



Scope of Practice and Clinical Standards Policy

Version:	V 15
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Responsible management group:	Professional Practice Group
Directorate/team accountable:	Paramedic

Policy:	
Approved by:	Joint Partnership Forum
Date approved:	15/01/2026
Fit for purpose according to:	Professional Practice Group

Date issued:	20 th January 2026
Date next review due:	15/01/2029
Target audience:	All clinical staff
Replaces (version number):	V14

Equality Analysis Record	
Approved EA included	Dated: 19/12/2025
Finance checkpoint	
Finance Business Support approved – Financial implications understood. Dated:	19/12/2025



Document Control

Formal approval:

Final approval by:	Joint Partnership Forum	
Version No. V14.04		Date: 15/01/2026
Responsible Management Group:	Professional Practice Group	

Review/comments:

Person/ Committee	Comments	Version	Date
Juliana Umoh	Final Edit	V15	20 January 2026
Andy Collen	Version for JPF with consultation comments considered or included	V14.03	Nov25
Andy Collen	Version for consultation approved by PPG	V14.02	Oct 24
Andy Collen	Major Review <ul style="list-style-type: none"> • Condensing of policy statements • Inclusion of all professions across all service lines • Removal of appendices from policy document and instead aligned to clinical governance groups (i.e. PPG, MGG). Information to be accessed via MS Lists on Intranet and able to be updated more responsively. 	V14.01	Dec 2024
Leigh Herbasz	Approved by EMB	V14	02/10/2024

Circulation:

Records Management Database upload	Date: 16/01/2016
Internal Stakeholders	16/01/2026
External Stakeholders	16/01/2026

Review Due by responsible Management Group:

Period	Every three years or sooner if new legislation, codes of practice or national standards are introduced	Date: 15/01/2029
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Record Information:

Security Access/ Sensitivity	[select either Official (Public Domain) or Official – Sensitive for document(s) which should not be made available to the public routinely]
Where Held	Corporate Records Register
Disposal Method and Date	In line with national guidelines

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1 Statement of Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing clinical care at the highest standard. The Trust also strives to meet changing patient need by ensuring staff and workers have the skills, knowledge, and equipment to care for our patients/populations confidently and competently.
- 1.2. The aim of this policy is to provide clear guidance for all grades and disciplines of patient-facing staff (physical or virtual) regarding the scope and breadth of their practice and professional development. This includes minimum standards of competency as well as limits of authority to act.
- 1.3. The policy also defines the standards of care we strive to provide in order to optimise patient outcomes, reduce risk, and improve the experience of staff in the workplace.
- 1.4. The main objectives of this document are:
 - 1.4.1. To provide guidance for staff to ensure they practice within clear boundaries and with the correct empowerment to act confidently on behalf of patients.
 - 1.4.2. To provide a framework which demonstrates that our Trust provides staff with the appropriate clinical leadership, authority to act, supervision and education/CPD to meet the needs of our patients.
 - 1.4.3. To define and/or reiterate the standards of clinical care required by the Trust and/or regulatory and statutory bodies (i.e., Health & Care Professions Council, Nursing and Midwifery Council, Medicines and Healthcare products Regulatory Agency, Care Quality Commission).
- 1.5. While scope of practice in its truest sense is individual to each member of staff, this document sets the Trust's level of expectation in relation to what that scope of practice should include as a minimum and, importantly, not exceed.
- 1.6. This document contributes to the maintenance of the standards we set ourselves or set by regulators; those that are required contractually, or to evidence national performance standards.
- 1.7. The policy outlines the importance of promoting a Learning Culture and a Just Culture in our Trust, and how the standards related to scope of practice can be observed to uphold patient safety and quality of care, and the experience of our staff in the workplace.

2 Scope

- 2.1. This document is intended for patient facing staff in all areas where patient care is delivered and by any grade and professional discipline.

Staff working in corporate roles are not deemed to have a scope of practice unless they retain a clinical grade as part of their role or ongoing practice or registrant requirements.

- 2.2. This policy does not include clinical practice relating to occupational healthcare or wellbeing activities.
- 2.3. For the purposes of this document, the term staff is used but may be interchangeable with other terms such as “clinician” or “responder” depending on the context.
- 2.4. This document applies to the following staff or groups of staff:
 - 2.4.1. Directly employed full-time and less than full-time staff
 - 2.4.2. Bank workers.
 - 2.4.3. Volunteers in patient facing roles.
 - 2.4.4. Co-responders such as Fire & Rescue (where arrangements exist)
- 2.5. Patients within our region may be attended by other agencies which are either outside our governance structures, contracted to us, or work as part of a charitable or voluntary organisation. These organisations are registered with the CQC in their own right and work to their own policy and procedure documents. However, where formal arrangements are in place, SECamb documents should be adopted or mapped to these organisations and overseen via contractual assurance processes. The following examples are therefore not in scope for this document unless working for us (not exhaustive).
 - 2.5.1. Helicopter Emergency Medical Services (HEMS) charities. This includes geographically coterminous HEMS units and those which attend in the Trust region as part of mutual aid arrangements within the UK HEMS sector (for example, London HEMS attending incidents in SECamb area).
 - 2.5.2. Private ambulance providers sub-contracted to the Trust (who work to their own governance outlined in the contract framework with each PAP)
 - 2.5.3. Voluntary Aid Providers, regardless of when working alongside each other at an event (except when the provider is acting as a sub-contractor for SECamb)
 - 2.5.4. Police Medics
 - 2.5.5. Search and Rescue providers (i.e., Coastguard, Lowland Rescue).

