

Jointly agreed frequently asked questions (FAQs)

These frequently asked questions relate to progress in discussions regarding the national agreement on paramedic pay. Specifically, they relate to:

- Newly qualified paramedics who commenced employment between 1 September 2016 and 31 March 2017. By this we mean those who were registered as a paramedic with the HCPC and commenced employment as a newly qualified paramedic between these dates.
- Development of a new band 6 job description for paramedics.

Ambulance employers and national trade unions have agreed the content of these FAQs.

1. What has been agreed?

Newly qualified paramedics (NQPs) employed between 1st September 2016 and 31 March 2017 (the Start Date), registered with the HCPC and who commenced employment in one of the 10 English ambulance trusts or Isle of Wight NHS Trust as a paramedic between these dates at Band 5, not subject to the job matching process:

- will, at their 12-month anniversary of employment (the Start Date) as a newly qualified paramedic automatically progress to Band 6 (spine point 21), and
- at their 12-month anniversary of employment (the Start Date) a review will also be undertaken to consider what remaining elements of the consolidation of learning programme they require to support their ongoing development. This includes the consolidation learning outcomes of clinical, professional practice, leadership, mentoring, wellbeing and resilience and reflective practice. A commitment to undertake any outstanding training or development will be required over the following 12 months, with appropriate support and/or training put in place by employers.

These arrangements will be implemented by the end of February 2018.

2. Is this agreed by all trades unions and employers?

Yes, Unison, GMB, Unite, the 10 English ambulance trusts and the Isle of Wight NHS Trust.

3. Why has this action been agreed?

Concerns have been raised regarding the group of Newly Qualified Paramedics who started employment between September 2016 and 31 March 2017 (the Start Date). Uniquely, these NQPs were in the role prior to final agreement on the Consolidation of Learning Programme and did not benefit fully from the levels of employer support intended. Considering this, it was felt to be appropriate to make this agreement to address this unique set of circumstances.

4. What does this mean for pay?

Newly qualified paramedics who started employment as an NQP between 1st September 2016 and 31 March 2017 in pay band 5 will automatically move into pay band 6 at spine point 21 (£26,302) on the 12-month anniversary of their employment. Their band 6 pay at spine point 21 will start from this date. Band 6 pay and arrears of pay, starting at the 12-month anniversary date, will be paid according to trust payroll schedules. These arrangements will be implemented by the end of February 2018.

5. Why is this agreement being applied at the NQP's 12-month anniversary and not to the date the newly qualified paramedic started their employment?

There remains a commitment from employers and Trade Unions to the principles associated with the Newly Qualified Paramedic programme and the recognition that there is a period of development and consolidation following appointment. Although there have been some delays in implementing the consolidation of learning programme in a few trusts, in line with the national collective agreement and the agreed consolidation of learning programme documentation, staff will still have received support through local preceptorship and induction programmes in this period. The concession which has been made applies to all newly qualified paramedics who started their employment in the specified period and recognises the unique set of circumstances surrounding the agreement. Employers did not agree that further concessions were necessary. The Association of Ambulance Chief Executives (AACE) have committed to ensuring that the NQP consolidation programme is fully implemented in all trusts by no later than 31 December 2017.

6. Why has this action not been extended to newly qualified paramedics who started employment after March 2017?

The majority of Newly Qualified Paramedics employed after 31 March 2017 will have been supported through the Consolidation of Learning Programme (CoL) as was intended by the national agreement. Newly qualified paramedics who started employment between September 2016 and 31 March 2017 (the Start Date) were in the unique position of having been in the role prior to final agreement on the CoL programme. As part of the agreement employers have committed to fully implement the newly qualified paramedic consolidation programme by no later than 31 December 2017, which will mean that those NQPs who started after 31 March 2017 (the Start Date) will receive a review at their personal 12-month point.

7. Will my service as technician, before starting as an NQP, count towards my start date for automatic transition to pay band 6?

No, it is only your service as a Newly Qualified Paramedic which counts. If you are a registered paramedic who started employment between 1st September 2016 and 31 March 2017 (the Start Date), then this is the applicable date.

8. How will any remaining COL training and development needs identified at the 12-month review be provided?

NQPs will undergo 12-month review as per the COL programme requirements irrespective of their assimilation into band 6. Individual employers will agree with individual NQPs what remaining COL requirements need to be fulfilled over the coming 12 months and how they will be provided. NQPs will be expected to participate fully in the review and to commit to undertake any outstanding training or development which will be required over the following 12 months, with appropriate support and/or training put in place by employers.

9. What happens to the pay of NQPs who work in part-time roles when they start their employment between September 2016 and 31 March 2017.

The agreement applies as if you were a full-time employee.

10. Will a fast track programme be agreed?

Yes, agreement has been reached on a fast track programme for newly qualified paramedics. Following extensive discussions, a process document will shortly be published which will provide information on how the programme will operate in practice. Employers and local trades unions will work together to implement the programme as soon as possible.

11. Does the NQP programme only apply to university graduates?

No. The programme is for all newly qualified paramedics, including those who have come through internal progression routes.

12. What happens to NQPs who have been off work sick during their NQP programme when they started their employment between September 2016 and 31 March 2017 (the Start Date).

The existing agreement and supporting FAQs, enables the NQP programme to be extended in circumstances where long-term absence has affected progress. This principle remains correct and will continue to be applied moving forward, however, for this group of staff progression to band 6 at 12 months following their start date will normally be unaffected by long term sickness absence.

