

May | 18



# Paramedic – Scope of Practice Policy

## College of Paramedics

Date for Policy review - October 2019

© Copyright 2018 College of Paramedics

# Paramedic – Scope of Practice Policy

---

## 1. Introduction

- 1.1** The aim of this document is to provide clear and definitive information on the scope of practice for paramedics. A separate scope of practice for Specialist, Advanced and Consultant Paramedics will be developed by the College of Paramedics, (herein known as the College).
- 1.2** The title “Paramedic” is protected in law, and can only be used by individuals who have successfully completed an approved programme of education, and are registered with the Health and Care Professions Council (HCPC).

## 2. Definition of a Paramedic and role & responsibilities

- 2.1** The College defines a Paramedic as;

*“A Paramedic is a registered healthcare professional who works autonomously across a range of health and care settings and may specialise in clinical practice, as well as in education, leadership, and research.”*

- 2.2** Their role is to holistically assess, and if required treat and manage service users presenting with physical or mental health complaints; either as the result of injury, illness, or an exacerbation of a chronic illness.
- 2.3** They have responsibilities in health promotion and supporting proactive care for service users.
- 2.4** They contribute positively to the local and wider health and care services.
- 2.5** Paramedics work in a multitude of environments and care settings either as a sole clinician or as part of a wider health and care team.

## 3. Scope of Practice for Paramedics

- 3.1** Professional and legal frameworks define the way in which members of the paramedic profession must practice. Of particular importance are the following documents;
- Health and Care Professions Council (2014) *Standards of proficiency – Paramedics*,
  - Health and Care Professions Council (2016) *Standards of conduct, performance and ethics*,
  - Medicines and Healthcare Products Regulatory Agency (2017) *Paramedic Exemptions*.
- 3.2** Responding to patient needs, making sense of complex and high-pressure situations, and providing high-quality care (College of Paramedics, 2017, NHS England, 2013, 2015).
- 3.3** Paramedics will be capable of demonstrating confidence and competence in practice as follows:

**i) The service user relationship**

- a. Communicate effectively and appropriately with service users and carers at all times, including challenging situations.
- b. Utilise the clinician-service user encounter therapeutically.
- c. Perform a flexible and holistic patient centred assessment and determine an individualised management plan, utilising local and national tools, pathways and guidance.
- d. Ensure that all decisions and management plans are undertaken in partnership with service users and carers and provide opportunities for education.
- e. Facilitate patients' responsibility and control of their own health and illness.

**ii) History taking and consultation skills**

- a. Ensure that the service user (carer's) concerns and expectations are identified and addressed.
- b. Focus the assessment and history taking as appropriate to the clinical situation, utilising information available from all sources.
- c. Acknowledge the social and psychological factors that are relevant to the assessment.
- d. Apply principles of robust shared decision making by accumulating, integrating and assimilating information accessible from a range of other sources to inform the decision making and treatment/referral/discharge options.

**iii) Examination**

- a. Perform a comprehensive physical examination appropriate to the clinical situation.
- b. Apply the knowledge of comprehensive physical examination techniques appropriate to the clinical situation – to inform questioning, utilising (as applicable) information received from others.
- c. Utilise strategies to support the application of this knowledge to support a working diagnosis to appropriate a mutually agreed (where possible) management plan.
- d. Undertake an appropriate mental state examination and risk assessment applicable to the clinical situation.
- e. Assess and contextualise the competence and mental capacity of service users utilising either first, second, third or fourth party evidence, to inform the management plan.

**iv) Interpreting evidence and determining the requirement for additional evidence**

- a. Interpret and weigh the findings from the consultation to determine the need for further investigations and/or appropriate direction of service user management; limited by the scope of the consultation and focus of the approach as agreed with the service user/carer.
- b. Interpret and act upon the outcome of appropriate investigations to inform diagnosis, treatment, referral or discharge.

**v) Judgement in diagnosis and management**

- a. Formulate a differential diagnosis based on objective and where available subjective data.
- b. Use clinical judgement to select the most likely diagnosis in relation to evidence gathered.
- c. Recognise when it is not possible to provide a diagnosis and formulate a strategy to manage risk and ensure service user safety.
- d. Recognise when a situation is beyond their level of competence and seek appropriate support, input or advice.
- e. Understand a service user's rights under the Mental Capacity Act 2005 in England and Wales, or in Scotland the Adults with Incapacity (Scotland) Act 2000, whilst safeguarding service users, themselves and the organisation.
- f. Construct, in partnership with service users and carers, management plans with appropriate safety-netting and control points.
- g. Use professional judgement to manage the safety of individuals.

