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**LONDON AMBULANCE SERVICE ACADEMY**

**ROLE OF THE LAS ACADEMY**

LAS’s education Academy opened in January 2016 and is designed for members of staff who are not HCPC registered, but wish to become a paramedic. The development was based on the findings of the PEEP Report (Paramedic Evidence Based Education Project –see below).

www.collegeofparamedics.co.uk/downloads/090813\_-\_PEEP\_Executive\_Summary.pdf

It has an initial intake of 18 trainees. The academy offers existing ‘emergency ambulance crew’ (EAC) and emergency medical technicians (EMT) the chance to enhance their careers and develop professionally to become a registered paramedic. The Academy is intended to boost staff retention, complement the LAS campaign to recruit qualified paramedics and provide a clear and defined career path. Becoming a paramedic in this way also provides an opportunity to enter a career path leading to the post of senior paramedic, advanced paramedic practitioner and paramedic consultant.

The Academy is based in the LAS education centre in Fulham and it is planned for 36 members of LAS staff to enter the programme over a period of ? (period to be confirmed). Following an internal advertisement, 183 Emergency Ambulance Crew (EAC) applied and 44 were shortlisted (but 53 would be allowed in terms of the accreditation process).

The course will be delivered in modules over a two year period. Students need to complete 4 self-directed modules over a six-month period and on completion ‘classroom learning’ will take place for a further 18 months. Students are required to attend a total of six, two week blocks of classroom learning, as well as self-directed study and complete practice placements, working 1:1 with a Practice Educator. In addition, they will need to complete up to six weeks of wider healthcare practice placements, i.e. in a different health care discipline.

Successful completion of the programme will give students eligibility to apply for HCPC registration as a paramedic. An LAS Academy diploma equivalent to academic level 5, will be issued to successful students.

**ASSESSMENT PROCESS ON APRIL 13th**

There was an introductory meeting at 8.30am, followed by a written exam from 8.45-9.45**,** interview panel from 10am, followed by diagnostic and life support sessions. Two members of staff were present for each assessment and some sessions were observed by Forum members

**THE FORUM’S VISIT TO THE ACADEMY**

Four Forum members visited the Academy on the week beginning April10th 2017:

Janet Marriott (April 10, 12), Arif Mehmood (April 11), Pauline Healy (April 3 and 13) Malcolm Alexander (April 13), Alexis Smith (April 3). We met, Paul Johnson, Education Centre Manager, Angela Hilliard, Bob (?), Terry Light, Hannah (?).

The purpose of our involvement was to provide structural feedback and feedback on the process of assessment and we observed the selection process for 18 front-line clinical staff (out of 40 applicants). The applicants are not currently HCPC registered and wish to upgrade their status to become paramedics. Our role was to observe the process not assess the students.

We feel that there may have been a lack of clarity regarding the objectives of our observations as some of our members felt their role was to observe and informally assess the students, and some members were observing the process of assessment and selection.

**We recommend that for our future work with the Academy that some brief terms of reference for our engagement with the Academy are developed, in addition to training and pre-involvement briefings.**

At the beginning of the day, students met in the lecture theatre for a briefing prior to taking an exam. Seven tutors and two volunteer ‘patients’ (who are on a university paramedic degree course) were present. Applicants were reminded that in addition to the written exam, they would be interviewed and expected to make a presentation on academic skills, and assessed on two clinical interventions (patient assessment skills). Applicants were asked if they had any questions (there was one) and were told they could use phone apps, JRCALC and other similar sources to assist them with the exam paper and other assessments.

Applicants were told that after the exam they would go through the 3 assessments:

1. An interview with two tutors
2. A patient assessment
3. A resuscitation assessment.

Bob explained what was required in the Patient Assessment Skills sessions. This included sensitivity to the ‘patient’ during assessment, responding appropriately if the ‘patient’ asks for the assessment to be stopped and reflective practice in relation to any issues raised during the assessment.

Hannah explained what was required of applicants in responding to a ‘patient’ who had suffered a cardiac arrest. She explained this included generating the right cardiac rhythm rate during the compression process by using a metronome and the correct placement of pads.

It was explained that the interviews would last for 30-45 minutes and start with a four minute presentation on academic writing, followed by 9 questions from the interviewers. Applicants were again asked if they had any questions on the interviews or assessment.

**We recommend that as applicants are likely to be more relaxed after the exam that discussion about the interview and assessments takes place at that stage.**

Applicants were told they would get feedback and that the Academy would be honest about what might have prevented an applicant from being selected to join the Academy. They were also told that Forum members would observe the process (with the applicants consent), but not participate in the selection of candidates.

