National Ambulance Service

Education and Competency Assurance Plan 2011

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Rationale:

To reflect the necessary development of the National Ambulance Service in line with the implementation of the PHECC's 3rd Edition CPGs as well as the operational demands placed on the NAS by the developments that are on-going in the HSE, it is essential that a national Education and Competency Assurance Plan be developed, agreed by key stakeholders, implemented and subsequently evaluated against targets. This plan will be targeted to meet the needs of patients that the National Ambulance Service delivers care and transport services to. The plan is reflective of the Health Service Executive's (HSE) corporate objectives and strives to meet the governance requirements of the HSE in terms of clinical and financial directives.

This interim plan may form the basis for annual Education and Competency Assurance Plans for future years, depending on future organisational developments and re-alignments. The focus of this particular plan is to ensure that the educational opportunities are equitably available to all staff and to ensure that patient care is subsequently provided according to the relevant standard. Future plans will address the Competency Assurance issues in more detail.

Whilst this plan covers a limited number of areas of staff development, future plans will encompass the full gamut of staff development needs including Driving, EMS Call Taking and Dispatch and Leadership development at all appropriate levels. Such development opportunities will be delivered using resources from within the National Ambulance Service, the HSE Performance and Development Department and external specialists where required.

Outlines of such activities are included here to inform discussion and ensure familiarity with future needs as well as to allow the NAS Leadership Team identify its training priorities for 2011 and beyond. Prioritisation is essential against a backdrop of complex and ever expanding range of demands, limited availability of tutors (18 currently available nationally), capacity of NAS to release staff to undertake training (currently there are approx 24-28 weeks available for in-service training whilst avoiding peak demand periods) and the prospect of reduced budgets for the NAS.

Business Need:

The National Ambulance Service faces a range of challenges in the near to medium future. Key to meeting demands of the change agenda is a robust training plan that facilitates the clinical and operational development needs of the staff arising from such initiatives as the introduction of the 2010 ILCOR Resuscitation Guidelines, 3rd edition CPGs, Driver training for new recruits, Centralisation of the Call Taking and Dispatch services, Reconfiguration of Acute Services and the Clinical Care Programmes, and subsequent demands in a changing environment.

Allied to the above, the on-going roll-out of the PHECC Registration process will require development and delivery of a Continuous Professional Development process that empowers staff to operate in an increasingly complex environment and to deliver a wider range of patient care interventions. Existing routine activities such as remediation issues for existing staff, field assessments of Paramedic Interns and local initiatives such as support for Emergency and Cardiac First Responder Schemes also continue to place demands on in-service tutors and assistant tutors.

An extract from an earlier HSE Service Plan is included below:

- A Training strategy will be developed in line with nationally agreed standards
- The National Ambulance Service must ensure that all staff involved in emergency management, delivery and monitoring are suitably trained to conduct these functions.
- Major Incident Medical Management Support (MIMMS) course, decontamination interagency exercises and courses are required on an annual basis for continual professional development and integration of services
- All new recruits will undertake tours of duty with a Clinical Supervisor/ Tutor
- Accelerated rollout of Advanced Paramedic training

This plan will attempt to address some of these important objectives.

Mission/goals for the Plan:

The mission statement of the NASC can be utilised for the purposes of this plan and is included below:

To provide vocational and professional education and training to ambulance and associated personnel, based on current best practice, to meet the strategic and operational needs of the National Ambulance Service and the health communities and patients it serves. The goals for this plan are to:

- Establish the practice of an integrated Education and Competency Assurance Plan that encompasses Area and central training/education opportunities for existing staff and facilitates the education of newly recruited staff
- Meet the education objectives as included, within the confines of resources allocated. Prioritisation may be required in the execution of the plan.
- Provide suitably educated paramedical staff to meet demands of reconfiguration of acute services and the introduction of a 30% relief factor
- Enhance the clinical abilities of all appropriate staff
- Facilitate staff in completion of the Advanced Paramedic Programme
- Enable effective Communication and Control Centre staff training
- Explore professional development opportunities for all grades of staff

Scope of Plan:

The key areas for prioritisation, agreement and implementation are

1. Recruitment and education of student Paramedics
2. Selection of candidates and delivery of AP courses 14 and 15
3. Roll-out of additional skills to PHECC registered Paramedics as part of the introduction of the 3rd Edition of the PHECC Clinical Practice Guidelines
4. Development and implementation of an appropriate and accredited training programme for the provision of an Intermediate Care level for primary and inter-facility patient transport services
5. Necessary clinical development for all front line staff to support the HSE's Clinical Care Programme
6. Introduction of new practices/equipment
7. Driver training for new recruits
8. Implementation of the PHECC EMS Call Taker and Dispatch Standards.
9. Development of existing and new Control staff to facilitate the implementation of rationalising Call Taking and Dispatch services and facilities.
10. Continued roll-out of the AMPDS system
11. Training of Call Taking and Dispatch staff to facilitate introduction of common CAD systems and initiatives such as the introduction of the Digital Trunk Radio system

