

Fast Track Process Guidance v.8

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1. Basic eligibility checklist

This is designed to ensure that NQPs, employed after the 1 April 2017, have the appropriate prerequisites to apply for fast track. The ambulance Trust will be required to ensure that these criteria are fulfilled as an essential component of the fast track application process. The criteria consist of:

- a) Current or most recent (in-house) line manager reference (to include commentary on sickness levels and compliance with Trust policies).
- b) Verification that the candidate is up to date with all relevant statutory and mandatory training as required by trust policy. An inability on the *employer's* part to facilitate this training should not prevent an application.
- c) The candidate should be able to evidence prior experience of mentoring (i.e. a practice education role) in a clinical setting.
- d) The candidate must not have been found culpable (from a capability or conduct perspective) in an adverse incident (AI) or serious incident (SI).
- e) The candidate must not have been issued a formal warning or sanction under the Trusts disciplinary policy, since commencing in role.
- f) The candidate must be able to evidence they have followed national and local Trust policy and Standard Operating Procedures relevant to the NQP role.

2. Threshold Criteria (Candidate Self-Assessment)

The threshold criteria consist of a self-assessment which is designed to allow the fast track candidate to focus on what evidence they would need to provide in order for the Fast track Interview Panel to make a decision.

The self-assessment consists of twenty questions which are taken from the Consolidation of Learning portfolio elements (Appendix 1).

The candidate must be confident that they will be able to answer the questions positively and provide adequate evidence to assure the Fast Track Interview Panel that they are confident, capable and credible in their knowledge and understanding. This will require reflection and consideration of how best to evidence knowledge, both in written form (for example including the portfolio and/or presentation skills) and in other forms, such as verbally.

As a self-assessment, the candidate should address this realistically and objectively. They may wish to discuss the questions with their practice education team (preceptor and/or practice educator/ mentor) in order to gain an objective opinion and discuss the different forms of evidence available, as will also occur with all NQPs. For this reason the threshold criteria should be freely available to enable potential fast track candidates to make an informed decision about applying.

If the candidate is confident that they can address the questions articulated, they may then continue to apply for the Fast track Interview Panel.

3. The Fast Track Interview Panel (FTIP):

3.1 Panel Composition

- The panel should comprise at least two members according to local arrangements.
- The panel may consist of at least one senior member of the Trust's Learning and development (L&D) team who has experience of teaching, assessment and a clinical history as an experienced paramedic.
- The second panel member may be another L&D team member, or the candidate's line manager, or an appropriately senior operational line manager.
- The interview panel should be of sufficient duration to comprehensively assess the candidate's case and to deliberate on the decision.

3.2 The panel would not normally expect to assess individual practical (i.e. psychomotor) skills, but would focus on assessing of candidate knowledge and application of knowledge (e.g. clinical decision-making, understanding and discussion of referral and referral pathways, risk stratification, practice-based supervision) and the candidate's history of using such knowledge (for example evidence of a previous mentoring role)

3.3 Candidates will be asked to bring their portfolios to date, for example, this may contain:

- Curriculum Vitae (CV)
- Evidence of former learning
- Evidence of supervisory, managerial or developmental roles, such as clinical supervision, mentoring, line management, teaching etc.
- Individual reflective narratives on various clinical cases
- Individual critiques of published articles and research
- Diaries or other accounts of learning in practice
- Continuous professional Development (CPD) undertaken and the learning arising from this.
- Testimonials and commendations
- Presentations
- Evidence of participation in research

(This is not an exhaustive list)

3.4 The panel will decide whether, in their opinion the candidate has sufficiently evidenced confident and competent consolidation of learning and application of skills at the time of the first assessment (6 to 12-month review) and/or is likely to be able to evidence these within the following 6 months (i.e. within a 12-month fast track period), or 6 – 12 months (18 months overall) rather than the two-year standard Consolidation of Learning period.

4 **Evidence for the Decision:** The panel will be required to provide a rationale for their decision, which should include their recommendation for the individual's progress through the consolidation of learning, whether fast track or not.

- 4.1 The panel's decision should also include a recommendation for how long the candidates remaining consolidation of learning period should be, from nil (experienced international paramedics only) to a further six or 12 months, or whether the candidate should undergo the full period.
5. **Right of appeal:** The candidate should be afforded one appeal opportunity against the decision of the panel, which should include a rationale (grounds) for the appeal, based on what the panel may not have considered adequately. New evidence for assessment should not be offered as grounds for appeal. The appeal process will be defined and managed by the employing Trust.
- 5.1 There should be no further right of appeal to attempt to shorten the consolidation of learning period at a later stage.
- 5.2 Where an appeal is accepted, at least one member of the appeal panel should be new to the assessment.