MA attended two interviews, two patient assessments and two resuscitation assessments.

**INTERVIEWS**

The interviewers (Paul Johnson and Terry Light) first sought the applicants consent for MA to be present and then carefully explained the interview process to the applicants, and gave them plenty of time to respond to questions. One of the interviewers had his name very clearly visible, but second did not have a name badge (and nor did MA). There was no water available to the applicant during the presentation and interview.

**We recommend that all parties should have their name badge clearly identifiable to applicants throughout the entire assessment process.**

The interviewers were sensitive to the applicants, listened carefully to what they said during the 4 minute presentation and to the applicant’s answers to their questions. They were very encouraging and put the applicants at their ease.

I felt that more guidance was needed for the applicants for the preparation of their presentations, because the two applicants I observed did not have a good understanding of the academic subject matter.

The interviewers carefully and thoughtfully considered the applicants answers to questions and the presentation and worked together as a team. Applicants were asked about their access to pre-hospital care literature, search engines, whether they read articles on the subject, their experience of academic writing and how they researched the presentation. Questions of a reflective nature were also asked, e.g. what the applicant had learnt about himself in the process and how being a paramedic would change the applicant’s operational role.

Applicants were also asked about the amount of time they would have in their lives to study, managing competing demands and how they would adjust to becoming a student of the Academy. They were also asked about the qualities they would bring to the LAS and student cohort as a result of becoming a paramedic through the Academy.

There were no questions to candidates about the need to understand diversity in relation to protected characteristics of patients (Equality Act 2010).

The applicants were told that they would get feedback on their overall assessment, but in practice feedback seems to be provided to the group not to the individual. This is disappointing because personal feedback would be of considerable value to the cognitive development and confidence of the applicant, whether successful or unsuccessful.

**We strongly recommend that all applicants receive personal feedback on their strengths and weaknesses in relation to the interview and clinical assessments.**

The interviewers did not seem very generous to the applicants in term of assessment marks, but I appreciated that selecting 18 applicants out of 40 requires strict assessment.

I felt that the two applicants that I observed had not received adequate preparation for the presentation and interview and I wondered if much more needed to be done to ensure that all clinical staff are aware of the importance accessing and reading academic publications on pre-hospital care, and made aware of access to the Athens system for academic publications and Google Tutor. This might be a cultural issue in which EACS/EATS (emergency ambulance crew/technician) do not feel it necessary to read publications on pre-hospital care, because they believe that is part of the paramedic’s role. But in practice there is considerable crossover between the work of EACs and paramedics (front-line clinicians).

**We would like to have sight of the preparatory materials used to guide applicants prior to the interviews and assessments.**

**We would value sight of the Academy specification for interviewers and assessors and details of their training programme.**

**CLINICAL ASSESSMENT OF PRACTICE**

Assessed by Russel (?) and Paul Bates

‘Patients’ A and C

In this scenario the ‘patient’ was visited by the applicant, as a solo responder, to assess a symptoms of lower back pain and chest pain. The ‘patients’ acting skills did not seem adequate to the task – the ‘patient’ might have acted the part better in order to create a more realistic emergency medicine interaction, e.g. to suggest serious pain justifying the calling of an ambulance.

The applicant’s interactions with the ‘patients’ were very thorough and both applicants that I observed gave an impressive performance in terms of presumptive diagnosis and pain assessment/control. One applicant I observed had particularly good patient interaction skills, e.g. eye contact and explanations, which should have been highlighted in terms of good practice.

The feedback at the end of the assessment did not seem adequate, e.g. in relation to pain control, development of sepsis, abdominal assessment, explaining the reasons for going to A&E and preparing the ‘patient’ to go to hospital.

A discussion between assessors and the applicant at the end of the assessment would have been valuable in terms of learning and reflective practice for the applicant.

**We recommend that guidance is drawn up on the skills needed by the ‘patient’ to ensure that the role is acted more convincingly.**

**RESUSCITATION**

Assessed by Russel (?) and Hanna (?)

A very clear, comprehensive and realistic description of the patient’s condition was given, including what had happened to the ‘patient’. The applicant would have been very clear of what was required for this assessment. The description of the patient’s condition was given as follows:

‘A 60 year old male, pale, motionless, safe scene, not responsive, no chest rise, no breath on face. Paramedic will arrive in 6 minutes. Chest compressions must be guided by metronome. Patient has a shockable rhythm’.

Applicants were observed carrying out appropriate interventions including chest compressions guided by a metronome, depth of compression, ventilation and airway, defibrillation including placement of pads, followed by location of IV needles for saline administration. Applicants were expected to handover the patient to the paramedic and communicate clearly with the paramedic, about the patients symptoms, expiry dates of medication, CPR rate and assist with transfer to hospital.