12. Familiarisation training for all staff in the use of TETRA equipment
13. Cardiac Revalidation/recertification, to include introduction of the 2010 ILCOR Standards
14. People Moving and Handling Refresher training/updating
15. Implementation of professional development programmes for staff
16. Major Incident Medical Management and Support courses at Provider and Advanced level

Outside of Scope:

A process to develop a national approach to decontamination training was implemented in 2007. This involved examination of current practices, identification of best current practice and exploration of future needs in decontamination training, aligned closely to the requirements of the Major Emergency Framework requirements for the HSE. A national training course in decontamination has been developed with introductory courses delivered in 2009 and 2010.

This plan does not cover the issue of extending training such as the "Initial Responder (suit wearer) course to the full staff population. Consideration of this training must be completed at an NAS Area level to ensure that the NAS role as outlined in the Framework for Emergency Management documents can be effectively achieved.

This plan does not address the driver training needs of the general staff population but covers only the student Paramedic and recently qualified Paramedic staff. Although emergency ambulance personnel are not required to complete the recently introduced Drivers Certificate in Professional Competence required for many professional drivers, there remains a requirement to provide such training for non-emergency drivers, such as PTS workers etc.

Plan Duration: 18 months (January 2011 - June 2012)

Given current resources it is possible to maintain the a training level of 10 candidates per Advanced Paramedic Programme and commence to run three to four new entrant Paramedic courses in 2011. This will potentially yield up to 96 Paramedics and up to 20 Advanced Paramedics each year, depending on recruitment and resource restrictions.

Consideration must be made of the proposed impact and possible disruption on delivery of education by the move from existing premises utilised by the NAS College to the new NAS HQ and Communications Centre.

Such disruption may impede delivery of some centrally delivered programmes for approximately one month during the moving process and the commissioning process for a new college facility.

Over 30 personnel within the NAS, currently deployed as operational staff hold either Tutor or Assistant Tutor qualifications. If a number of the existing operational staff who hold such qualifications can be released for a period of not more than 14-16 weeks during the year education can be provided to existing staff such as 12 lead ECG recognition and Paramedic up-skilling. Such an action may be necessary to facilitate the requirement of NAS to meet its commitment to PHECC on implementation of the 3rd Edition CPGs in tandem with facilitating the Acute Coronary Syndrome (ACS) Clinical Care programme.

If adequate numbers of operational staff holding Tutor qualifications cannot be released consideration may be given to seeking support from external agencies for the provision of suitable tutorial staff.

See Appendix I for provisional schedule of training courses.

Key areas and potential impacts:

Each area of potential demand will be outlined in terms of demand on both human and financial resources within the NAS. Consideration will also be given to options available in terms of full, partial or non implementation of the particular area of education.

1. Paramedic Education:

A. The potential exists for intakes of Paramedic students targeted at meeting the requirement for a 30% relief factor and the demands of Reconfiguration. Currently there are approximately 45-50 vacancies within NAS. At this point it is not possible to identify potential vacancies that may arise from the recently introduced Voluntary Redundancy/Early Retirement packages. Working on an assumption that a very small number of personnel will avail of the schemes there will be a requirement to fill 50-65 positions next year and 45-50 every subsequent year arising from normally occurring retirements.

B. Assuming recruitment activity levels proposed in 2010 are to be addressed there will be a requirement to train 90-100 paramedic staff across 4 Paramedic courses commencing in 2011. Current capacity within NASC will be exceeded by this figure unless there are additional tutors utilised or no other activity is pursued.

C. Although the intention is to move to one site for the NASC by October 2011 there may be a requirement to maintain the 2nd site at Ballinasloe into 2012 to meet demands for Paramedic students.

D. There exists a requirement to introduce support to Paramedic Interns and recently qualified Paramedics, initially in the form of a structured mentorship process. Such a mentorship scheme will require selection and training of suitable candidates drawn from operational staff. Future NAS needs will include the development of suitable clinical supervision providers.

E. Consideration needs to be given to developing an increased number of Assistant Tutors and Tutors both at a central and NAS Area level to facilitate delivery of necessary courses in 2011 and beyond.

F. Total time required of tutorial staff for such programmes is:

   Four Tutors per course and one course director to complete courses 8 and 9 started in 2010, totaling 380 tutor days
   Courses 10 -13 will require 1200 tutor days in 2011 with roll-over time demands of 80 tutor days into 2012.

G. Note that there is a potential to have over 100 interns within the NAS in mid 2012. This represents a demand for a structured support system to be in place. A minimum of 3 field assessments per intern will be required. Mentorship mentioned above and outlined later in this document will be an essential element of this support.

