



## Advanced Paramedic Practitioner (Urgent & Emergency Care) Policy

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# 1. Statement of Aims and Objectives

South East Coast Ambulance Service **NHS**

1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care. This policy aims to set out the expectations of Advanced Paramedic Practitioners (Urgency and Emergency Care) when working for the Trust.

1.2. This document aims to demonstrate how Paramedics working in advanced practice roles can support the quality and safety of care and provide leadership and supervision for colleagues.

1.3. **The objectives of Advanced Paramedic Practitioners (APPs) in urgent and emergency care are to:**

- Deliver care to patients as described in the relevant deployment procedure.
- Undertake governance activities in order to maintain competence and effectiveness.
- Provide staff with clinical leadership, education and supervision in line with the published toolkits.

1.4. The term Paramedic Practitioner (PP) was previously used within the Trust to describe an experienced Paramedic who had undertaken additional education and work experience to manage a range of urgent clinical conditions.

1.5. From here onwards, qualified Paramedic Practitioners will be referred to as Advanced Paramedic Practitioners (Urgent and Emergency Care) (APPs), and student PPs referred to as SAPPs.

1.6. APPs are registered Paramedics with the Health and Care Professions Council (HCPC) and have completed an accredited university pathway to practice at a level of advanced clinical practice.

1.7. Bank staff, and those staff without a full or part time clinical contract with SECamb will be renamed Enhanced Paramedics (Urgent and Emergency Care). This includes staff who may have a non-clinical role within the trust (such as OTL, OM, OUM) and still undertake ad-hoc clinical shifts.

## 2. Principles

### 2.1. Visual Identification

2.1.1. APPs and SAPPs will adhere to the Trust Uniform Procedure.

2.1.2. SAPPs will wear green Student Advanced Paramedic Practitioner epaulettes up until the end of the second year of their academic pathway.

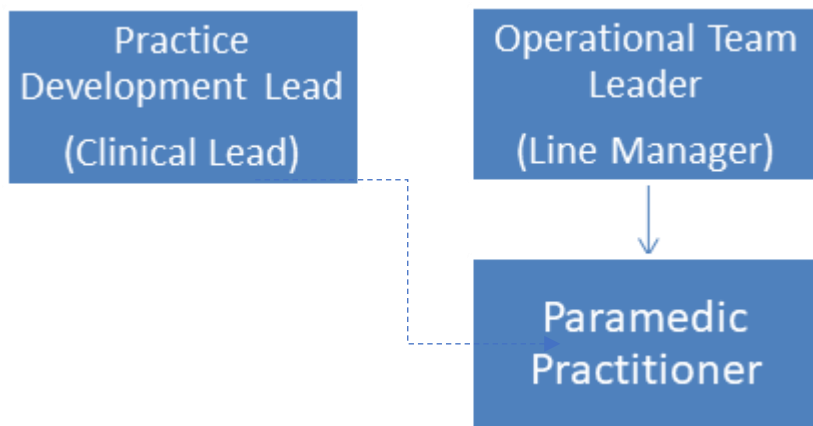
2.1.3. APPs, and SAPPs from the completion of their second year, will wear red 'Advanced Paramedic Practitioner' epaulettes.



2.2. From an organisational perspective, APPs and SAPPs work within the Operations Directorate of the Trust.

2.2.2. APPs and SAPPs are provided with operational first-line management from an Operational Team Leader (OTL).

2.2.3. Clinical leadership and supervision for APPs is provided by a Practice Development Lead (PDL) within the Medical Directorate.



### 2.3. **Deployment of APPs and SAPPs**

2.3.1. It is expected, to work at the level of Advanced Paramedic Practitioner, that all aspects of the APP role should be undertaken in line with the four pillars of advanced practice.

2.3.2. APPs and SAPPs are deployed in a variety of ways in order to meet the needs of the trust, our patients and adhering to the competencies of the four pillars of advanced practice.

2.3.3. Health Education England (HEE) sets out the four pillars of advanced practice in their document “Multi-professional framework for advanced clinical practice in England”.