Feedback at the end of the assessment did not seem adequate in terms of the effectiveness of the applicant’s intervention. A discussion between assessors and the applicant at the end of the assessment would have been valuable in terms of learning and reflective practice for the applicant. One applicant who had done very well appeared to storm off at the end of one session, perhaps feeling he had not performed well. A review session at the end of the assessment would have reassured the applicant.

**We recommend that all applicants receive 1:1 feedback either at the end of each interview or assessment, or at the end of the assessment day.**

**CONCLUSION**

The Forum is happy to continue working with the Academy, and **we recommend that as part of this collaboration that an agreed training programme for Forum members is established before they participate in a review of applicants and staff.**

We feel is it is essential that members who participate are able to provide a detailed contribution to the process and where necessary provide lay assessments of the applicants’ performance and the process of their selection.

**Written feedback will always be requested from observing Forum members and we will agree a written template for this purpose. Forum members who participate, need Patients’ Forum ID and leaflets about the work of the Forum to give to applicants and staff of the Academy.**

The development of the Academy is a great advance in the creation of the future workforce of the LAS, which the Forum strongly supports. We believe the work of the Academy needs to be combined with an assertive, professional recruitment campaign that targets 2 London boroughs each year, e.g. Brent and Tower Hamlets, to promote diversity and ensure a home grown workforce. The Forum would like to have details of the way in which the HEE funding of £500,000 will be used to promote diversity in the Academy’s intake of students.

**Malcolm Alexander,**

**Chair,**

**Patients’ Forum for the LAS**

**Note: This report has been sent to the Academy for comment and correction**

**APPENDIX**

**PEEPREPORT (Paramedic Evidence Based Education Project).**

**SUMMARY of RECOMMENDATIONS**  
  
1. There should be a standardised approach to all aspects of education and training for paramedics.

2. Nationally agreed approach to commissioning and funding

3. There should be a nationally agreed commissioning and funding model for pre-registration paramedic education based on core principles:

4. Equivalent opportunities to access education and training as compared to other non-medical healthcare professionals.

5. Equity of access to funding.

6. Transparent, affordable and sustainable.

7. There should be a standardised approach to paramedic education funding in England based on Multi-professional Education and Training (MPET) including the clinical education tariff.

8. Ambulance services, education commissioners and education providers should agree a regional tri-partite approach to apply a nationally agreed funding model.

9. Commissioners of pre-registration education and training programmes should add paramedic pre-registration programmes to existing National Standard Contracts between commissioners and the education providers.

10. The emergency driving requirement should be the responsibility of the ambulance services not individual applicants.

[**Ross Lydall**](https://rosslydall.wordpress.com/author/rosslydall/)**in**[**Education**](https://rosslydall.wordpress.com/category/education/)**,**[**Health**](https://rosslydall.wordpress.com/category/health/) **– August 2015 -** [**London Ambulance Service**](https://rosslydall.wordpress.com/tag/london-ambulance-service/)

Applicants reconsidering their options after receiving their A-level results are being offered a **£2,000-a-year** university bursary to encourage them to become paramedics. **London Ambulance Service** has increased from 250 to 600 the number of annual places it will offer to applicants in a bid to plug a long-standing shortage of frontline staff. The places are available at four universities – with one partnership between **St George’s, University of London** and Kingston University boasting high-tech simulation rooms to make the training as realistic as possible. The recruitment plan is a key part of LAS’s long-term strategy to attract and train Londoners. It has been forced to hire hundreds of **Australian** paramedics as a short-term solution to solving its vacancy crisis, and will return Down Under next month for a third visit.

LAS places on £9,000-a-year paramedic science BSc courses are available at St George’s, **Greenwich**, **Hertfordshire** and **Anglia Ruskin** universities. London paramedics currently start on a salary of £31,456.

**Jane Thomas** of LAS said: “I see it as a real positive. It’s very exciting for us and it’s good to bring new blood into the profession. We will have more people on the road and high-quality staff that will be able to treat Londoners.”

**Daniel Ryan**, 23, a former nurse living in Streatham, started work as a London paramedic on Monday after completing his paramedic training at St George’s.

He said:  “It’s something I have always wanted to do. I have always been attracted to the diversity the role offers, being out and about and being able to treat a non-specific group of patients. The course itself is run by paramedics who have a wealth of experience.”

**Chris Baker**, paramedic science admissions tutor at St George’s, said it had about 50 places left. “I think this campaign is so necessary,” he said.

“There is this national shortage of paramedics. We need to get people working in ambulances and urgent care centres to make sure the public have got what they need. This is a fantastic job.”