2. Delivery of AP courses 14 and 15:

A. There exists an immediate need to hold a selection process so that a cohort of suitable candidates can be nominated for the AP courses to be held in 2011. Such processes will impact on Tutor resources in the coming months. This demand is on top of the current Paramedic recruitment requirements for Tutors to participate on selection panels/competency assessments etc.

B. Currently there is a requirement to have one NASC Tutor available for the taught block of the AP Programme as well as some support during the under-graduate internship. Other Tutors are required on an occasional basis during aspects of the AP course, totaling in excess of 70 days per course. The introduction by PHECC of a post graduate internship from Course 12 onwards will have an additional impact, above current demands, on Tutor resources on a periodic basis during the year.

C. NASC Tutor requirements on AP courses will be:

Course 12 Post Graduate Internship - 12 days to mark case studies, review learning logs and complete necessary course administration
Course 13 Undergraduate Internship – 45 days to include panel exams etc
Course 14 - Taught Block – 40 days
Course 14 - 45 days to include Panel Exams etc
Course 14 - Post Graduate Internship – 5 days to mark case studies, review learning logs and complete necessary administration (Note that additional time will be required in 2012 to complete the internship for this course)
Course 15 and 16 – DLP and Taught Blocks – 60 days (Note that these courses will run into 2012 and have resource implication for that year)

3. Roll-out of the 3rd edition of the Clinical Practice Guidelines:

A. The NAS has previously committed to PHECC to complete full implementation of the 3rd Edition of the Clinical Practice Guidelines, before the end of 2011. This may not now be possible due to a number of issues such as the late development of the e-learning package as a key component of Paramedic up-skilling and possible IR issues accompanying completion of the up-skilling programme. Consideration must be given to alerting the PHECC of possible delays in full implementation.

B. As part of the 3rd edition CPG up-skilling programme there will be a requirement for all Paramedics to complete an on line learning package, developed and administered by PHECC. This will be followed by a two day training programme that can be delivered on an NAS Area wide basis. This two day training programme is in the final stages for development and will be forwarded to PHECC for accreditation, to facilitate implementation from late January 2011.

C. Due to the complexity of some of the content it is envisaged that a structured NAS Area implementation will be required, using support from neighbouring NAS Areas and also NASC staff where available.

D. To date over half of all Advanced Paramedics have completed the two day 1st stage of the 3rd edition CPG up-skilling. Delays whilst resolving IR issues relating to the up-skilling have delayed delivery of training in the later part of 2010. The 2nd Stage of the AP up-skilling is not anticipated to commence until late 2011, following completion of the Paramedic up-skilling to the 3rd edition.

E. One feature of the 2nd Stage of AP up-skilling is the introduction of “Treat and Refer” or “Treat and Discharge” CPGs which may offer the NAS some opportunities to reduce transportation of patients who may be capable of seeking other treatment pathways. Although there will be a cost to providing such training there is capacity to realise savings through reduced patient

transports in addition to reducing Emergency Department attendances. Therefore consideration must be given to implementing Stage 2 of the AP up-skilling in the autumn of 2011 if possible. Tutor days will be in the order of 60 to complete the current round of AP up-skilling and develop the 2nd Stage of such a process.

F. EMT up-skilling has yet to be addressed but as the numbers are small and the additional skills are not onerous this may not currently be seen as an immediate priority. This may change if the PHECC standard of two Paramedics on every emergency ambulance is to be met by the NAS, and if an ICV/PTS level is introduced.

G. The major challenge to be faced is accommodating the up-skilling of Paramedics against current resources such as relief factors and available Tutors. In essence there is a requirement to accommodate 2,200 training days with a total of over 400 Tutor days for 3rd edition up-skilling.

H. Depending on availability and local practices relating to training leave, etc each days training could cost within a range of €550-900 per person per day, giving a cost to the entire programme in the order of €1.21m to €1.98m, assuming local delivery of the training. These figures are based on the understanding that full compliments of staff will be released for each course run. Failure to release a full compliment of staff for each delivered course will drive up costs. There will be a small expenditure required in terms of consumable equipment etc but this should not exceed €40-50k nationally.

4. Implementation of 12 Lead acquisition and interpretation of same, to facilitate operation of 24 hour PCI Centres:

A. As previously discussed at the NAS Leadership Team meetings, to ensure that staff can safely and effectively identify suitable patients for transport to PCI Centres it is necessary to educate staff in acquisition and recognition of 12 Lead ECG recordings. Many Paramedic staff have completed acquisition training previously, but some NAS Areas may not have completed such education nor have they equipped staff to complete same.

B. During the roll-out of PCI in the Greater London area the London Ambulance Service utilised a two day training course to assist their Technician and Paramedic staff to correctly identify STEMI patients. Such training is then built into the training days built into the operational rosters, on the basis of one day of training every five weeks. In the long term, consideration to adjustments in rostering arrangements might be considered to ensure that protected training time is allocated to all staff.

