Newly Qualified Paramedic (NQP)

Consolidation Period Framework[1]

[1] **Source:** Collaborative Newly Qualified Paramedic Summit, Bristol. (2016) and the National Education Network for Ambulance Services (NENAS) (2016)

NQP Name:	
Payroll/ESR Number:	
Agreed submission date	
Base:	
Contact details:	

If found, please return to:

Name	
Contact phone	
Contact email	
Contact address / Base station	
Employer contact:	

Consolidation Outcomes Framework

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1. PREFACE

The paramedic profession has developed rapidly since registration was first introduced by statute in 2001. As the paramedic scope of practice has expanded and adapted to changing patient presentations, so has paramedic pre-registration education. Today's paramedics will register via Diploma or Degree level education. But it is widely recognised that learning does not end at registration and that in some ways this is the point at which becoming an autonomous professional really starts. Experiential learning is a vital component of paramedic practice and the point at which a new paramedic starts their career as a new professional is also a stage through which they should be well supported in practice and where they can begin to demonstrate the range of knowledge and skills that comes with their new status and with increasing confidence.

For this reason, the English NHS ambulance trusts, national staff side representatives, College of Paramedics and other key stakeholders came together during October 2016 to devise a two-year consolidation period, as part of the national agreement, which will support new registrants to deliver the scope of practice that contemporary out of hospital emergency healthcare demands.

The following framework contains nationally agreed learning outcomes, which must be evidenced by newly registered paramedics in order to progress through the consolidation period. It is aimed at enabling new paramedics to demonstrate increasing competence and confidence.

Support for use of a portfolio and its completion will be provided locally by Trusts, specifically by their learning and development, practice development and operational teams. Individual employing organisations will decide how best to implement it and how best to support their new paramedics. Both the theoretical and practical aspects of the consolidation period will be assessed. In addition to the achievement of specified learning outcomes, competence will also be determined through consolidation in clinical practice.

Upon successful completion it is envisaged that paramedics moving into Agenda for Change Pay Band 6 will be autonomous within their scope of professional practice. All paramedics will be expected to maintain a reflective approach to their learning and practice and to monitor this using an appropriate framework both during and after the consolidation period.

2. Introduction

Newly Qualified Paramedics (NQPs) will frequently be the first point of contact for service users who present with a wide range of emergency and unscheduled health problems. This framework will evidence autonomous decision-making based on sound clinical judgment, to complete episodes of care in a range of settings when it is safe and appropriate to do so and to manage referrals appropriately when it is not.

The aim is to support NQPs to provide evidence of their journey as a paramedic, from being new registrants to growing into confident and capable professionals. Evidence of this journey will include the use of continuous learning, reflection and self-audit.

During consolidation, NQPs should be encouraged to seek help, advice and information at any stage while they consolidate their learning and when they are unsure. By the end of the consolidation period paramedics should be established and verified in the workplace as competent, safe and effective professionals.

3. Role of a Practice Educator and Preceptor

NQPs must be supported by a designated Practice Educator. This person will help them to consolidate their foundation as new professionals.

Newly Qualified Paramedics: Educational Development.

During the twenty-four-month consolidation period the NQP will be a preceptee and will be supported by a designated preceptor, who will help them to consolidate their foundation as new professionals.

Practice Educators and Preceptors are two roles that support learning and development in the practice setting. It is acknowledged that there are certain overlaps between the two, for example the attributes of appropriate personnel who support learning. But there are also key differences between the role of a practice educator and a preceptor, and it is important that these differences are highlighted so that practice educators, preceptors and learners are clear about their role.

Practice Educator (P.Ed)

Practice Educator - Is a registered and appropriately qualified paramedic or other registered health professional with **more than 12 months' post-registration experience** who supports the pre-registrant learner (student paramedic) during periods of practice based education. P.Eds primarily (but not exclusively) support learners throughout their pre-registration programmes, supervising periods of practice based education and assessing competence in the clinical practice setting. The College of Paramedics defines the role as;

> ***"Practice Educator is a multi-faceted role, these include being a Leader, Role Model, Coach, Teacher, Mentor, and Assessor, with a responsibility of ensuring the clinical supervision, leadership and development of a learner (Newly Qualified Paramedic) in the practice based education environment"***

NQPs who have been appropriately trained from the 12 month stage to be Practice Educators, will **not** be asked to support other NQPs [See Section 4]

Preceptor

Preceptor is a registered and appropriately qualified paramedic or other registered health professional with **more than 24 months' post-registration experience** who supports the newly qualified paramedic registrant during their period of preceptorship.

