

Final Agreement

West Midlands Ambulance Service MHS Trust

Agenda for change

Regional Technician and Paramedic Banding Agreement.

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AGENDA FOR CHANGE REGIONAL TECHNICIAN AND PARAMEDIC BANDING AGREEMENT

1.1 Introduction.

The Joint Staffside representatives together with management of the West Midlands Ambulance Service NHS Trust have worked collaboratively and in partnership to develop this Regional Technician and Paramedic Banding Agreement.

Both sides are committed to ensuring that the implementation of this Agreement is put into place for the benefit of both staff and Patients.

1.2. Purpose of the Regional Agreement

To create a consistent application of the Technician role across the Region incorporating agreed job descriptions for Technician and Advanced Technician posts, and an agreed job evaluation and training programme.

To create a consistent application of the Paramedic role across the Region incorporating agreed job descriptions for Paramedic and First Contact Practitioner [Advanced Paramedic posts, and an agreed job evaluation and training programme.

To introduce the new role of Emergency Care Assistant, based on the national job description, person specification and training programme across the Region to support the professional workforce.

To construct an approved statement incorporating regionally agreed terms and conditions of employment that will be contained within a single contract of employment for all existing staff.

To standardise the working week across the Region at 37.5 hours exclusive of meal breaks.

1.3. Principals of the Agreement

This proposal would if agreed, replaces all previous AfC Banding agreements, and is applicable to all Technician level and Paramedic staff in post or who have commenced training as at 1 June 2008 only. This agreement is not applicable for operational staff in substantive Band 6 roles.

This agreement applies solely to Emergency Medical Technicians and HPC Registered Paramedics employed by the West Midlands Ambulance Service NHS Trust and is to address existing workforce capacity issues and does not therefore establish a precedent for automatic career progression from 1 June 2008.

All externally recruited staff at Technician and Paramedic levels from 1 June 2008 will not be entitled to automatic progression to advanced levels.

All future vacancies at Advanced levels will be advertised internally in the first instance, for staff to make an application and be assessed and selected through the Trusts normal selection procedures.

2.1. Emergency Medical Technician and Advance Emergency Medical Technician Roles.

	Technici	an L	Level –	Band	4 [spinal	points 1	2 to 18]	

2.2. Training at this level will be in accordance with the IHCD Edexcel training programme – or any other nationally agreed replacement.

Attendance at mandatory training as required by the Trust

Advanced Emergency Medical Technician Level - Band 5 [spinal points 17 to 22 inclusive]

2.3. Advanced Emergency Medical Technicians will have

Clinical Knowledge

• Sound knowledge of basic concepts

Levels of safety and responsibility

- Clinical safe and accurate within an extended scope of practice
- Beginning to develop own professional principles and judgement

Characteristics of performance

- Increasingly efficient, co-ordinated and confident in the delivery of care
- Needs minimal promoting to facilitate the delivery of care in non routine situations.

Levels of supervision, prompting and support

- Evaluates own performance, given regular feedback
- Interacts effectively within a team and able to develop professional relationships
- Recognises personal strengths and areas for development.

General

- Excellent communication skills
- Good patient care
- Management of aggressive and violent patients in line with Conflict Resolution.
- Understanding of reflective practice
- An appreciation of the inter-professional working relationships that exist between the ambulance service and other disciplines within the wider health economy.

At this level Advanced Emergency Medical Technicians will be expected to have a sound knowledge of the basic concepts and be able to demonstrate application of the principles and basic skills.

Training at this level will be in accordance with the IHCD Edexcel training programme plus a demonstrable CPD portfolio covering at least 2 years post qualification experience.

Additionally CPD will contain:

- Record and interpret 12 lead ECG to identify acute coronary syndromes
- Supply medications as detailed by the Clinical Director
- Laryngeal mask insertion
- Provide supervision to identified staff groups

CPD will be delivered via an agreed workbook which includes evidence of research and reflective practice on the job training.

Attendance at mandatory training will be as required by the Trust

2.4. Training Requirements

Staff eligible for additional training will be provided with a training programme and a course workbook. Support from the training school tutors will also be available.

2.5. Moving from one pay band to another

Progression from one pay band to the next will be on the basis of moving across and to the next pay point that provides an increment [if one has not been awarded in the last 12 months] This will be designated as the First Gateway Point. Staff will be entitled to progress past the first gateway point from their annual increment date annually upon,

- Satisfactory completion of their additional training module.
- Should training not be given within 12 months, automatic progression would occur.

Progression up the spinal points will occur annually thereafter until the second gateway has been reached.

Progression through the second gateway will only be achieved for staff on the Advanced Technician level at spinal point 22 after successfully attaining the full Paramedic qualification and registration with the HPC.

The Progression Table is attached as Appendix A

2.6. Ring fencing Arrangements for existing technicians as at 1 June 2008

Technician staff that attain 2 years post qualification experience can elect to undertake the additional advanced technician training and proceed onto band 5. Should staff not wish to elect to operate at the Advanced Technician level, they will retain this entitlement for 2 further years. Thereafter, the ring-fenced protected entitlement arrangements would cease.

3. Paramedic and Advanced Paramedic

Paramedic Level - Band 5 [spinal points 17 to 25]

3.1. Training at this level will be in accordance with the IHCD Edexcel training programme, Higher Education Institutions approved HPC Paramedic programmes, or any other nationally agreed replacement.

Attendance at mandatory training as required by the Trust

Paramedics will have:

Clinical Knowledge

• Sound understanding of the principles of paramedic practice and demonstrated the ability to apply these principles.

Levels of safety and responsibility

- Clinical safe and accurate. Able to work alone with minimal supervision.
- Applies own professional judgement and experience to make clinical decisions and able to accept challenge from others.