6. Annual Review

- 6.1 NENAS will review fast track panel decisions annually, using a sample of 10% of both successful and unsuccessful outcomes, which will be requested at random from all UK ambulance Trusts.
- 6.2 NENAS will request names of unsuccessful and successful candidates for the audit sub group from which a sample of 20% will be reviewed
- 6.3 Audit of results will be completed using a NENAS sub group, consisting of a minimum of three Trusts represented. The audit's purpose is not to go behind local trust appeals procedure decisions and it will not change the decisions made. It should provide data to enable better understanding around consistency, variations and trends arising, also to facilitate wider learning and consider further changes to practice.

Appendix 1: Threshold Entry Self-Assessment Questions

SELF ASSESMENT

Threshold Entry Questions for Potential FastTrack Candidates

1.0 Introduction

- 1.1 This guidance is intended to inform your self-assessment should you feel you have the ability to fast track through the Newly Qualified paramedic (NQP) Consolidation of Learning (CoL) period, which is normally two years of supported development as a new paramedic.
- 1.2 In exceptional cases an NQP may be able to gain confidence and capability to move through the CoL period in less than two years. NQPs who feel they have the ability to do so are required to evidence this using the fast track process.
- 1.3 The assessment consists of three stages:
 - A. Basic eligibility criteria
 - B. Threshold entry questions (Self-Assessment)
 - C. A Fast track Interview Panel

The **first stage (A)** of the fast track process requires to verify that you are within Trust policy limits in respect of your contractual obligations, and that you have the support of your line manager.

As the new NHS Band 6 paramedic role requires you to mentor junior staff (including NQPs) you must be able to evidence that you have the knowledge, previous practice and skills to perform this as part of your fast track application.

- 1.4 Before you apply, you should be confident that you can provide evidence to the Fast Track Interview Panel (FTIP) that you have the skills, knowledge and experience to demonstrate the elements listed below with confidence and credibility. The **second (B) stage** is designed to allow you to decide whether you feel you are able to be assessed by a panel for fast track.

The self-assessment consists of a series of questions (below) which reflect the elements of the NQP CoL Portfolio, which would normally be completed over the two-year CoL period. The questions reflect the wider NQP Portfolio and should be used in that context.

Potential fast track candidates must consider whether they are able to demonstrate the portfolio elements to the required depth by means of the skills, knowledge and abilities gained prior to their paramedic development in other roles.

In making an objective decision about whether to apply it may be useful to discuss your progress with your practice-based educator (preceptor, mentor or member of the training team) as an objective and experienced view can sometimes be helpful.

2.0 Evidence

- 2.1 Evidence can take many forms, **the third stage** of the assessment **Fast Track Interview Panel** would not normally wish to test psychomotor (practical clinical) skills, but will ask you questions about the **entire NQP Consolidation of Learning Portfolio**, not just the questions below. They will review and consider the forms of evidence that you provide.
- 2.2 Please remember that evidence is not just a statement of fact or experience, but should include a rationale and discussion of what was learned and how, together with how this informs your future practice and your thinking as a capable and confident paramedic. The panel is not only interested in what you know, but what you *understand* and how you *apply your knowledge*.