2.3.4. APPs and SAPPs may be deployed on a Single Response Vehicle (SRV), in a local Urgent Care Hub (UCH), Double Crewed Ambulance (DCA) or in an administrative role when undertaking Operating Unit (OU) support or governance time.

2.3.5. These deployments are set out in the Advanced Paramedic Practitioner Urgent and Emergency Care (APPUEC) Deployment Procedure.

### 2.4. **Urgent Care Hub**

2.4.1. The processes for working in an Urgent Care Hub (UCH) is set out in the ‘Urgent Care Hub Toolkit’ and the APPUEC Deployment Procedure.

2.4.2. APPs and SAPPs may work in the UCH following suitable training and mentoring.



### 2.4.3. The UCH has two main functions:

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To support Trust clinicians, Trust-appointed Private Ambulance Providers (PAP), and community first responders on-scene with a patient to provide joint clinical decision making and signposting to appropriate treatment outcomes. This includes the creation of “PP referrals” where required.

- To conduct remote patient consultations, using Trust approved consultation support systems, in conjunction with the Computer Aided Dispatch (CAD) and relevant support systems, policies and procedures.

## 2.5. Supervision

2.5.1. The Trust is committed to providing clinical supervision to all staff.

2.5.2. Clinical supervision is an essential element of advanced practice, as set out by HEE and the Lord Carter report. The latter supporting a reduction of avoidable conveyances to hospital.

2.5.3. As clinical leaders, APPs should undertake clinical and educational supervision of SAPPs and more junior colleagues where required, such as within OU support activities.

2.5.4. Peer to peer supervision should also be undertaken.

2.5.5. Clinical supervision is set out in the OU Support Toolkit, SPP Roadmap, and the APPUEC Deployment Procedure.

## 2.6. Governance

2.6.1. Full time APPs and SAPPs currently have a governance entitlement of 130 hours per year. This is pro rata for employees not on a full-time contract. This time must be built into the rota.

2.6.2. Clinical governance ensures the APP or SAPP is operating under current evidence-based practice, participates in peer review, is current with trust updates and equipment, which together ensures patient safety and staff competency.

2.6.3. This is in line with the multi-professional framework for advanced clinical practice in England.

2.6.4. Governance ensures the APP or SAPP does not suffer from ‘unconscious incompetence’ in their practice.

2.6.5. Governance is set out in the OU Support Toolkit and APPUEC Deployment Procedure.

2.6.6. Elective governance time should be a mix of activities that are recordable and the HCPC provide excellent guidance on appropriate *CPD activities*. Refer to the SAT procedure for further guidance.



- 2.6.7. PDLs will organise set governance days with an educational and supportive agenda, four times a year, which will be taken out of the SAT allowance in the rota. Attendance at these sessions is mandatory (with exception of annual leave or sickness).
- 2.6.8. This entitlement is protected and should not be changed to clinical shifts during escalated operational pressures (e.g. REAP or SMP escalation).
- 2.6.9. *For employees not working a full-time contract, clinical governance and OU support time will be allocated on a pro rata basis (see table below).*
- 2.6.10. Bank Enhanced Paramedics are not entitled to governance time, however, can attend an APP Conference as plain time.

**2.7. Table for Pro Rata SAT and OU Support time**

Hours per week	% of WTE	SRV	UCH	SAT		OU Support	
		Average hours per week	Average hours per week	Approx hours per week	max SAT hours per annum	approx hours per week	max hours per annum
37.50	1.00	15.0	15.0	2.5	130	5.0	260
34.50	0.92	13.8	13.8	2.3	120	4.6	240
33.75	0.90	13.5	13.5	2.3	117	4.5	235
30.00	0.80	12.0	12.0	2.0	104	4.0	208
26.25	0.70	10.5	10.5	1.8	91	3.5	182
23.00	0.61	9.2	9.2	1.5	80	3.1	160
22.50	0.60	9.0	9.0	1.5	78	3.0	156
18.75	0.50	7.5	7.5	1.3	65	2.5	130
15.00	0.40	6.1	6.1	1.0	50	1.9	100
11.50	0.31	4.7	4.7	0.8	36	1.5	75
11.25	0.30	4.6	4.6	0.8	35	1.5	75
7.50	0.20	3.7	3.7	0.0	7.5	0.0	0
2 shifts per month	0.14	2.6	2.6	0.0	7.5	0.0	0
3.75	0.10	3.8	0.0	0.0	0	0.0	0
1 shift per month	0.07	2.6	0.0	0.0	0	0.0	0

2.7.1. For SAPPs, the majority of governance time built into the rota should be converted into clinical shifts or placement shifts, however SAPPs are expected to attend governance days run by PDLs or APPs, as well as a trust organised conference, and this should be reflected as a SAT / governance day.

