Scope of Practice

Document Control Sheet

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This policy supersedes all previous issues.

Version Control - Table of Revisions

All changes to the document must be recorded within the 'Table of Revisions'.

Version number	Document section/ page number	Description of change and reason (e.g. initial review by author/ requested at approval group	Author/ Reviewer	Date revised
01	Whole document	Draft policy created	Consultant Paramedic	March 2015
01	Whole document	Presentation at JCC	Consultant Paramedic	June 2016
01	Whole document	Reviewed at JCC	Consultant Paramedic	Sept 2016
01	Whole document	Meeting with the unions	Consultant Paramedic	January 2017
01	Whole document	Final meeting with Unions	Consultant Paramedic	July 2017
01	Page 11	NEAS07- changed to Ulysses report	Clinical Audit Manager	November 2018

This page should not be longer than one single page.

Table of Contents

1. Introduction

North East Ambulance Service NHS Foundation Trust is committed to providing clinical care at the highest standard. NEAS also strives to meet changing patient needs by ensuring staff have the skills, knowledge and equipment to deliver the highest quality of care. The purpose of this policy is to define precisely what each of the different levels/Disciplines of NEAS clinical patient facing staff (further called 'staff') are authorised to carry out in their scope of practice and also defines the standards of care we prescribe when deliver care.

The main principles underpinning the document are:

- To provide instruction for staff to ensure they practice within clear boundaries.
- To ensure that the Trust provides staff with the appropriate skills and abilities to meet patient need.
- To prescribe and/or reiterate the standards of clinical care required by the Trust and/or regulatory/statutory bodies (i.e. Health Professions Council, Medicines and Healthcare products Regulatory Agency, Care Quality Commission, National Health Service Litigation Authority).
- To enable staff to identify the limits of automatous practice
- To enable staff to self-assess themselves against their scope of practice via a self-assessment document as part of their PDP and appraisal process.
- To enable the Trust to identify training needs as required.

2. Purpose

NEAS strives to deliver high quality care and this document contributes to the maintenance of the standards we set ourselves and those that are required contractually or from national performance standards.

We also strive to minimise adverse events and examples of where standards of care do meet expectation. This document will define clearly those standards for staff to ensure they understand their individual scope of practice to minimise any adverse events.

 The objectives of this policy are:

- To deliver a document which clearly states and defines the autonomy, boundaries of care and treatment delivered by NEAS face to face patient care staff.
- Minimise clinical error by ensuring staff work within their scope and competency, and to prescribed care quality standards.

3. Scope

This policy is intended to provide clear instruction for staff to follow in the normal

course of their work and will serve as the primary source of information relating to practice against which adherence is measured.

While scope of practice is individual to each member of staff, this document sets the Trust's level of expectation in relation to what that scope of practice must include. Staff must not exceed their scope of practice, but also must not fall below the range of skills and interventions set within each clinical practice area.

It is the responsibility of each member of staff to raise with their line manager any perceived deficiencies or lack of contemporary experience in any practice area to ensure that the scope of practice is maintained. Where relevant, this links to professional requirements for continuous professional development.

Staff are required to provide care at an acceptable standard and this policy describes those core standards and the need for staff to practice in line with these requirements.

The Trust reserves the right to monitor and performance-manage staff in order to maintain their scope of practice and clinical standards.

The management of risk and evidencing of a governance-led approach to how the Trust plans and delivers care is vital, and the Trust is committed to ensuring that this is always paramount.

This policy embraces diversity, dignity and inclusion in line with emerging Human Rights guidance. The Trust recognises, acknowledges and values differences across all people and their backgrounds. The Trust will treat everyone with courtesy and consideration to ensure that no-one is belittled, excluded or disadvantaged in any way, shape or form.

Within all areas of scope practice and clinical standards, staff will adhere to Trust policies and relevant national guidelines including but not restricted to the following:

- Safeguarding Adults (POL-CCPS-SG-2)
- Safeguarding Children (POL-CCPS-SG-3)
- Mental capacity(POL-MCP-15)
- Infection control (POL-CCPS-IPC-1)
- Medicine management (POL-CCPS-Meds-1)
- Information governance and Caldicott guardianship (POL-F-IMT-3)

4. Duties - Roles & Responsibilities Trust Board

4.1 The Trust Board

The Trust Board is responsible for gaining assurance that this policy is complied with.

4.2 Chief Executive

The Chief Executive is ultimately responsible for Scope of Practice & Clinical Standards.

4.3   The Director of Quality and Safety

The Director of Quality and Safety provides support and guidance to the Trust in respect of the clinical standards of practice within the scope of practice document.