C. AP staff will have undergone STEMI recognition as part of their education but Paramedic staff will have had in the main only rudimentary training in the recognition of ST Elevation Myocardial Infarction and significant time may have passed since that training.

D. A two day module, to include updates on the 2010 ILCOR standards will be necessary for Paramedic staff, with a significantly shorter requirement for Advanced Paramedics. Costs will be similar to those outlined in 1B above although some NAS Areas may be able to apply an RPL process to training recently completed.

E. It should be noted that to date there has been feedback from the ACS Programme, leading to the requirement for 12 Lead ECG training. As other Clinical Care Programmes develop they may introduce further requirements for additional training, which is difficult to quantify at this point.

5. Refresher training/Recertification of proprietary courses:

There remains a significant demand for on-going refresher/revalidation training, some based on proprietary courses. The introduction of PHECC CPD requirements in the near future will increase demands for such training. Consideration should be given to facilitating staff, using a range of innovative strategies.

6. Introduction of new practices/equipment/induction training:

A. Whilst much of any new equipment to be introduced will occur as a result of points 3 or 4 above there exists a constant need for availability of training resources to address issues arising from new equipment or changes in practice. Examples of such equipment that might be introduced would be Vacuum Mattresses if not already done, alternative Traction Splints or Suction Devices, Pelvic Immobilisation Devices etc in line with best practice. Changes to practice include familiarity training in safe operation of WAS ambulances, etc.

B. Each NAS Area has seen a small number of qualified Paramedics or APs being recruited. Whilst overall there is significant savings to be gained by such recruitment there is a cost incurred by the NAS in completing Induction training. Such a cost is difficult to quantify at this point due to the individual nature of each recruit's requirements. However some time must be built into local training schedules to facilitate such induction training.

7. Driver training:

A. A number of NAS Areas have introduced various approaches to providing driver training to ambulance staff. It should be the norm that all new entrants to the NAS, whether through NASC or through direct entry, should provide evidence of completing driver training equivalent to the PHECC Standard or should undertake the appropriate PHECC accredited driver training.

B. The 2007 PHECC Training and Education Standards introduced the requirement to have all staff, who are required to drive a vehicle as part of their normal duties, to undertake appropriate driver training. For non emergency drivers this is a one week training course, with those staff who are required to undertake emergency duties being required to complete a further two week driving course.

C. Costs of such training were originally built into the NAS budget, to accommodate the first cohort of 180 student Paramedics. Whilst the 160 students who completed or are engaged in the course presently have completed the non-emergency driver training, there remains a requirement to complete the emergency driver training courses. A tender process was developed and delivered which has seen an external agency identified to complete such training. Suitable vehicles are being procured and training is planned for early 2011. The first of these courses has been completed in December 2010 and feedback from this pilot course will inform the delivery of subsequent courses.

D. Paramedic students from course 1-5 are now finished training and are filling positions within the NAS. Consideration has to be given to extracting these staff to complete the required driver training. Students on courses 6 and 7 may complete their Paramedic training before they can be accommodated on emergency driver training courses. This group will be targeted to complete driver training before they complete their Internship in the first half of 2011. Courses 8 and 9 will have the emergency driver training built into their post graduate internship whilst courses 10 onwards will have such training delivered during their undergraduate internship, excluding exceptional circumstances.

E. Consideration must be given to the introduction by the Road Safety Authority of a requirement for professional drivers to undertake regular training under a Driver's Certificate in Professional Competency structure. In communication with the RSA it has been identified that personnel who are required to complete emergency driving as part of a wider role as Paramedics or APs do not have to undertake the DCPC. Drivers who's principle role is driving, such as PTS drivers and non PHECC registered practitioners may be required to undertake DCPC training on an annual basis.

8. EMS Call Taker and Dispatcher Standards:

A. The drive towards a reduction in the number of Control Centres and the need for uniformity of practice in such centers will see the introduction of the PHECC EMS Call Taker and Dispatch Standards in 2011. Whilst currently the standards are targeted towards new staff such as Call Takers and Dispatchers there will be a requirement to complete an ITN process of all existing staff and a mapping exercise between current and required competencies. Examples of areas of bridging training for existing staff include roll-out of national AVL and a common CAD system as well as the introduction of the Digital Trunk Radio system. Operational staff will also require familiarity training in any new communications equipment e.g. Digital Radio sets.

B. In addition there is an immediate need to ensure that appropriate training is provided to comply with the HIQA requirement of using the AMPDS system. Once this process is completed a suitable training plan can be implemented. In the mean time there will be a need to have a small number of Tutors engaged in up-date training and AMPDS training for all Control staff.