13. What happens to NQPs who take maternity leave during my NQP programme? When they started their employment between September 2016 and 31 March 2017 (the Start Date).

The 12-month anniversary will be unaffected by maternity leave. For affected staff who are on maternity leave, progression to band 6 will occur at 12 months following their start date. On return, those staff will be required to undertake a review of their progress to date and work with the employer to see what elements of the NQP programme they still require support with.

14. What happens to an NQP, who started between 1st September 2016 and 31 March 2017 (the Start Date) who has already been advised that some part of their practice does not meet the required standard and further support, learning and experience is in place?

In exceptional circumstances, where an NQP has been advised that some part of their practice does not meet the required standard and further support, learning and experience is in place, assimilation to band 6 may be postponed until the NQP has completed any remedial action plan. There should be no surprises around this and NQPs will be advised of such matters as early as possible in the programme.

15. What happens to an NQP who has not engaged with the CoL process and has not commenced development of their portfolio?

Where there are functional arrangements in place there is a responsibility for all NQPs to engage with the CoL programme, so these should be exceptional circumstances. If the NQP started employment between 1st September 2016 and 31 March 2017, there is an expectation that the individual would be able to demonstrate progress in their portfolio, so where there has been no engagement in the process from the individual the programme may be extended. There should be no surprises around this and NQPs will be advised of such matters as early as possible in the programme so that an extension of the programme would be extended and assimilation into band 6 held until the portfolio is up to date.

16. What happens to bank workers?

This is a matter for the local Trusts and their bank workers. The nature and frequency of bank work will affect progress against the programme, so each case will be considered locally on its merits.

New band 6 paramedic job description

17. Why has a new job description for paramedics in pay band 6 been agreed?

Section 2 of the national collective agreement said that employers and trades unions would work in partnership to produce new paramedic job descriptions across all ambulance trusts in England and the Isle of Wight NHS Trust. These would be in line with NHS England's Urgent and Emergency Care Review (UECR). The agreement said these job descriptions would be "*consistent*" across all trusts. Employers and trades unions agreed that the best way to achieve consistency was to develop and agree a national band 6 paramedic job description which could be adjusted locally in specific areas, to reflect local operational circumstances and policy requirements.

18. What is the Urgent and Emergency Care Review (UECR)?

The urgent and emergency care system in England, including hospital A and E departments, has been coming under increasing pressure. NHS England wanted to make improvements which would ensure patients got safe and effective care whenever they needed it. In January 2013 NHS England started a review of the system with the aim of providing patients with urgent but non-life-threatening needs with highly responsive, effective and personalised services outside of hospital. This would minimise disruption and inconvenience for patients and their families. For ambulance services, this means making the transition from services based on a model of transportation to one of clinical assessment and treatment. Making full use of the clinical skills of paramedics will mean that more patients can be treated at the scene or referred on to other agencies for further treatment, when appropriate. This will help to reduce the number of admissions to A and E.

19. What does this mean for the roles of paramedics in pay band 6?

The role of paramedic has already changed in line with these developments. For example, local initiatives promoting see and treat, where it is clinically safe to do so. The NHS Staff Council's review of the paramedic role identified that there is now more clinical content. This is why the Staff Council determined that the role is now Band 6. The new job description is designed to confirm the UECR requirements in a consistent way across all ambulance employers in England. It is not expected that the day to day duties of paramedics in pay band 6 will change significantly. The National Education Network for Ambulance Services (NENAS) has reviewed the new job description and education and training needs associated with it. Employers are reviewing their training and education provision and will ensure that where a training or education need is identified that this need can be met.

20. What are the main changes in the new job description?

Band 6 paramedics will need to mentor. The changes in line with the requirements in the UECR are:

- *modify and adapt working practices to meet the clinical needs of the patient in an emergency and urgent care setting:*
- *make reasoned decisions regarding initiating, modifying or ceasing treatment or procedures and ensuring accurate documentation of decisions: and*
- *where appropriate, make proposals for change to own working practices and policies within own working area.*

The following changes come from the NQP Consolidation of Learning Programme:

- *dynamically assess scene and Identify environmental and clinical risks to patients, self and colleagues taking appropriate action to minimise them where possible and ensure safety:*
- *identify safeguarding concerns and ensure these are reported and documented in an appropriate manner and are escalated and followed up as appropriate: and*
- *undertaking reflective practice.*

21. Is this new job description still in line with pay band 6?

Yes, the changes do not materially change the role content and do not alter the banding outcome.

22. How will the new job description be introduced?

Employers and trades unions are discussing what arrangements will need to be made for the introduction of the new job description in each ambulance trust and the Isle of Wight NHS Trust. More information will be provided when these plans are agreed.

23. What is the timetable for implementation?

This is under discussion.

24. What are the parts of the new job description which will be adjusted in line with operational policies in trusts?

Some details, such as the operating model of the individual ambulance Trust will be subject to local definition. Trusts can insert local driving requirements as appropriate and add local variations in relation to penalty points on driving licenses, driving stipulations i.e. number of years of holding a driving license, in line with local trust policies.

25. Will the band 6 job description change again?

This is intended to be an enduring description of paramedic duties and responsibilities in line with current policy. This does not mean that changes will need to be made to reflect inevitable changes in clinical practice as technology and diagnostic capabilities develop. The need for changes in the future will be discussed and agreed in partnership locally or nationally as appropriate.