**vi) Therapeutics and the supply and administration of medicines**

- a. Determine appropriate therapeutic interventions.
- b. Facilitate strategies to provide access to appropriate therapeutic interventions/medications as required.
- c. Ensure comprehensive medicine and administration records are maintained.

**vii) Holistic planning and procedures**

- a. Formulate and implement management and care plans in collaboration with the service user, carers, legal representatives and other healthcare professionals.
- b. Advise on clinical procedures using knowledge of the indications, contraindications, complications and techniques.
- c. Provide adequate information for service users, family or carers, or those involved with their health and wellbeing to enable them to recognise and act upon deterioration or unanticipated response to treatment.
- d. When necessary facilitate the monitoring and follow up of changes in service user condition in response to treatment.

**viii) Documentation and information management**

- a. Initiate and maintain accurate, timely and relevant service user records.
- b. Contribute to multi-disciplinary records where appropriate.
- c. Ensure sharing and integration of service user records throughout pathway of care as required.
- d. Understand and apply in practice local policies regarding information governance.

**ix) Risk management**

- a. Identify, evaluate and stratify risk to service users, colleagues and others.

- b. Apply the knowledge, evaluate and manage risks and implications for service users, colleagues and public within the wider context of the operational delivery environment.
- c. Understand the importance of and engage in clinical governance processes as required.

**x) Teamwork**

- a. Value the roles fulfilled by other members of the health and care organisations, including multi-disciplinary teams.
- b. Effectively manage service users at the point of contact.
- c. Effectively and efficiently, receive and/or refer to other health and social care professionals, ensuring appropriate ownership and communication of priorities/concerns.
- d. Proactively manage service user's episodes of care to ensure appropriate care, at the right place, at the right time as part of system-wide resources.

**xi) Time/resource management**

- a. Understand where investment in service user episodes can ensure system-wide efficiency, providing the right care, at the right time, in the right place.
- b. Recognise the economic constraints in healthcare practice and seek to minimise waste.

**xii) Maintaining good practice**

- a. Critically reflect and evaluate own practice to identify learning and development needs by utilising learning opportunities.
- b. Critically use evidence, guidelines and audit to benefit service user care and improve professional practice.
- c. Oversee the practice of junior colleagues, and or learners to whom you have delegated tasks.

**xiii) Professional behaviour and probity**

- a. Consistently behave with integrity, probity and sensitivity, as a service user advocate.
- b. Act professionally and behave considerately towards other professionals, service users and carers.
- c. Recognise limitations of professional competence and scope of professional practice of self and others, and, restrict practice accordingly.
- d. Maintain effective relationships with colleagues from other health and social care professions.

**xiv) Ethical and legal issues**

- a. Ensure that practice takes place within an ethical framework of autonomy, beneficence, non-maleficence and justice.
- b. Identify and address ethical and legal issues which may impact on the service user, their care and society.
- c. Ensure service user's rights are upheld and protected.
- d. Maintain confidentiality, but ensure information is shared where required to ensure safe

and effective care.

- e. Obtain informed consent, with a clear understanding of the Mental Capacity Act (MCA) 2005, utilising the MCA Code of Practice 2007 in England and Wales, or in Scotland the New Mental Health Act: A guide to consent to treatment - Information for Service Users and their Carers 2005.
- f. Provide appropriate care and advocacy for vulnerable persons.
- g. Respond to complaints and critical incidents in an open and transparent manner, ensuring engagement with relevant persons/organisations.

**xv) Equality and diversity**

- a. Have a detailed understanding of the Equality Act 2010 and apply this to the practice environment.
- b. Ensure an understanding of how diversity can affect and inform clinical practice.

**xvi) Public health**

- a. Understand the healthcare issues that relate to diseases specific to communities and individuals within society:
  - i. Recognition of genetic, environmental and social causes of and influences on the prevention of illness and disease.
  - ii. Application of the principal of promoting health and preventing disease.