4.4   The Medical Director

The Medical Director has overall responsibility for the implementation of this policy in accordance with the Quality Governance Group ensuring all clinical staff deliver safe care in accordance with this policy. The Director takes ownership of this policy and ensures that the contents remain accurate and up to date.

4.5   The Lead Consultant Paramedic

The Lead Consultant Paramedic is responsible for monitoring this policy through the Clinical Effectiveness Group and through Audit.

4.6   The Operations Managers

The Operations Managers are responsible for overseeing the policy   on a day-to-day basis. In the operational setting, responsibility will lie with the line management function to oversee and ensure that staff work in accordance with this policy.

5. Glossary of Terms

This policy uses the following terms:

Term	Description
Scope of practice	The boundary within which a clinician can operate. It describes the procedures, actions and processes that are expected of each grade of clinician.
	When referring to scope of practice, this document specifically means the scope of practice expected of clinicians working for the Trust or on behalf of the Trust.
Clinical Standards	Define the attributes required to deliver safe, effective and high quality care. To illustrate the difference between scope of practice and clinical standards, intravenous cannulation is in the paramedic scope of practice but must be carried out to a high level of clinical standard including, for example; obtaining consent, applying aseptic technique, communication and documentation.

6. Policy Content

6.1 Arrangements

Maintenance of skills and standards prescribed in this policy

The Trust has a robust system for appraising staff performance at all levels and functions within the organisation. The Personal Development Plan (PDP) is a yearly plan developed between the member of staff and the line manager. The action plan reflects learning and development needs for the year ahead and provides a platform to address concerns over competence and confidence.

Staff are required to understand the standards of clinical care required as either terms of their continued employment and/or prescribed through a professional regulator. All staff must complete the self-assessment proforma on an annual basis. This in line with the quarterly management ride outs of all operational staff will be collated to inform the organisational training needs.

6.2 Failure to work to the required scope of practice or whose clinical standards are below the minimum level

Clinicians who fail to work to the required scope of practice or clinical standard fall into one of three categories:

- Inability due to lack of training and education (including update training to maintain competency): (In this case the Trust must ensure that the individual receives the relevant training, education and support to enable them to work to the required level.)

- Unwilling to, despite either receiving or being offered the required education and training.(In most circumstances this will be dealt with using the capabilities policy. However it may also be dealt with using the disciplinary procedure or capability procedure.)

- Have knowingly or unknowingly carried out procedures, actions or processes that are outside the scope of practice:

Each case will be independently reviewed and staff must to able to justify their actions, however staff should be aware that operating below or beyond their scope of practice may result in action under the capability procedure and/or disciplinary procedure and referral to a professional body (Health Care Professional Council, Nursing and Midwifery Council or General Medical Council).

Procedures carried out, outside this scope of practice which cannot be justified may be considered as assault, whether consent has been obtained or not, and the Trust may report incidents to the Police.

6.3 Amending the scope of practice

The scope of practice and clinical standards for each grade (see appendix 1) can only be amended following approval by the Quality Governance Group (QGG). The clinical

effectiveness group will set scope of practice and required level of clinical standards expected of clinical staff at all levels throughout the Trust, consistent with regulatory, professional or commissioned standards.

Trust clinicians must follow evidence based practice and any clinical guidelines issued. These will usually follow JRCALC, although the Trust may elect to use other evidence bases for practice or authorise practice as part of appropriately authorised research. Staff are able to step outside of practice along as they can justify their decision making.

This is particularly important where new guidelines and techniques are introduced which are not covered by the HCPC or JRCALC. The standards for Technicians and Paramedics in general are set by the HCPC and JRCALC, however both these organisations acknowledge that the standards they set may change as guidelines change and as old skills and techniques are superseded by new skills and techniques.

The Consultant Paramedic is authorised to suggest the addition, removal and amendment of the appendices of this document which relate to individual clinical grades. This will then be presented to the Clinical Advisory Group and final sign off by the Quality Governance Group; this will allow more rapid updating of the document.

6.4   Guiding principles

The specific skills and drugs for each grade of clinician can be found in appendix 1. However there are guiding principles and standards of proficiency that relate to all clinicians employed by or working on behalf of the Trust. These standards of proficiency are similar to those expected of paramedics by the HCPC and can be found in the HCPC standards of proficiency document. The following principles relate to the grade at which the individual clinician is working and draws heavily from the HCPC guidelines.

6.5   Clinical accountability

Registered clinicians must work to their professional Code of Conduct, Standards, Performance and Ethics.

