Student paramedic programme
West Midlands Ambulance Service University NHS Foundation Trust

What was the problem?

The trust recognised the urgent need to secure its workforce supply. Nationally there is a shortage of qualified paramedics, and investment in paramedic education and training programmes is insufficient and university places limited. Against this, service demand is increasing and greater emphasis is being given to performance and cost reduction.

What was the solution?

- To ensure an operational workforce supply that both builds the required skills and continues to support day-to-day staffing numbers, the Director of Workforce and Organisational Development sought support from the higher education institutions (HEIs) for the trust’s plan to develop its own workforce.

- A student paramedic 30-month training programme that meets Health and Care Professions Council (HCPC) Paramedic registration requirements was developed. This starts with a level 4 associate ambulance practitioner course, followed by an emergency driving course. Students then complete the AAP theory and move to a level 5 Paramedic Science Diploma conversion programme at one of three universities in the trust’s region. All students receive a salary based on the NHS Pay Framework (Agenda for Change), from which £300 a month is deducted as a contribution to the cost of the training.

- On successful completion of this fixed-term training programme, students are awarded the Paramedic Science Diploma. Registration with HCPC then guarantees them permanent appointment as a newly qualified paramedic with the trust.
• Employing students directly is more cost-effective than employing part-qualified workers. It is also good for staff wellbeing because it cuts overtime working time and missed meal breaks, and boosts morale by showing the board’s commitment to investing in its workforce.

What were the challenges?

• Gaining Executive Management Board of Directors’ commitment to the plan. The directors needed to appreciate the new training approach’s potential to shift the trust’s reliance on adding capacity by current staff working longer hours (which raises overtime costs, risks missed meal break penalties and potentially increases sickness absence levels) or using bank workers or outsourcing mainly unqualified support work to the private sector. The latter may free up the trust’s own qualified paramedics but does not build sustainability or resilience and will add costs.

• Seeking a ‘leap of faith’ from the Director of Finance to release funding for the direct recruitment of substantial numbers of unqualified new staff to the training programme, particularly as the ‘invest to build’ plan was untried.

• Engaging with HEIs, the essential partners in this programme. The student paramedic pathway requires the trust and universities to collaborate in developing confident and competent graduates who can be fully deployed. Each university was encouraged to work with the trust in an ‘HEI consortium’ to spread best practices from research and innovation across all universities and trust placements. This ensures all students get high-quality education and on graduation can be placed anywhere in the trust’s regional footprint; this will standardise practice in all operational localities.

• Gaining support from operational managers. They needed to appreciate the benefits of having inexperienced and unqualified new starters in their teams, particularly as it would be up to them to provide high-quality mentor educators and also adjust their performance forecasts initially to account for these learning teams being slower than a more experienced crew. By working closely with more qualified personnel, students should over time be able to take over more and more supporting functions and free others in the team to concentrate on using their unique skills.

• The resource pressure on the recruitment team to recruit large numbers of students with the potential to graduate as a paramedic, and on the education and training officers to ensure sufficient qualified teaching resources, classroom capacity, equipment and materials, welfare support and administration for effective student tracking. A student liaison function is also needed between the trust and each university to ensure students seamlessly switch between the theory and clinical practice elements of their study.
What were the results?

• Over 80% of students graduate and then remain with the trust. This means the trust now has:
  – no vacancies: year on year this sustainable, affordable and robust programme delivers enough newly qualified paramedics to address forecast attrition and service growth. By forecasting the number required, the trust stays ‘ahead of the curve’: students are recruited at the right time to be ready to fill vacancies as they become available
  – no bank or agency workers
  – no private sector contracts.
• The trust is meeting its performance targets, achieved a CQC assurance of ‘outstanding’, is listed in segment one for financial probity and management, is in the top quartile of all NHS trusts for effective sickness absence levels (3.4%, which is 2% lower than the average for all ambulance trusts) and benefits from turnover of just 8.6%. More staff are now expressing interest in retire and return opportunities.
• Students report they feel they belong, both to the trust and to their allocated hub, and are well supported throughout the programme by both the university and the trust. Being able to ‘earn while they learn’ makes it possible for them to gain the necessary professional academic qualification to start a highly sought after and respected NHS career.

What were the learning points?

• The needs of the students are paramount and as such the role of the mentor educator must not be underestimated and its strategic importance recognised and celebrated by the trust.
• By choosing to build capacity in this way, the trust is demonstrating that resourcing is high on its strategy agenda. Although lots of trainees in a team can be challenging to manage, the high regard for this programme has meant their effective integration.
• This extra internal resource soon gains traction, making it more likely that staff can take meal breaks in the allocated window and finish on time, and can do less overtime.

Next steps and sustainability

• The trust is working with the universities to develop more opportunities for mutual benefit and working: research, enhanced education programmes, staff exchange
and learning potential. In November 2018 West Midlands Ambulance Service was
the first ambulance trust in the UK to be awarded ‘university’ status.

• Workforce plans are adjusted each October for implementation the following April,
having been formally reviewed against service demand, growth, attrition and service
changes and then checked against the recruitment and training plans. Depending on
the forecast level of vacancies, student paramedic training places can be increased
or the start of a scheduled cohort delayed. Recruitment and training plans are
monitored monthly and adjusted to keep to the agreed trajectory.

• The Board of Directors sees workforce key performance data at every board
meeting, and the Executive Management Board workforce data at regular meetings.
This ensures workforce development is acknowledged as a strategic priority and
optimises the trust’s performance.

Want to know more?

Kim Nurse, Executive Director of Workforce and Organisational Development,
Kim.nurse@wmas.nhs.uk