Characteristics of performance

- Proficient, co-ordinated and confident in the delivery of care
- Needs no prompting to facilitate delivery of care

Levels of supervision, prompting and support

- Evaluates own performance, actively seeks and makes use of feedback
- Interacts effectively within a team and able to develop professional relationships
- Begins to take a leadership role in care delivery and within a team
- Evaluates own and others performance.

General

- Excellent communication skills
- Good patient care
- Management of aggressive and violent patients with Conflict Resolution
- Understanding of reflective practice
- An appreciation of the inter-professional working relationships that exist between the ambulance service and other disciplines within the wider health economy.

Ongoing development at this level will be in accordance with the HPC Paramedic training programmes plus a demonstrable CPD portfolio covering post qualification experience.

Advanced Paramedic Level - Band 6 [spinal points 23 to 28 inclusive]

3.2. Advanced Paramedics will have:

Clinical Knowledge

• Understanding of a complex body of knowledge, some of it at the current boundaries of paramedic practice..

Levels of safety and responsibility

- Clinical safe and accurate. Able to work alone with minimal supervision.
- Able to critical review evidence, arguments and assumptions to reach sound clinical decisions; is able to accept challenge from others.
- Participates in clinical audit and research.

Characteristics of performance

- Highly proficient, co-ordinated and confident in the delivery of care
- Needs no prompting to facilitate delivery of care

Levels of supervision, prompting and support

- Actively seeks and makes use of feedback to improve personal performance
- Takes leadership role in care delivery and within a team
- Evaluates own and others performance.
- Acts as mentor/coach

General

- Excellent communication skills
- Good patient care
- Management of aggressive and violent patients with Conflict Resolution
- Understanding of reflective practice
- An appreciation of the inter-professional working relationships that exist between the ambulance service and other disciplines within the wider health economy.

Training at this level will be in accordance with the HPC Paramedic training programmes plus a demonstrable CPD portfolio covering at least 2 years post qualification experience.

Additionally training will contain:

- ALS and ATLS Scene Management
- Perform structured system based clinical assessment and documentation following an approved medical model
- Transcutaneous pacing [currently under review by the Professional Advisory Committee]
- Supply PGD medication as detailed by the Clinical Director
- Perform minor wound care to prevent hospital admission where appropriate, failing short of sutures.
- Identify, treat and manage acute/minor conditions in the community.
- Refer appropriate patients to agreed alternative care pathways where available
- Supervision
- When working solo, re-book emergency patients for transport to hospital as urgent cases within an agreed time frame as necessary.
- Selective C spine immobilization

Training will be delivered via an agreed workbook which includes evidence of research and reflective practice, plus attendance of up to 120 hours, practical training over a 12 month period at a recognized training centre or via in-service training.

Attendance at mandatory training as required by the Trust

3.3 Training Requirements

Staff eligible for additional training will be provided with a training programme and a course workbook. Support from the training school tutors will also be available.

3.4. Moving from one band to another

Progression from one pay band to the next will be on the basis of moving across and to the next pay point that provides an increment [if one has not been awarded in the last 12 months] This will be designated as the First Gateway Point . Staff will be entitled to progress past the first gateway point from their annual increment date, upon,

- Satisfactory completion of their additional training module.
- Should training not be given within 12 months, automatic progression would occur.

Progression up the spinal points will occur annually until the second gateway has been reached.

Progression through the second gateway will only be achieved for staff on the Advanced Paramedic level at spinal point 28 after successfully attaining the full Emergency Care Practitioner/Critical Care Practitioner qualification.

Progression table is attached as Appendix A

3.5. Ring fencing Arrangements for existing paramedics as at 1 June 2008

Paramedic staff that attains 1 year post qualification can elect to undertake the additional advanced Paramedic training and proceed onto band 6. Should staff not wish to elect to operate at the Advanced Paramedic level, they will retain this entitlement for 2 further years. Thereafter, the ring-fenced protected entitlement arrangements would cease.

3.6. Timescales

This agreement will commence on 1 June 2008

The agreement will be reviewed annually in partnership.

Appendix A

Nov-07

Agenda For Change: pay scales								
SPINAL	BAND 3	BAND 4	BAND 5	BAND 5	BAND 6	BAND 6		
POINT	ECA	Technician	Adv.	Paramedic	First Contact	ECP/CCP		
			Technician		Practitioner			
					[Adv			
7	44.407				Paramedic]			
7 8	14,437 14,945							
o 9	15,523							
10	15,870							
10	16,332							
12	16,853	16,853						
13	17,257	17,257						
14	,	17,893						
15		18,528						
16		19,105						
17		19,683	19,683	19,683				
18		20,261	20,261	20,261				
19			20,801	20,801				
20			21,494	21,494				
21 22			22,187	22,187				
22			22,823 2 nd GATEWAY	22,823				
			full HPC					
			Paramedic					
23			T arametric	23,458	23,458	23458		
24				24,383	24,383	24383		
25				25,424	25,424	25424		
26					26,464	26464		
27					27,388	27388		
28					28,313	28313		
					2 nd GATEWAY			
0.5					full ECP/CCP			
29						29237		
30						30,277		
31						31,779		

Signatories to Agreement

Trust Management

Chief Executive Officer	Anthony Marsh	
Director of Finance	Keith Wood	
Director of Human Resources	Kim Nurse	
Regional Organisers		
Unison	Ray Salmon	
GMB	Mark Bergman	
Unite/T & G	Adrian Ross	
Regional Partnership Forum:		
Michael Crossfield [RPF Chairman]		
AfC Steering Group Members		
Peter Green/RPF Secretary		
Graham Swain		
George Graham		
Keith Wellsbury		
Steve Smith		

Dated: