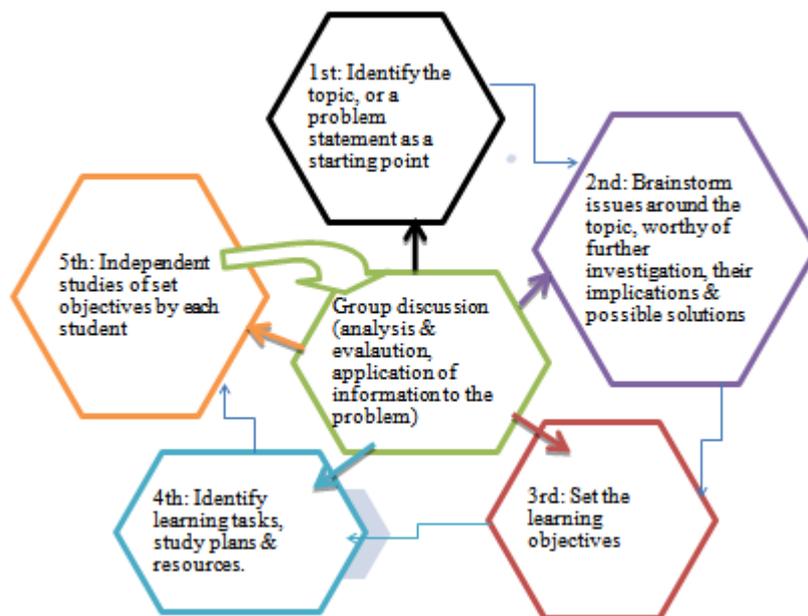
Appendix 4: Guidance on Problem Based Learning and Case Based Discussion

“An operational definition of problem-based learning is as follows:

1. First students are presented with a problem
2. Students discuss the problem in a small group PBL tutorial. They clarify the facts of the case. They define what the problem is. They brainstorm ideas based on the prior knowledge. They identify what they need to learn to work on the problem, what they do not know (learning issues). They reason through the problem. They specify an action plan for working on the problem.



3. Students engage in independent study on their learning issues outside the tutorial. The information sources they draw on include: library, databases, the web and resource people
4. They come back to the PBL tutorial (s) sharing information, peer teaching and working together on the problem
5. They present and discuss their solution to the problem
6. They review what they have learnt from working on the problem. All who participated in the process engage in self, peer and tutor review of the PBL process and each person's contribution to that process".



Starting with problems can be very motivating for students who may not see why they should be interested in inputs of bodies of knowledge but may become very engaged in researching these bodies of knowledge to address the learning issue they have identified themselves from working on the problem. Problem-based learning forces students to name what they need to learn to work on the problem. Some forms of lecturing in contrast have been referred to as the process of answering questions students never asked in the first place.