Preceptorship relates specifically to the transition period from newly qualified practitioner at registration, to autonomous professional. Preceptorship should not be viewed as an extension to existing training, or a means of filling possible gaps in pre-registration education programmes, but rather the means to facilitate the transition into professional practice.

The preceptorship period is important for developing essential critical thinking skills, both for the newly registered paramedic and the preceptor, and for this reason preceptorship should not be a distance or e-learning package that is completed in isolation.

The content of preceptorship should be planned in relation to the professional responsibilities of the newly qualified paramedic and the needs of the employer. All learning undertaken within the preceptorship period should be recorded in a manner that meets the requirements of the Knowledge and Skills Framework

(KSF) appraisal process, current CPD and the revalidation requirements of the HCPC in order to avoid duplication of effort. Each employing Trust has existing preceptorship arrangements for new paramedics and these will be blended into the consolidation period according to local requirements.

Throughout the preceptorship period, a variety of learning methods should be available to enable a personalised approach that meets the needs of each newly registered paramedic. Theoretical knowledge can be facilitated by a preceptor, self-directed learning or e-learning. Practical skills and knowledge can be facilitated by a combination of support from an experienced practitioner, self-reflection and online support. Preceptorship is an essential building block, enhancing the foundations of the professional practice responding proactively to the demands of healthcare.

Attributes of an Effective Preceptor

Skilled preceptors are key to the success of preceptorship programmes and they should be appropriately prepared and supported to undertake the role. The Department of Health[2] outlines the attributes of an effective preceptor, stating these may take up to two years from registration to develop:

- Giving constructive feedback,
- Setting goals and assessing competency,
- Facilitating problem solving,
- Active listening skills,
- Understanding, demonstrating and evidencing reflective practice ability in the working environment:

[2] Preceptorship framework for Newly Registered Nurses, Midwives and Allied Health Professionals (17/04/2010)

- Demonstrating good time management and leadership skills,
- Prioritising care,
- Demonstrating appropriate clinical decision making and evidence-based practice,
- Recognising their own limitations and those of others,
- Knowing what resources are available and how to refer newly registered practitioners appropriately if additional support is required, for example pastoral support or occupational health services,
- Being an effective and inspirational role model and demonstrating professional values, attitudes and behaviours,
- Demonstrating a clear understanding of the regulatory impact of the care that they deliver and the ability to pass on this knowledge,
- Providing a high standard of practice at all times.

4. Structure of the Consolidation Period

The NQP Portfolio

All NQPs will be required to develop and maintain a portfolio. Support for use of the portfolio and its completion will be provided locally by trusts, specifically by their learning and development, practice development and operational teams. Individual employing organisations will decide how best to implement it and how best to support their new paramedics. Both the theoretical and practical aspects of the consolidation period will be assessed. In addition to the achievement of specified learning outcomes competence will also be determined through consolidation in clinical practice.

Upon successful completion it is envisaged that paramedics moving on to Agenda for Change Pay Band 6 will be fully autonomous within their scope of professional practice. All paramedics will be expected to maintain a reflective approach to their learning and practice and to monitor this using an appropriate framework both during and after the consolidation period.

To support NQPs for their role, the aim of this framework is to allow the NQP to provide evidence for continuous learning and self-audit, which includes evidence of the learning, supported by various forms of evidence. A key aim is to develop NQPs as confident, safe and effective problem-solvers during consolidation. During this period NQPs should be encouraged to seek help, advice and information at any stage when they are unsure.

The Consolidation Period and Fast Tracking

NQPs will undergo consolidation during a period of 24 months from starting in post. In certain circumstances they may make progress more quickly and complete in less than two years. Potential fast-tracking through the consolidation period for 'high fliers' or via an APEL route is still being discussed at national level. Once principles have been agreed, any such scheme will be managed by local employers using guidelines developed by NENAS[3] in agreement with national staff side representatives.