## 4. Definition of Scope of Practice

**4.1** The Health and Care Professions Council defines a registrant's scope of practice as;

*"Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or yourself. We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrant's often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain area or with a particular client group, or a movement into roles in management, education or research".*

**4.2** The College defines a Paramedic's scope of practice as;

*"A paramedic is an autonomous practitioner who has the knowledge, skills and clinical expertise to assess, treat, diagnose, supply and administer medicines, manage, discharge and refer patients in a range of urgent, emergency, critical or out of hospital settings".*

**4.3** The College supports further opportunities for paramedics to develop professionally by working across a multitude of care settings and environments. A paramedic's scope of practice may change depending on their work setting. Expansion and development of various roles will continue in line with population need, and currently includes paramedics delivering care in the following settings.

Air Ambulance	National Search & Rescue
Clinical Advice and Triage	NHS Ambulance Services
Community Settings	NHS England
Education and Training	Offshore & Remote
Emergency Care	Private Sector
Forensic Medicine	Professional Body
Health Education England	Research
Higher Education	Urgent and Emergency Care Centre's
Military	Voluntary Organisations
National Ambulance Resilience Unit	

These areas are not exhaustive and additional settings may be identified as the role of paramedics, and the demands on the profession develops.

## 5. Key Principles

- 5.1** Managing complex and dynamic care requires the highest level of leadership and managerial skills as well as excellent clinical skills: a professional workforce is essential to the provision of strong and innovative leadership and management of these services.
- 5.2** Members of the paramedic workforce are engaged in research and development to continue to expand the knowledge base necessary for evidence-based practice. Others are also responsible for educating and training both within the profession and to other healthcare professionals (Department of Health, 2016), so that patients receive the highest quality of care, which focuses on patient safety, clinical outcomes and patient experience (NHS England, 2013, 2015).
- 5.3** Paramedics are undertaking and evolving into roles within the wider healthcare context which contribute to the holistic care provision for service users.
- 5.4** In order to continue to support and develop paramedic practice, the profession also needs innovators and role models to take the profession forward. They will be drawn from across the occupational roles, particularly from those in specialist, advanced and consultant positions and the profession's leading managers, educators and researcher's.

## References

- College of Paramedics (2017) *Paramedic Curriculum Guidance*. 4<sup>th</sup> Edition. Bridgwater. Published by The College of Paramedics.
- Department of Constitutional Affairs (2007) *Mental Capacity Act 2005 - Code of Practice*. London. The Stationary Office.
- Department of Health. (2016) *The NHS Outcomes Framework 2016/17*. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/513157/NHSOF\\_att\\_a\\_glance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_att_a_glance.pdf) Accessed 11.07.17.
- Health and Care Professions Council (2014) *Standards of proficiency - Paramedics*. London: HCPC.
- Health and Care Professions Council (2016) *Standards of conduct, performance and ethics*. London: HCPC.
- Her Majesty's Government. (2005) *Mental Capacity Act 2005 – Chapter 9: Part 1: Persons Who Lack Capacity*. Available at: [http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga\\_20050009\\_en.pdf](http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf) Accessed. 21.07.17.
- Her Majesty's Government. (2010) *Equality Act 2010*. Available at: <http://www.legislation.gov.uk/ukpga/2010/15/data.pdf> Accessed. 21.07.17.
- Medicines and Healthcare Products Regulatory Agency (2017) *Paramedic Exemptions*. Available at: [www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/Paramedics/index.htm#l2](http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/Paramedics/index.htm#l2). Accessed 25.04.17.
- NHS England (2013) *High quality care for all, now and for future generations: Transforming urgent and emergency care services in England – Urgent and Emergency Care Review End of Phase 1 Report. Keogh Report*. Leeds. NHS England. Available at: [www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Rep](http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Rep) Accessed. 25.04.17.
- NHS England (2015) *Transforming urgent and emergency care services in England: Safer, faster, better: good practice in delivering urgent and emergency care: A guide for local health and social care communities*. Available at: <http://www.nhs.uk/NHSEngland/keogh-review/Documents/safer-faster-better.pdf> Accessed. 11.07.17.
- Scottish Parliament (2000) *Adults with Incapacity (Scotland) Act 2000*. Available at: [http://www.legislation.gov.uk/asp/2000/4/pdfs/asp\\_20000004\\_en.pdf](http://www.legislation.gov.uk/asp/2000/4/pdfs/asp_20000004_en.pdf) Accessed. 29.08.17.
- Scottish Parliament (2005) *The New Mental Health Act: A guide to consent to treatment - Information for Service Users and their Carers*. Available at: <http://www.gov.scot/Publications/2005/12/02152123/21237> Accessed. 29.08.17.