C. Prior to the full introduction of the new standards there is an estimated Tutor requirement of 76 days. Once the process commences for moving staff or recruiting staff to the centralised Communications Centres there will be a requirement for two Tutors to be assigned on a full time basis, with a requirement to develop a number of Assistant Tutors with Call Taking and Dispatch expertise. Consideration should be given to the identification of potential Tutors from within the existing Communications Centres staff.

9. Professional development:

A. To date there as been an ad hoc approach to non clinical development opportunities within the National Ambulance Service. Many staff have availed of support to pursue external qualifications. NASC has previously run courses such as the IPA Supervisory Management Courses. Given current and future restrictions it may not be possible to offer such courses which are dependant on external facilitation.

B. Attached is a proposed Officer Development outline for consideration which utilizes courses delivered by the HSE in tandem with appropriate courses delivered by NASC. Should such a process be viewed as a priority there will be a requirement to provide some limited support in the form of focused administrative/tutorial staff to facilitate the process.

C. Costs arising from the introduction of a scheme such as that outlined in Appendix II are principally the cost of travel/subsistence and texts as the bulk of the programmes can be delivered via the HSE Performance and Development Dept. and NASC.

D. One key area of professional development that is essential in the short term is the development of appropriately trained Mentors to assist student Paramedics and APs as well as recently qualified Paramedics and APs. The introduction of such training should be seen as the first step in developing competencies amongst staff in initially supporting their colleagues and subsequently in providing a cohort of suitable Clinical Supervisors.

E. Such clinical supervision will be essential to ensuring patient safety and facilitating the capacity of the NAS in meeting clinical and educational standards proposed by HIQA and PHECC respectively. Mentorship training might be introduced in tandem with some of the clinical training outlined in this document.

10. MIMMS training:

A. Successive HSE Annual Plans have emphasized the need to ensure that staff are adequately prepared for a variety of roles in managing a mass casualty incident. The Framework for Major Emergency Management (FMEM) also puts significant emphasis on preparation of personnel through structured training and exercises.

B. All AP students and all Paramedic Interns complete a targeted Mass Casualty Incident Module or a MIMMS provider course as part of their training. NASC offers a 3 day Advanced MIMMS which is suitable for Supervisors and Officers as well as non-ambulance service Healthcare Professionals.

C. The FMEM also puts responsibility for clinical decontamination onto the HSE and by default the NAS. Significant work has been undertaken in developing a national training programme and Paramedic Interns have begun completion of this programme as part of their training, thereby equipping them with the skills necessary to complete clinical decontamination duties, under supervision.

D. In 2008 all decontamination team suits were replaced and teams were trained in the use of the newer suits as have the Paramedic Interns. Some local training for the NAS Area teams will be required to maintain competencies in responding to appropriate incidents.

11. Cardiac revalidation/ILCOR updates:

This process can be completed either as a stand alone in-service training programme or it can be integrated into the 12 ECG training and/or the Paramedic up-skilling. Costs are currently built into normal revenue streams.

12. People Moving and Handling:

This process has been on-going in the various NAS Areas. Most areas are current or approaching current status for staff. Some consideration needs to be made for assistance in areas that are not presently current in relation to manual handling. In addition there may be a shortage of Moving and Handling Instructors in some areas which may contribute to difficulties experienced by some areas.

Evaluation:

The Plan will be evaluated using a number of options, to include:

- Tutor and Participant feedback process
- Line manager feedback (where appropriate)
- Individual assessment (satisfactory level) results as percentages of numbers trained
- PHECC evaluation where appropriate
- External Accreditation body evaluation where appropriate (MIMMS, NAEMT etc.)

Return on Investment can be gauged under a number of headings. These include:

- Compliance with PHECC requirements
- Supporting the introduction of a 30% relief factor
- Supporting the Reconfiguration Process and the Clinical Care Programme
- Increased expression of interest in applications for AP selection process
- Status of staff committing to PHECC registration
- Status of Cardiac re-validation

Tracking and Reporting:

Activation and reporting on the Education and Competency Assurance Plan will be carried out in the first instance by the Education and Competency Assurance Team on a bi-monthly basis. Following such reporting information will be fed back to the NAS Leadership Team.

Outcome Measurement:

Meeting demands for Paramedic staff and compliance with mandatory requirements such as cardiac revalidations as well as PHECC CPD requirements will be primary measurement tools for the plan. Secondary to these tools will be a measurement of staff take–up of places in the AP selection process, in NAS Areas where the AP Selection Preparation training is carried out.

Sustainability:

Sustainability of this and future plans can only be assured if sufficient resources are available. These resources include adequate numbers of training staff. Currently there are sufficient staff who have undertaken the required training to assist in the implementation of this plan, although temporary redeployment may be necessary. To assure sustainability of similar Education and Competency Assurance Plans into the future, investment will be required in terms of manpower, estate and equipment to continue to meet education needs.