All Trust clinicians must:

- Practice within the legal and ethical boundaries of their work role.
- Practice in a non-discriminatory and culturally sensitive manner.
- Maintain confidentiality.
- Obtain informed consent.
- Exercise a duty of care.
- Know the limits of their autonomy, practice and knowledge and know when to seek advice and guidance from senior clinicians.
- Maintain their level of knowledge and their fitness to practice.
- Undertake career-long self-directed learning using reflection to improve their practice.
- Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.

6.6   Inter-disciplinary relationships

All Trust clinicians must:

- Know the personal scope of their practice and be able to make referrals to senior clinicians where appropriate.
- Be able to work, where appropriate, in partnership with other clinicians and professionals, patients and their relatives and carers.
- Work effectively as part of a multi-disciplinary team and in partnership with other professionals.
- Understand the need for effective communication throughout the care of the patient. This may be with client or user support staff, with patients, clients and users, and with their relatives and carers.

6.7   Identification and assessment of health and social care needs

All Trust clinicians must, within their scope of practice;

- Be able to gather appropriate information.
- Be able to use appropriate assessment techniques.
- Be able to analyse and evaluate the information collected.

6.8   Knowledge, understanding and skills

All Trust clinicians must, within their scope of practice:

- Know the key concepts related to their level of clinical practice.
- Understand the need to establish and maintain a safe practice environment.
- Core principles of clinical standards
- Staff must practice applying the following principles.

Assume patient autonomy and capacity. Always seek consent from patients where capacity or consciousness allows. Respect and follow all valid advanced directives of care.

Do no harm to your patient. For instance, be minimally invasive, be thorough with checking drugs and preserve dignity. Follow your scope of practice and do not exceed it unless you can justify your decision making.

Allow no harm to come to your patient. Be your patients' advocate to prevent drug errors or poor practice. Promote outcomes by ensuring your treatment for primary problems don't lead to secondary illness (i.e. infection from poor aseptic technique or skin ulceration from inappropriate immobilisation on a spinal board).

Staff must follow closely any standard of care from their professional regulator.

6.9   Competence

In order to practice in any of the roles described in the appendices, a clinician must have completed an approved programme of education and training which is reflected in their role title.

In addition, to work at the level of paramedic and above, clinicians must be registered professionals with the appropriate body for their role.

6.10 Monitoring

This policy will be monitored by the Clinical Effectiveness Group.

The Lead Consultant Paramedic and Operations Managers will be responsible for ensuring adherence to the policy by reviewing internal reporting systems.

This may include reports received via Ulysses incident reports or verbal reports from staff.

Any non-compliance or deviation from this policy that results in an adverse outcome for a patient will be dealt with in accordance with the Incident Reporting Procedure and referred to the Risk Department which may be notified as a Serious Incident.

Changes to specific appendices must be reviewed by the Clinical Advisory Group.

6.11 Audit and review

The completion of the self-assessment form will be collated via a report within the Trusts SharePoint system and reported to the Clinical Effectiveness which will detail compliance to scope of practice. Also, details of incidents investigated relating to scope of practice and clinical standards will be included in the quarterly report to the quality Governance Group.

The policy document will be reviewed every three years; or earlier if required due to change in local/national guidance and/or policy; or as a result of an incident that requires a change in practice.

7. Training Required for Compliance with this Policy

All staff will receive training through the dedicated routes to allow them to meet the scope of practice requirements

8. Equality and Diversity

This policy has had an equality assessment undertaken.

9. Monitoring Compliance with and Effectiveness of this Policy

9.1 Compliance and Effectiveness Monitoring

Arrangements for the monitoring of compliance with this policy and of the effectiveness

of the policy are detailed below.

9.2   Compliance and Effectiveness Monitoring Table for this policy

Process in the policy	Monitoring and audit					
	Key Performance Indicators (KPI)/ Criteria	Method	Who By	Committee	Frequency	Learning/ Action Plan
6 monthly report to CEG	Compliance with self-assessment	Report via CARE project	Lead Consultant Paramedic	CEG	6 monthly	
Yearly report	Compliance with self-assessment	Report from CEG	Lead Consultant Paramedic	Quality Governance Committee	Yearly	

10. Consultation and Review of this Policy

This policy has been reviewed in consultation with JCC, Quality committee and both trade unions

11. Implementation of this Policy

Once live this document will be placed on q-pulse.