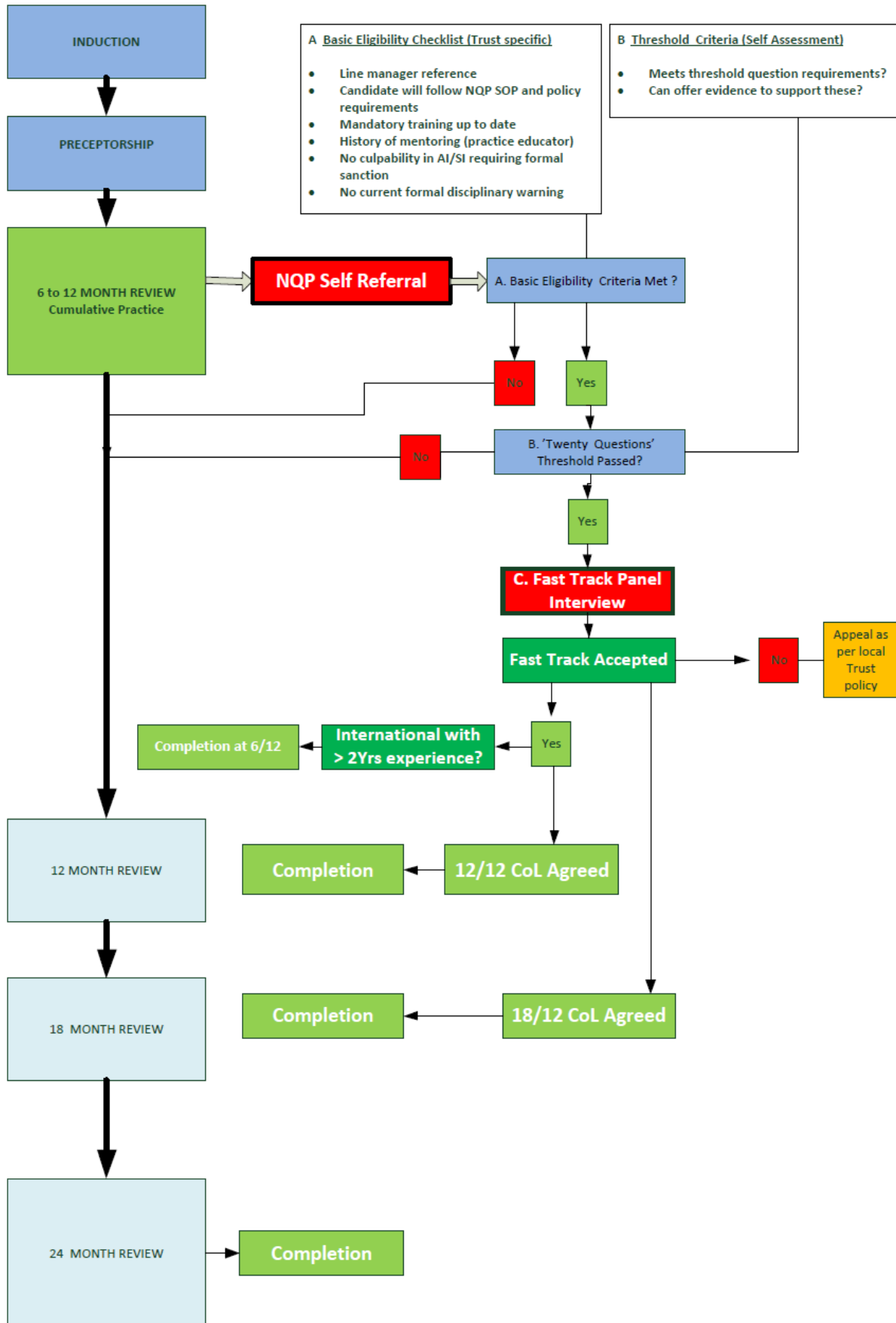
Examples of evidence types include verbal discussion and presentation, but may also include (for example):

- Curriculum Vitae (CV)
- Evidence of former learning
- Evidence of supervisory, managerial or developmental roles, such as clinical supervision, mentoring, line management, teaching etc.)
- Individual reflective narratives on various clinical cases
- Individual critiques of published articles and research
- Diaries or other accounts of learning in practice
- Continuous professional Development (CPD) undertaken and the learning arising from this.
- Testimonials and commendations
- Presentations
- Evidence of participation in research

As per HCPC CPD requirements, you will be expected to produce an up to date personal portfolio of evidence, but not all of the evidence for the FTIP needs to be contained in a portfolio. The panel will ask questions to understand the way you apply your knowledge and skills.

Appendix 2.

Fast Track Flow Diagram v.8



Appendix 3

CANDIDATE SELF-ASSESSMENT QUESTIONS

A1 The NQP is able to understand and demonstrate the need for patient advocacy.

You should be able to evidence the benefits/ necessity of patients being able to have an independent representative who can assist in understanding a diagnosis to ensure they can make appropriate and informed decisions about treatment options with dignity and autonomy.

A2 The NQP is able to demonstrate confidence in all aspects of patient examination and history taking in accordance with the medical model.

The candidate should provide evidence of the ability to take a history and examine in a systematic way, with examples of how this informs the management plan.

A2 The NQP is able to demonstrate the ability to formulate and implement a management plan in collaboration with the patient, carer and other HCPs.

You will be assessed on your clinical decision-making and rationale for management of patients

A3 The NQP is able to recognise clinical risk and understand the need for compliance with clinical governance processes.

You will be asked to evidence your approach to risk and risk stratification as well as how this informs your employers approach to generic risk, audit and risk management.

B1 The NQP is able to demonstrate professional behaviour in all areas of communication.

Demonstrates active listening, non-verbal; body language, eye contact, identifies barriers to communication, able to show understanding and empathy.

Professional, clear and appropriate in all communication.

B1.2 The NQP is able to demonstrate an understanding of the processes involved in reporting concerns about safety and wellbeing.

The candidate will be required to describe how they keep up to date with and informed about employer policy and procedures. Evidence may include understanding of the wider issues involved.

B2 The NQP is able to demonstrate the principles of equality and diversity.