Assumptions:

This plan is dependant on the availability of sufficient staff being released from operational duties to undertake education. A secondary assumption is that the required faculty will be made available to deliver education when required. PHECC Accreditation for elements of the plan is required. It is anticipated that relevant accreditation will be in place.

Risks:

Current shortage of staff and ability to release them for education has to date limited the delivery of education in almost all NAS Areas. The plan is dependant on the cooperation of staff at all levels for its implementation.

Gaps:

A number of areas of staff education and development are not covered by this plan, as previously outlined. Future plans will address these gaps.

As the CPD requirements for staff become more clearly identified and draft CPGs are implemented future education needs will be identified and planned for.

The initiation of a manpower planning process will be essential to identify training needs, particularly in areas such as newly recruited staff, at the various levels of operation.

Registration:

Some of the elements of this Education and Competency Assurance Plan will require registration with external accreditation bodies such as NAEMT, PHECC etc. With the exception of the PHECC CPD requirement suitable processes are already in place to deal with this issue. When PHECC fully develop the CPD process registration requirements will be addressed.

Distribution of Materials:

For proprietary courses a distribution process is in place. This requires that confirmation of students is forwarded to the relevant Course Director. For HSE staff no booking fee is required. Non HSE personnel are required to confirm their booking with a deposit. For centrally delivered courses on confirmation/acceptance onto a course the material is posted from NASC to the supplied address, or collected by the student directly. For regionally delivered courses a similar process is utilised, with the exception that materials are distributed by the local faculty, having been forwarded to them from NASC.

For non-proprietary courses pre-learning materials, hand-outs etc are circulated via the Education and Competency Assurance Team.

As part of the development of the NASC web-site pre-learning material for particular training initiatives are available for down-loading. Some of these downloads will require a PIN issued on confirmation of registration for particular courses.

Recommendations for consideration by the NAS Leadership Team:

This Education and Competency Assurance Plan is designed as a stepping stone to the implementation of a rolling Education and Competency Assurance Plan addressing strategic development within the NAS. As such not all areas of Education and Competency Assurance can be comprehensively covered, but priority areas are addressed. The success of this training initiative is dependant on the support of senior and middle leadership personnel in identifying priorities and resources, and cooperation with releasing of staff. Staff cooperation is also essential to ensure that objectives are achieved. Evaluation of this plan will be carried out on a continuous basis.

Successful implementation of this Education and Competency Assurance Plan will be a contributor to the on-going development and change process within the National Ambulance Service.

Key decisions will be made to enact the plan. Given the current and forecasted financial environment elements of the Education and Competency Assurance Plan may have to be prioritised.

Current capacity within the training function will accommodate the following options:

1. The Education and Competency Assurance focuses exclusively on the provision of education to new recruits, allowing for intake in 2011 of up to 96 personnel. The estimated cost of education to this level is €130,000 per student for the two year training cycle, bearing in mind that one year is completed as an Intern filling an operational post, with limited release for education.

2. If the Education and Competency Assurance Team is focused almost exclusively on the up-skilling of existing staff, numbering approx. 1300 Paramedics and Advanced Paramedics and essential training for Call Taking and Dispatch, staff the cost will be in the order of €1.8 m-€2.8m. It will require total focus of the Education and Competency Assurance Team to facilitate this up-skilling by the end of 2011, meeting our notice to PHECC that such up-skilling to the 3rd edition of the CPGs would be complete by the end of 2011.

3. Centralisation of the Communications Centre is due to be implemented by late 2011. Three will be a requirement to ensure that all staff moving from existing Communications Centres to the new Dublin Centre will require significant training to familiarise the staff with new practices and equipment prior to commissioning of the new Communications Centre. Such training and familiarisation will require significant training input for the months preceding the commissioning of the new Communications Centre.

4. In addition there will be a requirement to ensure that Ballyshannon Communication Centre staff are similarly prepared. Some on-going refresher/maintenance training will be required for existing staff in the intervening period. All of the above will demand the input from at least one Tutor for almost all of 2011 and possibly a second tutor on a part time basis.

5. If the Education and Competency Assurance Team is to meet the requirement of the PCI programme and introduce the necessary education for all Paramedic staff there will be a cost of approx €1.5m-€2m to cover back-fill, necessary training equipment, etc. Such a programme would necessitate almost the entire focus of the Education and Competency Assurance Team to complete same within a speedy time-frame, in line with the opening of 24 hour PCI Centres.

6. In addition there will be a requirement to ensure that all responding vehicles (ambulances or RRVs) have 12 Lead ECG capacity as well as telemetry capability. Accurate identification of such cost is beyond the scope of this document but may be in the order of €1.4-1.8m approximately. Further demands may be placed on the NAS as the roll-out of further Acute Medicine Programme initiatives occur.