Monitoring Progress

NQP progress will be monitored by preceptors who are themselves experienced paramedics. Written progress reports should be completed at 6, 12, 18, 24 month periods and should include developmental plans which have been agreed between both NQP and the preceptor. Meetings between a designated preceptor and NQP should be held at regular intervals. As a minimum, a Record of Progress Meeting and Interpersonal Skills Profile should be completed, at

[3] The National Education Network for Ambulance Services

the 6, 12, 18, 24 month stages. The preceptor should assist the NQP to identify learning opportunities and resources and help provide access to these. They should also:

- Assist the NQP to reflect on experiences to facilitate learning in and from practice
- Undertake to arrange further learning support as required
- Ensure that both the NQP and line manager are informed as soon as an issue arises
- Complete of the appropriate sections of the NQP Consolidation Portfolio.
- Provide verification that the NQP has made progress at each stage

Induction

An organisational induction programme should be provided and include statutory, mandatory and essential training as defined by the Trusts own training needs analysis (TNA).

Induction should be followed by an orientation period ideally of at least 300 hours, where the NQP works 1:1 with their designated preceptor or an experienced paramedic. This is above the College of Paramedics guidance of 150 hours[4]. After this period the NQP may be crewed in line with organisational requirements.

NQPs development as practice educators will aid personal and paramedic workforce development. During the first 12 months the NQP will not undertake the role of P.Ed.[5] At 9 to 12 months the NQP should undertake a recognised P.Ed course. At 12 to 24 months the NQP can support pre-registration

[4] College of Paramedics Curriculum Guidance (2015) reference C6.6.13.

undergraduate students as part of their P.Ed consolidation. Any NQP who becomes a P.Ed should not support another NQP until completing the 2-year consolidation period, moving to Agenda for Change pay Band 6 and becoming a preceptor. At this point it is assumed that they will have achieved the Knowledge and Skills Framework Core Dimension 2, level descriptor 4, to be able to develop oneself and others in the area of practice.[6]

0-6 months	**6-12 months**	**12-24 months**	**After 24 months (Consolidation Period end)**
No practice based education function	**At 9 months**: NQP can undertake practice education (mentorship) qualification[7] if not already achieved	NQP with appropriate qualification can mentor (P.Ed) undergraduate paramedics on ambulance service placements NQPs who have assumed a P.Ed role will **not** be asked to formally support other NQPs at any stage of the consolidation period	Post NQP status, can act as a Preceptor as well as Practice Educator

[5] The College of Paramedics Curriculum Guidance (2015) reference C6.6.14.
[6] Department of Health; The NHS Knowledge and Skills framework (October 2004).
[7] College of Paramedics Practice Education guidance (2017)

5. Record of progress meetings

Meetings between a designated Practice Educator and NQP should be held at regular intervals. As a minimum, a Record of Progress Meeting and Interpersonal Skills Profile should be completed, at the 6, 12 and 18 month stages. The Practice Educator should ensure the following:

- Identify and provide access to learning opportunities and resources
- Assist the NQP to reflect on experiences to facilitate learning in and from practice
- Utilise developmental action plans collaboratively to enhance the NQP's learning in mutually identified areas
- Undertake to arrange further learning support as may be required and ensure that both the NQP and line manager are informed should an issue arise
- Completion of the appropriate sections of the NQP Consolidation Portfolio

Date	Discussion of content	Signatures (sign and print)

Area for development	Actions agreed	Success Criteria	Date to be achieved as agreed by NQP and designated Practice Educator

6. NQP Consolidation Learning Outcomes (CLOs)

SECTION A: CLINICAL

A		CLINICAL: Elements	Skills Attitudes and Behaviours	Induction Component
A	1	**Patient advocacy and experience.**	a. Demonstrate the ability to communicate effectively and appropriately with patients and carers. b. Evidence understanding of informed patient consent. c. Demonstrate understanding of the need to encourage and facilitate patient involvement in management, planning and control of their own health and illness. d. Capture patient conceptions, concerns and expectations, recording these where appropriate to patient care.	I. Conflict resolution. II. Communication, professionalism and avoiding complaints. III. Patient experience, patient engagement and serious incidents.
A	2	**Confidence in examination and clinical decision-making.**	Evidence the ability to use the examination techniques learned to confidently elicit a patient history appropriate to the clinical situation. These may include, presenting complaint, history of presenting illness, past medical	I. Infection prevention and control. II. Mental Health issues, Mental Capacity and Consent.