12. References

This document refers to the following guidance, including national and international standards:

- Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
- Institute of Health Care Development paramedic manual, IHCD 2007
- Institute of Health Care Development technician manual, IHCD 1999
- Health Professions Council standards of proficiency: paramedics, HPC 2007
- Nursing and Midwifery Council: Standards of proficiency
- General Medical Council: Standards Guidance for proficiency

13. Associated Documentation

This policy refers to the following Trust documents:

Stroke Policy POL-M-CP-4

Clinical Supervision Policy POL-M-CP-13

Clinical Strategy STR-13

14. Appendices

14.1 Appendix A – Table of Scope of Practice and Clinical Standards for each Staff Grade

	CFR	ACA	CCA	ECT	AT	Para	HART P	eCARE P
Airway								
BVM	✓		✓	✓	✓	✓	✓	✓
Neonate BVM				✓	✓	✓	✓	✓
Paediatric BVM			✓	✓	✓	✓	✓	✓
BVM with T-piece				✓	✓	✓	✓	✓
Manual Airway	✓	✓	✓	✓	✓	✓	✓	✓
Jaw thrust	✓	✓	✓	✓	✓	✓	✓	✓
Oropharyngeal Airway	✓		✓	✓	✓	✓	✓	✓
Nasopharyngeal Airway				✓	✓	✓	✓	✓
Igel					✓	✓	✓	✓
Adult Intubation						✓	✓	✓
Needle Cricothyroidotomy							✓	
Surgical Airway							✓	
Suctioning			✓	✓	✓	✓	✓	✓
BURP and Sellicks				✓	✓	✓	✓	✓
Foreign Body Management (finger sweep)	✓	✓	✓	✓	✓	✓	✓	✓
Pocket Mask	✓		✓	✓	✓	✓	✓	✓
Recovery Position	✓	✓	✓	✓	✓	✓	✓	✓
Sp02 Monitoring	✓		✓	✓	✓	✓	✓	✓
Venturi Mask			✓	✓	✓	✓	✓	✓
Peak Flow			✓	✓	✓	✓	✓	✓
End Tidal Capnography					✓	✓	✓	✓
Colourmetric capnography					✓	✓	✓	✓
Laryngoscope and Magill forceps						✓	✓	✓
Needle thorocentisis						✓	✓	✓
2 rescuer CPR	✓	✓	✓	✓	✓	✓	✓	✓
AED adult	✓	✓	✓	✓	✓	✓	✓	✓
AED child			✓	✓	✓	✓	✓	✓
CPR adult, infant and child	✓	✓	✓	✓	✓	✓	✓	✓
CPR new born				✓	✓	✓	✓	✓
4&12 lead ECG acquisition			✓	✓	✓	✓	✓	✓
4 Lead interpretation				✓	✓	✓	✓	✓
12 Lead Interpretation					✓	✓	✓	✓
Emotional Support	✓	✓	✓	✓	✓	✓	✓	✓
Recognition of Death					✓	✓	✓	✓
Cessation of Resuscitation					✓	✓	✓	✓
Manual Defibrillation					✓	✓	✓	✓

	CFR	ACA	CCA	ECT	AT	Para	HART P	eCARE P
Direct Pressure	✓	✓	✓	✓	✓	✓	✓	✓
Hemcon Chitogauze				✓	✓	✓	✓	✓
Tourniquet (SOFT-T)				✓	✓	✓	✓	✓
Blast bandage				✓	✓	✓	✓	✓
OLAES bandage				✓	✓	✓	✓	✓
Russell Chest Seal				✓	✓	✓	✓	✓
Buccal Route				✓	✓	✓	✓	✓
Intramuscular Injection				✓	✓	✓	✓	✓
Oral				✓	✓	✓	✓	✓
Per Rectum						✓	✓	✓
Sublingual				✓	✓	✓	✓	✓
Per Nebuliser				✓	✓	✓	✓	✓
Infusion maintenance						✓	✓	✓
Intra-osseous						✓	✓	✓
Intravenous						✓	✓	✓
Subcutaneous						✓	✓	✓
Active re-warming			✓	✓	✓	✓	✓	✓
Cervical collar application				✓	✓	✓	✓	✓
Cervical spine manual stabilisation			✓	✓	✓	✓	✓	✓
Helmet removal				✓	✓	✓	✓	✓
Log roll				✓	✓	✓	✓	✓
Move and secure patient to a spinal board				✓	✓	✓	✓	✓
Move and secure patient to a vacuum mattress			✓	✓	✓	✓	✓	✓
Move and secure a patient to an orthopaedic stretcher (Scoop)			✓	✓	✓	✓	✓	✓
Apply Pelvic splint				✓	✓	✓	✓	✓
KED				✓	✓	✓	✓	✓
KED Traction splint				✓	✓	✓	✓	✓
Sager				✓	✓	✓	✓	✓
Spinal injury decision						✓	✓	✓
Assist in the delivery of a normal baby			✓	✓	✓	✓	✓	✓
Delivery complications					✓	✓	✓	✓
Intravenous access						✓	✓	✓
Intraosseous access						✓	✓	✓