7. Consideration might be given to the introduction of a one week refresher course for Paramedical staff. This course would include 3rd edition CPG up-skilling, 12 Lead ECG acquisition and interpretation, ILCOR guidelines updates and cardiac revalidation as well as the possibility of any relevant operational updates. Such a structured programme would offer the NAS an opportunity to utilise relief staff to accommodate education. If this option was to be considered it would be essential to utilise staff that hold Tutor or Assistant Tutor qualifications to enable localised delivery of education.

8. Utilising the one week education block approach may result in some staff not completing the required education within 2011 and may involve a roll-over into 2012.

9. If such education was spread over a period of greater than 12 months the process would also allow for a limited number of Paramedic students to be trained in the NASC during 2011. Areas to be immediately affected by the introduction of the PCI initiatives would need to be targeted as a matter of urgency. Costs would be in the order of €3m if relief staff are utilised to provide back-fill and education can be accommodated locally thereby minimising travel costs.

10. Driver training can be accommodated alongside any of the options above, but consideration needs to be made of the impact of releasing the Interns and recently qualified Paramedics from operational duties.

11. Relief cover must be used but the overall cost will be in the order of €850,000 to include fuel, vehicle maintenance, instructors, back-fill for Paramedics etc

Proposed objectives for the E & CA Plan:

The NAS Leadership Team has reviewed this plan and explored the recommendations. In considering this plan the NAS Leadership Team has had to take into consideration both operational imperatives and the current financial constraints applied to the National Ambulance Service.

The NAS Leadership Team has agreed that the following activities should form the basis of educational activity for the coming 12 to 18 months:

1. The NAS Education and Competency Assurance Team, through the National Ambulance Service College, will plan and deliver training for an intake of 96 student Paramedics

2. The NAS Education and Competency Assurance Team will plan and deliver 5 days training to all Paramedical staff, other than recently qualified Paramedics or Interns. This training will be modularized and will consist of the following:

   A. Two days of up-skilling to the 3rd edition of the PHECC Clinical Practice Guidelines
   B. Two days of training to include updating to the 2010 ILCOR guidelines, 12 Lead ECG Acquisition and Interpretation with a focus on STEMI and non STEMI differentiation. Cardiac revalidation may also be included where appropriate.
   C. One day training on equipment introduction and policy implementation.

3. Newly qualified Paramedics and Interns will receive the appropriate elements of the above training to ensure compliance with the 3rd edition CPGs and the requirements of both the ACS Programme and implementation of any new equipment or policies.
4. Advanced Paramedics will be offered opportunities to complete the up-skilling to the 3rd edition of the PHECC CPGs, in line with the 2010 up-skilling programme.
5. Appropriate Driver training will be provided to newly qualified Paramedics and paramedic interns.
6. The Advanced Paramedic Programme will continue but numbers of candidates may have to be limited and targeted towards areas of reconfiguration.

Signatures:

The undersigned agrees to implement the objectives set out on Page 21 of this Plan

____________________________ Date: 17th December 2010

Author of Plan

Head of Education and Competency Assurance

The undersigned agrees to allocate the resources necessary to facilitate the objectives set out on Page 21 of this Plan

____________________________ Date: 20th December 2010

Sponsor

Director

Appendix I: Draft Education and Competency Assurance Schedule

Provisional schedule of core training courses

Paramedic and AP Courses

Para Course No.	Advertise	Estimated numbers	Commence training	Employ/deploy as interns	Types of posts
10	Done	24	Mid March 2011	Late Dec 2011	
11	Done	24	April '08	Early Feb 2012	
12	Done	24	Late Sept 2011	Late June 2012	
13	Done	24	Mid Oct 2011	Late July 2012	
AP14	Pending	10	April 2011	Late Feb 2012	
AP15	Pending	10	Sept 2011	July 2012	

Driving courses

Emer. Course No.	Estimated numbers	Commence training	Target group
2 onwards	6 pre course	Late January 2011	Para 6 & 7
9 onwards	6 per course	May 2011	Para 8 & 9
16 onwards	6 per course	Aug 2011	Para 10
24 onwards	6 per course	Oct 2011	Para 11