			history, social history, family history, medications, allergies, review of systems, risk factors and other appropriate targeted history. Consolidate skills listed below into effective practice a. Identify relevant psychological and social factors to understand current problems. b. Evidence the ability to perform a physical examination according to the medical model. c. Evidence the ability to perform a comprehensive mental state examination and risk assessment. d. Evidence the ability to Interpret and weigh the findings from the consultation (Subjective and objective) in order to determine the need for further investigations and/or appropriate direction of patient management. No deviation from guidelines without discussion with a senior clinician. [*As per local Trust protocol*] e. Evidence the ability to formulate and implement a management plan in collaboration with the patient, carers and other healthcare professionals. Ensure the input of a senior clinician is secured prior to any deviation from guidelines *[As per local Trust protocol]* f. Evidence the ability to provide adequate information (as agreed with a senior clinician if appropriate) to patients and carers to enable them	III. Trust-specific clinical guidelines *(where appropriate)* IV. Medicines Management. V. Record keeping. VI. Medical devices. VII. Scene Management protocols and major incident management.

			to recognise and act upon deterioration or unanticipated response to treatment g. Demonstrate the ability to monitor and follow up changes in patient condition in response to treatment, recognising indicators of patient response. h. Demonstrate the use of clinical judgment to select most likely diagnosis in relation to evidence gathered, seeking senior advice to inform diagnosis or when treatment is outside of guidance and protocols. i. Recognise when data is incomplete and work safely to minimise risk where such limitations are encountered. j. Recognise when a clinical situation is beyond scope of practice and seek appropriate support. k. Demonstrate safe practice with regards to drug administration, intervention, management, storage and documentation. l. Demonstrate familiarity with pharmacodynamics and pharmacodynamics of Trust formulary.	
A	3	**Risk Management**	Recognise potential clinical risk situations and take	I. Conduct dynamic Health and

			appropriate action, including seeking advice from a senior clinician in order to mitigate risk. Recognise risks to self, colleagues, patients and others and take appropriate action to minimise/eliminate them. Demonstrate compliance with clinical governance processes.	Safety risk assessments (moving and handling) II. Escalate safeguarding concerns. III. Risk – adverse incidents, being open, Duty of Candour, claims, supporting staff. IV. Awareness of Trusts risk repowering processes and their use.

SECTION B: PROFESSIONAL PRACTICE*

*These indicators are derived from the HCPC Standards of Conduct, Performance and Ethics. These do not supersede the HCPC standards and registrants are still required to read and understand the HCPC document and fulfill the duties within.

B		PROFESSIONAL PRACTICE: Elements	Skills Attitudes and Behaviours	Induction Component
B	1	**Professional behaviours**	**B1.0 Promote and protect the interests of service users and carers:** a) Exhibits dignity and respect to service users. b) Demonstrate understanding of capacity and consent, evidencing how these are established in practice. c) Demonstrate understanding of discrimination in its various forms and how it can be challenged. d) Demonstrate an ability to maintain appropriate boundaries. e) Consistently behave with integrity and sensitivity and in line with Trust and professional (HCPC) values. f) Behave as an ambassador for the Trust, acting	Awareness of: I. Overview of NHS strategic aims, objectives and direction. II. NHS Constitution and Codes of Conduct. III. Expected behaviours and values. IV. HR matters (key policies and procedures). V. Health and wellbeing. VI. Comply with sickness and punctuality standards. VII. Local management arrangements.

			professionally and behaving considerately towards other professionals, patients and carers. Act as a positive role model.	VIII. Personal appraisal. IX. Overview of reviews and preceptorship processes. X. The value of reflective practice.
	B1		**B1.1 Communicate appropriately and effectively:** a. Demonstrate appropriate and effective communication with colleagues, service users and carers. b. Able to evidence partnership working with colleagues individually and as part of a team. c. Demonstrate understanding of the need for responsible use of social media and networking media.	
	B1		**B1.2 Report concerns about safety.** a. Understand the systems available to report concerns about the safety or wellbeing of service users. b. Demonstrate understanding of how to follow up concerns and if necessary escalate them appropriately.	