**2.8. OU Support**

2.8.1. All employed APPs and SAPPs are entitled to OU support time to work on projects or clinical support for their Operating Unit.



2.8.2. OU support time is designed to work alongside local management teams in improving services for their staff and local population.

2.8.3. OU support is time built into the rota to support clinical projects within the OU with the themes of patient safety, staff engagement, quality improvement or clinical investigations.

2.8.4. Bank and Enhanced Paramedics can have OU support time on an ad-hoc basis, based on local needs and approved by local management and PDL teams.

2.8.5. This is a core part of advanced practice and fulfils many of the criteria described in the multi-professional framework for advanced clinical practice in England.

2.8.6. The utilisation and implementation of OU support time is described in the OU Support Toolkit.

## 2.9. Leadership

2.9.1. Leadership is a key part of the role of an APP and forms one of the four pillars of advanced practice.

2.9.2. Leadership is not just about the management of others but is an attribute all registrants should demonstrate.

2.9.3. APP leadership should be at professional peer level.

2.9.4. APPs are clinical leaders and, as such, must adhere to all policies and procedures to ensure a high standard of care and professionalism is set.

2.9.5. APPs should be proactive, inspiring, engaged in the healthcare setting, promote trust values, be supportive of trust initiatives and engage with senior colleagues.

2.9.6. APPs should be a role model to SAPPs and actively engage in their education pathway as a clinical leader.

2.9.7. Leadership is a key feature of advanced practice and HCPC registration as set out in the multi-professional framework for advanced clinical practice in England, Health and Social Care Act regulations 12 and 18, and HCPC leadership standards.

## 2.10. Key Skills

2.10.1. All APPs must undertake Trust statutory and mandatory training on a yearly basis.

2.10.2. APPs and SAPPs after year one of their studies may assist in the delivery of Key Skills as clinical support. This can be by abstraction or OU support time.

## 2.11. Bank Enhanced Paramedics

2.11.1. Enhanced Paramedics (Urgent and Emergency Care) include previous 'Paramedic Practitioners' who are not practicing at a level of advanced clinical practice, and who work on a bank agreement for the Trust.



- 2.11.2. Bank Enhanced Paramedics are expected to work to the full scope of an Enhanced Paramedic; including SRV, DCA, Urgent Care Hub.
- 2.11.3. Bank Enhanced Paramedics should undertake a minimum of 23 hours per month, averaged over a 3 month period.

2.11.4. Bank Enhanced Paramedics should prioritise SRV and UCH shifts in the first instance.

2.11.5. A Bank Enhanced Paramedic may be offered some ad-hoc OU Support time should there be a local project which requires their input. This should only be in exception, and with the agreement of the local OUM.

## 2.12. **Acting within Scope of Practice.**

2.12.1. APPs should ensure they work within the Scope of Practice and Clinical Standard Policy, and must not undertake any procedure that they are not trained and declared competent in.

2.12.2. All registered Paramedics must adhere to the scope of practice and clinical standards as set out by the HCPC.

## 2.13. **Medicines Management**

2.13.1. APPs must adhere to the Scope of Practice and Clinical Standards Procedure and Medicines Management Procedure when withdrawing, supplying, administering, disposing and documenting usage of any medication.

2.13.2. All APPs must ensure relevant Patient Group Directions (PGDs) are authorised via the approved platform prior to use.

2.13.3. SAPPs will have staggered access to PGDs in line with their educational pathway.

2.13.4. APPs, who are also independent non-medical prescribers may utilise this skill once the Trust has introduced governance and systems to facilitate this.