Evidence may include understanding of the wider issues involved, how these affect patient-centred care and organisational culture.

B3.1 The NQP is able to demonstrate the ability to work within the limits of their own scope of practice and competence.

Evidence will include the ability to reflect and learn about the candidates own scope of practice and how this changes over time.

B3.2 The NQP is able to demonstrate the ability to delegate tasks appropriately and understand the issues arising from the supervision of others.

Evidence of supervisory roles, including coaching, mentoring and support to others in a clinical care setting. Evidence may include examples of successful delegation and how the candidate approaches delegation and supervision

B3.3 The NQP is able to demonstrate an awareness of risk and a responsibility to manage risk and seek support where required.

NQP identifies, assesses, monitors and prioritises risk, can provide examples of where they have addressed risk and implemented risk management techniques to reduce, eliminate or minimise the impact. NQP can identify who to consult regarding issues e.g. risk of Hep infection; steps to take, OH, incident report completion etc. Keeps up to date with changes in policy.

B4.1 The NQP is able to demonstrate an open and honest manner during all incidents, adverse or otherwise.

Provide evidence of incidents where the ability to identify, discuss and learn from incidents that arise and if negative, implement improvements to learn and prevent reoccurrence.

B4.2 The NQP is able to demonstrate behaviour that justifies the public's trust and confidence in the profession and the individual.

Evidence will include examples of where the candidate's integrity, reliability, fairness and approach to equality have been tested. Evidence of compliance with and understanding of (for example) data protection, information governance, regulation, confidentiality, codes of conduct and trust and national policy.

B4.3 The NQP is able to demonstrate the ability to keep thorough, clear, accurate and secure work records.

Candidates should be able evidence awareness of best practice and core principles for record keeping, NHS guidelines for record keeping to ensure clear, legible and accurate records. The importance of good record keeping ensuring appropriate treatment, assists in referral, care planning, accountability, reviews. ensuring effective care is provided to all patients within timeframe. Candidate should be able to show an understanding of legal and regulatory issues regarding record keeping.

B4.4 The NQP is able to identify and address ethical and legal issues that may occur during their practice and work within a strong ethical framework.

Ethical issues and dilemmas should be articulated and analysed, candidates should demonstrate understanding of the legal and ethical frameworks that they work under.

C1 The NQP is able to demonstrate a continuing high standard of CPD.

NQP has a record of CPD completed including any certificates/awards given. Evidence of active engagement in CPD, plus reflection on what is learned.

D1 The NQP is able to demonstrate leadership and judgement in making informed decisions and to take ownership of their own learning and development.

The candidate should be able to evidence their personal growth in role and reflect on how and why this changes over time.

D2 The NQP is able to demonstrate a team working ethos.

Provides examples of team working, identifies the benefits of team work.

E1 The NQP is able to evidence a practical understanding of the role and responsibilities of the mentor (Practice Educator) in a clinical setting.

F1 The NQP is able to demonstrate an understanding of the requirement to manage their own fitness to practice and an awareness of the appropriate support mechanisms that exist within their Trust.

Aware of services and what they offer, able to signpost to Living Well Service, fast track Physio, etc.

G1 The NQP is able to demonstrate insight into their own professional and clinical practice by using reflective models.

Demonstrates understanding of Gibbs/Schon/Koln/Johns/Driscoll Models of Reflection, is able to implement frameworks of reflection to evaluate, analyse and provide insight in reflection to enable positive outcomes in learning from their experience.

References

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Department of Health (2010) *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals*. London. Dept of Health.

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[Available online] http://www.hpc-uk.org/assets/documents/10001364returning_to_practice.pdf

Glossary

CoP	College of Paramedics: The professional body for UK paramedics.
CoL	Consolidation of Learning: The period, normally of two years duration between attaining NQP status and completing progress through the NQP Portfolio. Progress will be regularly assessed, as a minimum at 6, 12 and 18 months by the employer, unless by exception according to a fast tracking process.
CPD	Continuing Professional Development: CPD refers to the continual process of tracking and documenting skills, knowledge and experience gained both formally and informally at work, beyond any initial training. It's comprises an active and ongoing record of what is experienced, learned and then applied professionally
HCPC	Health and Care professions Council: The UK regulator of the paramedic profession. The HCPC is backed by law and maintains a register of paramedics upon which must be placed in order to practice.
NQP	Newly Qualified Paramedic: A paramedic who has recently qualified from a HCPC validated paramedic programme and is registered by them. The NQP need not necessarily a newly employed member of staff
Preceptorship	A period of adaptation for a new professional. The Department of Health describes preceptorship as: ' <i>A foundation period [of preceptorship] for practitioners at the start of their careers which will help them begin the journey from novice to expert</i> '.