B	B2	**Equality and Diversity.**	**B2.1 Principles of equality and diversity** a. Recognise the importance of everyone's rights, in accordance with legislation, policy and procedures b. Be aware of own behaviour, unconscious bias and its effects on others. c. Identify and take action when own or others behaviour undermines equality and diversity. d. Demonstrate an understanding in practice of diversity issues and their impact on patient care, including issues such as: o Cultural issues; o Barriers to communication and associated ethical issues; o Impact of protected characteristics e.g.; age, disability, transgender, sexuality; o Health inequalities	Awareness of: I. Equality and diversity policies, bullying and harassment, freedom to speak up and reporting mechanisms. II. Safeguarding for patients.
B	B3	**Work within the limits of own scope of practice.**	**B3.1 Working within limits** a. Demonstrate understanding of own knowledge and skills and limits of own scope of practice. b. Demonstrate understanding of how to seek advice appropriately when at the limits of scope of	

			practice. c. Provide evidence of maintenance and continued development of knowledge and skills. d. Demonstrate the ability to work within limitations of professional competence and scope of professional practice.	
B	B3		**B3.2 Delegate appropriately.** a. Evidence the ability to delegate tasks appropriately to colleagues, with the ability to identify the appropriate knowledge, skills and experience needed to undertake these safely and effectively. b. Evidence the ability to understand issues arising from supervision of others. c. Demonstrate effective and appropriate supervision of others.	
B	B3		**B3.3 Manage Risk** a. Demonstrate awareness of risk and the ability to identify and minimise it. b. Take responsibility for managing own health, seeking help and support where necessary.	

B	4	**Professional Standards**	**B4.1 Be open when things go wrong.** a. Act in an open and honest manner when something has gone wrong with the care or treatment provided. b. Understand how best to supports service users or carers who wish to raise concerns about their care or treatment in a helpful, open and honest manner.	
B	4.1		**B4.2 Be honest and trustworthy.** a. Personal and professional behaviour must justify the public's trust and confidence in individual and profession. b. Must demonstrate understanding of the need to fulfill information requirements in regards to conduct and competence.	
B	4.2		**B4.3 Maintain work records** a. Evidence the ability to keep full, clear and accurate records. b. Evidence the ability to keep records secure and prevent inappropriate access.	

B	4.3		**B4.4 Ethical and Legal Issues.** a. Identify and address ethical and legal issues that may impact on the patient and their care. Such issues will include: o Ensuring patients' rights are upheld and protected o Maintaining confidentiality o Obtaining informed consent o Providing appropriate care and advocacy for vulnerable persons o Response to complaints. b. Ensure that practice takes place within an ethical framework of: o Accepting that the patient has control o Striving to achieve the best outcome o Seek to do least harm o Make decisions that can be judged as fair to all those involved.	

SECTION C: CONTINUED PROFESSIONAL DEVELOPMENT*

*These indicators are derived from the HCPC standards for continuing professional development. These do not supersede the HCPC standards and registrants are still required to read and understand the HCPC document and fulfill the duties within.

C		CONTINUED PROFESSIONAL DEVELOPMENT (CPD) Elements	Skills Attitudes and Behaviours	Induction Component
C	1	**Maintaining Knowledge Base**	**1.0 Standards of CPD.** a. Provide a continuous, up-to-date and accurate record of CPD activities. b. Demonstrate understanding that CPD activities are a mixture of learning activities relevant to current or future practice. c. Evidence that the CPD undertaken has contributed to the quality of their practice and service delivery. d. Evidence how CPD undertaken can benefit the service user. Demonstrate the ability to critically evaluate and reflect on own practice, in order to	Awareness of: I. Evidence Based Practice. II. Research and evidence-based approach to practice

			identify own learning and development needs and to identify and utilise learning opportunities. e. Demonstrate the ability to apply knowledge, evidence, guidelines and audit to benefit patient care and improve professional practice. a. Maintain a personal CPD portfolio. b. Upon request, present a written profile or portfolio (own work, contemporary and supported by evidence) which demonstrates how CPS standards are being met.	