Appendix II: Training Summary Matrix

Education Summary Matrix

Education Topic	Competency Addressed	Suggested Target Audience	Course Name	Delivery Method/faculty	Priority
Mentor training	Developing capacity within existing staff to effectively mentor new entrants to the service	Initially all staff who are involved in delivery of training, as well as LEMTs and APs. Ultimately such training should be available to all interested operational staff	Basic Mentorship Programme	Didactic training to include lessons, demonstration and observed practice NASC and IS T&DOs	Primary
Introduction of 3rd edition CPGs that expand clinical practice	Depending on the Registration level there will be a requirement to introduce a range of new medications and skills such as tourniquet use, capacity evaluation and patient assessment techniques/scales	All training and operational staff registered with PHECC as Paramedics and APs	3rd edition CPG Up-skilling	Didactic training to include lessons, demonstration, observed practice and assessment NASC and IS T&DOs	Primary
ILCOR 2010 updates	Familiarisation with ILCOR 2010 guidelines and issues arising	All operational staff	ILCOR update	Didactic training to include lessons, discussion and observed practice NASC and IS T&DOs	Primary
Non Emergency Driving	Safe operation of vehicles to include PDI, systematic control of vehicles, patient safety and comfort	All newly recruited non-emergency operational staff	Driving Course 1	Didactic training to include lessons, demonstration and observed practice Emstar	Primary

Education Summary Matrix, cont'd

Education Topic	Competency Addressed	Suggested Target Audience	Course Name	Delivery Method/faculty	Priority
Emergency Driving	Safe operation of vehicles to include PDI, systematic control of vehicles, emergency driving, patient safety and comfort	All newly recruited emergency operational staff	Driving Course 1& 2	Didactic training to include lessons, demonstration and observed practice Emstar	Primary
Clinical support and supervision	Developing capacity within existing staff to support and supervise trainees and interns in the clinical setting	Initially TDOs, Assistant Instructors, APs and LEMTS. Can be extended to other staff as time allows	Clinical Support Course	Didactic training to include lessons, demonstration and observed practice NASC and IS T&DOs	Primary
Management of the ill and injured	Non-emergency driving, patient interaction and communication, service comms. and operations, Initial actions at an emergency to include Basic Anatomy and Physiology of the Primary systems, Basic Life Support and use of AED, patient assessment and triage, administration of medications as per PHECC CPG for EMTs, Safe moving of people, CISM and NVCI	Operational staff who are not at paramedic or Advanced Paramedic level of registration and are assigned to as Intermediate Care Technicians.	Intermediat e Care Technician Course to include the Emergency Medical Technician (NQEMT) Course	Didactic and experiential learning using lessons, demonstration, observed practice, clinical placements, mentorship and assessment NASC faculty	Secondary

Education Summary Matrix, cont'd

Education Topic	Competency Addressed	Suggested Target Audience	Course Name	Delivery Method/faculty	Priority
Management of the ill and injured	Anatomy and Physiology of the Primary systems, Patient interaction and communication, service comms. and operations, patient assessment to include use of ECG, BGL, PEFR, SpO_2 monitors, 12 lead ECG acquisition, Major Incident Management, Resuscitation of Adults, Paeds and Neonates including defibrillation and advanced airway management where appropriate, Emergency Delivery, , administration of medications as per PHECC CPG for Paramedics, Safe moving of people, CISM and NVCI, Emergency Driving	Operational staff who wish to enter the PHECC paramedic level of registration and newly recruited staff	Paramedic (NQEMT) Course	Didactic and experiential learning using lessons, demonstration, observed practice, clinical placements, undergraduate and post graduate internship, mentorship and assessment NASC/UCD faculty	Primary

Education Summary Matrix, cont'd

Education Topic	Competency Addressed	Suggested Target Audience	Course Name	Delivery Method/faculty	Priority
Management of the ill and injured	Basic Anatomy and Physiology, Patient interaction and communication, service comms. and operations, patient assessment to include use of ECG, BGL, PEFR, SpO_2, $ETCO_2$ monitors, 12 lead ECG acquisition and interpretation, Major Incident Management, Resuscitation of Adults, Paeds and Neonates at Advanced Life Support level, Emergency Delivery, administration of medications as per PHECC CPG for APs, Range of ALS interventions including parenteral access, needle cricothyroidotomy and needle thoracostomy, Safe moving of people, CISM Reflective practice, introduction to research skills, Legal and ethical aspects of care, Health and Safety in the workplace	Operational staff who are nominated by the NAS and who wish to enter the PHECC Advanced Paramedic level of registration	Advanced Paramedic (NQEMT) Course	Didactic and experiential learning using lessons, demonstration, observed practice, clinical placements, undergraduate and post graduate internship, mentorship and assessment NASC/UCD faculty	Primary

Education Summary Matrix, cont'd

Education Topic	Competency Addressed	Suggested Target Audience	Course Name	Delivery Method/faculty	Priority
EMS Call Taker and Dispatch Standards	Service comms. and operations, Major Incident Management, Emergency First Responder course, Safe lifting and handling, CISM Reflective practice, introduction to research skills, Legal and ethical aspects of care, Health and Safety in the workplace		(NQEMT) Course	Didactic and experiential learning using lessons, demonstration, observed practice, occupational placements, undergraduate and post graduate internship, mentorship and assessment NASC faculty	Primary

Appendix III: Supervisor (Clinical Supervisor)/Officer Development outline

Proposed Supervisor/Officer

Leadership Programme