	CFR	ACA	CCA	ECT	AT	Para	HART P	eCARE P
Emergency Response driving			✓	✓	✓	✓	✓	✓
Solo responding to emergencies	✓					✓	✓	✓
Work as part of a Double Crew Ambulance		✓	✓	✓	✓	✓	✓	✓
Use of carry chairs		✓	✓	✓	✓	✓	✓	✓
Use of stretchers		✓	✓	✓	✓	✓	✓	✓
Use of wheelchairs		✓	✓	✓	✓	✓	✓	✓
Use of Bariatric equipment		✓	✓	✓	✓	✓	✓	✓
Undertake a primary survey	✓	✓	✓	✓	✓	✓	✓	✓
Undertake a Secondary survey				✓	✓	✓	✓	✓
Assess pupils			✓	✓	✓	✓	✓	✓
Blood pressure reading			✓	✓	✓	✓	✓	✓
Blood Glucose assessment				✓	✓	✓	✓	✓
Capillary refill test			✓	✓	✓	✓	✓	✓
Capacity evaluation				✓	✓	✓	✓	✓
Resp rate	✓		✓	✓	✓	✓	✓	✓
AVPU	✓		✓	✓	✓	✓	✓	✓
Pulse Rate	✓		✓	✓	✓	✓	✓	✓
Glasgow coma score			✓	✓	✓	✓	✓	✓
Temperature assessment (Tempa dot and Tempanic)			✓	✓	✓	✓	✓	✓
National Early warning score			✓	✓	✓	✓	✓	✓
FAST assessment	✓		✓	✓	✓	✓	✓	✓
ABCD2 Score						✓	✓	✓
Chest ausculation (Sounding)				✓	✓	✓	✓	✓
Otoscopy								✓
Urinalysis								✓
Pulse oximetry	✓		✓	✓	✓	✓	✓	✓
PEFR				✓	✓	✓	✓	✓
Rule of Nines				✓	✓	✓	✓	✓
Adrenaline 1:1000/				✓	✓	✓	✓	✓
Adrenaline 1:10,000						✓	✓	✓
Amiodarone						✓	✓	✓
Aspirin				✓	✓	✓	✓	✓
Atropine						✓	✓	✓
Benzylpenicillin					✓	✓	✓	✓
Chlorphenamine				✓	✓	✓	✓	✓
Codine phosphate								✓
Dexamethasone						✓	✓	
Diazemuls						✓	✓	✓
Diazepam (PR)						✓	✓	✓
Diazpam tablets								✓

	CFR	ACA	CCA	ECT	AT	Para	HART P	eCARE P
Diclofenac								✓
Entonox			✓	✓	✓	✓	✓	✓
Furosemide						✓	✓	✓
Glucagon				✓	✓	✓	✓	✓
Glucose 10%						✓	✓	✓
GTN				✓	✓	✓	✓	✓
hydrocortisone				✓	✓	✓	✓	✓
ibuprofen						✓	✓	✓
ipratropium bromide				✓	✓	✓	✓	✓
Ketamine							✓	
midazolam (patient's own)						✓	✓	✓
midazolam (IV)							✓	
morphine sulphate						✓	✓	✓
naloxone hydrochloride				✓	✓	✓	✓	✓
ondansetron						✓	✓	✓
Support Patients with their own home / prescribed oxygen		✓	✓	✓	✓	✓	✓	✓
Oxygen Administration	✓		✓	✓	✓	✓	✓	✓
Paracetomol (oral Prep)				✓	✓	✓	✓	✓
Paracetamol (IV)						✓	✓	✓
Prednisolone								✓
Salbutamol				✓	✓	✓	✓	✓
Sodium chloride 0.9%						✓	✓	✓
Syntometrine						✓	✓	✓
Tranxemic acid						✓	✓	✓
Patient Care Records/Handover sheets (electronic or paper)	✓	✓	✓	✓	✓	✓	✓	✓
Safeguarding referrals	✓	✓	✓	✓	✓	✓	✓	✓
Drug administration record				✓	✓	✓	✓	✓
CD drugs audits						✓	✓	✓
Falls referrals			✓	✓	✓	✓	✓	✓
ROLE forms						✓	✓	✓
Mental Capacity Forms				✓	✓	✓	✓	✓
Direct (Clinician to Clinician) referrals				✓	✓	✓	✓	✓
Independent Treat and discharge								✓

Note:-

- There are a small number of critical care paramedics who have additional skills these are kept on a Critical Care register approved by the Trust and held by the Consultant Paramedic