SECTION D: LEADERSHIP

D		LEADERSHIP	Skills Attitudes and Behaviours	Induction Component
D	1	**Personal leadership.**	a. Evidence how personal leadership and judgment can be used to make informed decisions and meet the standards required for consolidation of learning programme and paramedic status, demonstrating how others are involved in own learning . b. Evidence the ability to reflect on own clinical practice and behaviour c. Demonstrate understanding of how to provide constructive feedback as well as be open to receiving such feedback from others. d. Demonstrate a constructive relationship with mentors and others engaged in own learning. e. Understand how raise concerns in an appropriate manner during the programme. f. Be an effective role model and ambassador for the Trust. g. Take ownership of own personal journey through the consolidation programme.	Awareness of: I. NQP Consolidation of learning programme, support mechanisms and review procedures. II. Overview of NHS strategic aims, objectives and direction III. NHS Constitution and Codes of Conduct. IV. Expected behaviours and values. V. HR, clinical and operational matters (key policies and procedures). VI. Health and wellbeing. VII. Comply with Trust policy on sickness and punctuality standards. VIII. Local management arrangements. IX. Personal appraisal.

				X. Overview of reviews and preceptorship processes.
D	2	**Team Working**	a. As a new health professional, demonstrate the ability to work appropriately with others and in partnership with service users, professionals, support staff and others. b. Demonstrate the ability to work collaboratively as part of a team as well as an independent practitioner. c. Evidence being able to work in a multi-disciplinary team. d. Share learning of skills, knowledge and experience where appropriate.	

SECTION E: PRACTICE-BASED EDUCATION (MENTORSHIP)

E		PRACTICE-BASED EDUCATION (MENTORING)	Skills Attitudes and Behaviours	Induction Component
E	1	**Developing Others**	a. Understanding the role and responsibility of mentoring and of being a mentor by: From commencement of the consolidation period: ○ At 0-12 months observing mentoring in the workplace**. (No formal requirement to mentor or learn to mentor).** ○ At 9 months. Can begin an appropriate Practice Educator (mentorship) training programme. ○ 12- 18 months begin to deliver mentoring skills. Mentor (P.Ed) undergraduate students ○ At 24 months, mentor anyone up to own level. Begin acting as a Preceptor (working with NQPs) b. Facilitate problem solving, give constructive	*Mentorship training and support to be provided as per Trust education policy and needs.*

			feedback, provide peer support, demonstrate coaching skills, and commence observed feedback. Provide a reflective case study including feedback from the learner recognising own limitations and those of others.	

SECTION F: WELLBEING AND RESILIENCE

F		WELLBEING AND RESILIENCE	Skills Attitudes and Behaviours	Induction Component
F	1	**Self awareness**	a. Evidence awareness of and engage with Trust wellbeing services and advice where appropriate. b. Be able to maintain fitness to practice: ○ Understand the need to maintain high standards of personal and professional conduct. ○ Understand the need to maintain personal health. ○ Adopt strategies for physical and psychological self-care, critical self-awareness and maintain a safe working environment. ○ Recognise the need to engage in incident debriefing to learn lessons, reflect and address future patient management and safety.	Awareness of: a. Trust support mechanisms such as occupational health, staying well services, employee assistance programmes, post incident protocols.

			c. Understand that you must not do anything or allow someone else to do anything that you have good reason to believe will put the health and safety of a service in danger. This includes your own actions and those of others. d. Understand the need to limit work or stop practicing where own performance or judgment is affected by adverse health or wellbeing.	

SECTION G: REFLECTIVE PRACTICE

G		REFLECTION AND FEEDBACK	Skills Attitudes and Behaviours	Induction Component
G	1	**Receiving feedback and reflecting.**	a. Effectively demonstrate insight into own professional and clinical practice by using reflective models to enable evidence of reflection on: o Incidents encountered during shift. o Any adverse incidents, complaints or grievances. o Following a specific event or experience. o Thoughts, opinions and feedback from others (including service users) b. Avoid becoming defensive, honing the ability to receive constructive feedback which may or may not be negative, using the reflective practice and insight gained to further develop clinical practice: o Actively seek feedback from peers, mentors and patients.	

			○ Evidence of how a change has been made as a result of feedback.	
D	2	**Shared Values**	a. Demonstrate compassion, caring and communication. b. Demonstrate empathy, dignity and respect, intelligent kindness, integrity and sensitivity. c. Recognise the different values and beliefs and the ability to adapt personal behaviours and approach accordingly. d. Demonstrate awareness of own behaviour and its effect on others. e. Involve the patients in decisions made about them. f. Be accountable for own actions and accept responsibility. g. Demonstrate understanding and practice of the Trust's Duty of Candour	Awareness of Trust: I. Values and behaviours. II. Code of professional conduct. III. Quality and patient charters. IV. Management of complaints and compliments.