## 3. **Definitions**

3.1. **ACP (Advanced Clinical Practitioner)** is an NHS-wide term for clinicians who have successfully passed an accredited masters level education pathway in their area of clinical practice or demonstrated competency at this level via a portfolio route.

3.2. **PDLs** are Practice Development Leads and APPs who oversee the APP Programme and develop and implement improved ways of working for clinicians.

3.3. **PGDs** are patient group directives, protocols for medicine administration and supply.

## 4. **Responsibilities**

4.1. The Chief Executive Officer is the accountable executive lead for the trust.



- 4.2. The Chief Medical Officer has responsibility for clinical leadership in the trust.
- 4.3. The Consultant Paramedics (U&EC) are responsible for ensuring this policy is fit for purpose, and supports the needs of PDLs, APPs and SAPPs, and that this policy fulfils the needs of advanced practice.
- 4.4. The Practice Development Leads are responsible for ensuring the SAPPs and APPs are supported in the workplace and support the implementation of this policy.
- 4.5. Operational Team Leaders are responsible for the line management of SAPPs and APPs.
- 4.6. All SAPPs and APPs are responsible for adhering to this policy.

## 5. Education and training

- 5.1. To be employed as an APP within the Trust, an employee must have successfully completed a recognised academic pathway, which is mapped to specific competencies to allow practice as an APP.
- 5.2. This may include a trainee ACP pathway accredited by the trust.
- 5.3. This education pathway must contain clinical placements and a prolonged placement with a GP surgery to consolidate their knowledge and gain skills in clinical risk management.
- 5.4. New students undertaking this recognised academic pathway must study at Level 7, with scope to obtain an award of Advanced Clinical Practitioner (ACP).
- 5.5. It is recognised that some APPs will not have studied at Level 7, but still meet the competencies required. There may be opportunities to obtain ACP status through additional modules, or portfolio route which identifies knowledge gaps and offers opportunities and guidance to bridge that gap.

## 6. Monitoring compliance

- 6.1. Operational Team Leaders are responsible for ensuring SAPPs and APPs adhere to this policy.
- 6.2. SAPPs and APPs are also responsible for adhering to this policy and ensuring their clinical competence and confidence in line with the Paramedic Practitioner job description.
- 6.3. Compliance and competence will be monitored via the trust appraisal process, completed by an individual's line manager.
- 6.4. PDLs may also monitor and manage specific individuals who are not practicing confidently or competently – this will be through clinical supervision.





6.5 Where clinical supervision has not improved performance, the trusts capability policy may be enacted to further address concerns.

## 7. Audit and Review (evaluating effectiveness)

- 7.1. It is expected that all APPs in the trust adhere and abide by these principles set out in this policy.
- 7.2. Failure to adhere to this policy, or stepping outside of its scope, may result in implementation of the trusts disciplinary or capability process by the individuals line manager or senior.
- 7.3. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 7.4. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.5. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.6. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

## 8. Associated Trust Documentation

- Advanced Paramedic Practitioner Job Description
- OU Support Toolkit v4.00
- *Advanced Paramedic Practitioner (Urgent & Emergency Care) Deployment Procedure V5.00.*
- SPP Roadmap V3.00
- Urgent Care Hub Toolkit v2.00
- *Standard Operating Procedure for assessing and awarding the status of Advanced Paramedic Practitioner and Advanced Critical Care Paramedic V1.00*
- Clinical governance procedure (formally SAT)
- Scope of practice and clinical standards policy
- Medicines Management Policies and Procedures



Information governance procedure

- Major incident Procedure
- ECAL Procedure

## 9. References

- HCPC Scope of Practice Guidance [What is your scope of practice | \(hcpc-uk.org\)](https://www.hcpc-uk.org/what-is-your-scope-of-practice)  
[Leadership | \(hcpc-uk.org\)](https://www.hcpc-uk.org/leadership)

## 10. Financial Checkpoint

- 10.1. This document has been confirmed by Finance to have no unbudgeted financial implications.

## 11. Equality Analysis

- 11.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 11.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.
- 11.3. Full EIA Available on request to the author.

## 12. Quality Impact Assessment

- 12.1. QIA has been completed and available on request.