7. Portfolio of Evidence

The following pages contain examples of how portfolio evidence can be compiled to enable verification. Local employing Trust learning and development teams will have a variety of models that can be used. The national standards are the learning outcomes, how these are met will vary according to local assessment practice and quality processes.

Evidence to support learning can be provided by several means, many of which will be familiar to NQPs from recent studies, where reflective practice, research evidence based practice and critical reading were encouraged and assessment was sometimes by means of portfolio evidence

The following rules should be carefully applied to any portfolio evidence offered:

- Care must be taken to ensure confidentiality e.g. patient names and any details that might identify a patient must not appear in the portfolio.
- Evidence should be entered into the portfolio to support each of the relevant criteria.
- The evidence presented needs to be verifiable (e.g. documents, testimonials, comments signed and dated).

In addition, the elements listed below may be used to ensure that the evidence offered is measurable[8]:

QUALITY

A few robust examples of evidence and performance are better than many trivial examples.

QUANTITY

Make good judgements about how much evidence is needed. There are no benefits in the over collection of information.

[8] Advanced Practice Framework. Section 4. Self-Assessment. National Leadership and Innovation Agency for Healthcare. NHS Wales

RELIABILITY

Reviewers need to be satisfied that the examples are drawn from a suitably wide range of applications of knowledge and skills and not duplication of the same activity.

VALIDITY

Self-reporting of competence needs to be tested. Reviewers need to make sure that the (self) assertions of competence match evidence drawn from other sources, such as their own observations or witness statements.

CURRENCY

Evidence has a shelf-life. Fresh, current exemplars are always better. Usually, examples of competence or knowledge acquisition

EXAMPLE OF PORTFOLIO EVIDENCE LAYOUT

C1.d	**Evidence how CPD undertaken can benefit the service user.**	• Clinical Diary Pg. 5, 22 and 31 • Clinical practice • CPD Certificates:	14/06/17 14/07/17 12/05/17	*Fred Blogs* Fred Blogs, Paramedic *Gill Jones* Gill Jones, P.Ed

7.b. Example Clinical Learning Diary

Maintaining a diary of clinical skills used during the consolidation period is a useful aid to embedding learning and allows cross-referencing of incidents with the portfolio.

Date	Shift	Incident/PRF Number	Base	Synopsis and learning points
12/01/18	19-07	123456	Bristol	67yo F Fall H.Inj. ?LoC. Care Home. NICE head injury guidance and anticoagulant medication Consent issues Care and safety netting issues- were staff able to cope? Falls referral completed Care plan: Discussed with clinical hub, decision: referred to UCC for wounds closure due to meds issues
17/08/18	15-03	123123	Reading	Call to 22 yo F 2/52 PP, 1st child. Normal delivery. Mother unable to cope according to partner. Threatening harm to self and baby. No Psych Hx, No reg meds. Difficult dialogue with mum and partner who wanted her admitted. Safeguarding issues. Discussed with SP/Para re direct discussion with MH team. Police arrived on scene. Sp/P liaised with on call MH crisis team. Pt to be transferred to XXX for future assessment, police happy to accompany us. Mum consented.

7.c. Professional Development record and Certificates

NQPs should record any seminars, courses, conferences and workshops attended since commencing employment, with certificates and a synopsis of learning points. These should be collated within the portfolio

Event		**Location**	
Date		**Organisation**	
Reflection on the Event			

7.d. Reflective Case Studies

The ability to reflect on practice is a key skill for professionals. Reflective practice has been defined as the process of making sense of events situations and actions that occur in the workplace, drawing on theory and relating this to practice (Oelofson, 2012).

Several theoretical 'loop' models of reflection exist, which individual Trusts and NQPs will already have experience of. Reflective accounts offer insight into the NQPs ability to learn as new professionals and apply this to their practice.

8. Record of Signatures

Anyone adding their signature in support of this portfolio should add a specimen signature in the box below

NAME (PRINT)	INITIALS	SIGNATURE	ROLE & CLINICAL AREA