3 Principles

- 3.1. Staff should not exceed their scope of clinical practice, including the scope relating to medicines. Clinicians should not fall below the range of essential skills and interventions set within each clinical practice area.
- 3.2. This version of the document does not include appendices which list skills, medicines, and crewing configurations. These are available via the [Trust Intranet](#) and are managed within the Trust Clinical Governance framework to ensure that practice is updated in a responsive way.
- 3.3. Relevant governance groups are responsible for the updating and version controlling of the updates to the matrices (clinical, medicines, education). The change to this version of the document allows for more responsiveness in light of changes to practice.
- 3.4. [Policy Page to Individual Lists](#)
- 3.5. The policy is not intended to be read and followed in isolation. Please refer to all the documents listed in the Associated Documentation and References sections. This is particularly important when, for example, defining authority to refer or discharge patients.
- 3.6. Scope of practice, clinical standards, professional leadership, and clinical supervision are all interconnected aspects of healthcare practice and patient care. Staff should engage in leadership and supervisory activities to ensure their practice is optimised and patients receive the best possible care.
- 3.7. It is the responsibility of each member of staff to raise with their line manager and/or clinical/professional lead or supervisor any perceived deficiencies or lack of contemporary experience in any practice area, and to ensure that their scope of practice is maintained, and standards upheld. Where relevant, this links to professional requirements for continuous professional development and ongoing registration. Staff should discuss their practice during clinical supervision, teaching sessions, or other forums available.
- 3.8. Staff undertaking procedures or interventions under direct supervision must only do so if this will not adversely affect patient care and is within any legislative boundaries. In circumstances where time critical interventions are needed, the most appropriate person present should be selected to perform this. Any experiential learning needs of staff must be balanced against the suitability of performing a supervised skill in a given context and the risk this may pose to the patient.
 - 3.8.1. When working as a care team, most tasks relating to medicines possession and administration cannot be delegated by paramedics (or other clinicians) using PGD and/or exemptions. Please refer to the relevant [medicines policies and procedures](#). Other delegated tasks

must fall within either relevant scope for other grades or be proportionate in context to the delivery of care.

- 3.8.2. Authority to act as set out in this policy relates only to employees, or clinical staff working under a specific contract (such as private ambulance providers). Undergraduate student paramedics on placement do not have a defined autonomous scope of practice. They may only act under direct supervision of an appropriate registrant aligned to university sign off and placement objectives. This applies in the event of the Trust hosting other undergraduate healthcare professionals on placements (undergraduate or postgraduate).
- 3.8.2.1. N.b. In relation to the crewing matrix, external students on placement should not work on a single crewed DCA in the event that the shift is not fully staffed.
- 3.8.3. Internal student paramedics who are employed by the Trust whilst completing their education programme may only practice under direct supervision of an appropriate registrant when conducting education 'placement' shifts. At all other times they must operate at their substantive scope of practice.
- 3.9. Staff are required to provide care at a minimum standard as per job description, curriculum, and published professional standards (i.e. GPhC, NMC, HCPC, GMC). This policy, via the three areas of detail on the Zone ([skills, crewing, medicines](#)) describes interventions required by each grade of staff and assumes baseline competency. Where specific competencies need to be defined, a standard operating procedure (or equivalent) will be produced for any specific standards requirements (for example, NHS Pathways/PACCS, ECG recognition etc).
- 3.10. The Trust has a requirement to provide adequate leadership, supervision, and governance in practice, and to support staff to maintain and optimise their scope of practice and clinical standards.
- 3.11. The Trust is committed to promoting safe and effective care; the management of clinical risk, and the evidencing of a governance-led approach to how it deploys staff who provide direct patient care.
- 3.12. **Navigating the Scope of Practice & Clinical Standards Policy**
- 3.12.1. There are guiding principles and standards of proficiency that relate to all clinicians employed by or working on behalf of the Trust. In previous versions of this document, there were also appendices which informed readers of levels of authority to act in relation to skills and medicines, and also the combinations of crewing.
- 3.12.2. From this current version, the appendices have been removed and the information placed on the Trust Intranet. This will allow for much more dynamic updates to be made by the Chairs of the relevant governance groups. These are:

- 3.12.2.1. Skills Matrix – Professional Practice Group
- 3.12.2.2. Medicines – Medicines Governance Group
- 3.12.2.3. Crewing matrix/skill mix – Education, Training & Development Group.
- 3.13. **Maintenance of skills and standards described in this policy.**
 - 3.13.1. The Trust has a robust system for appraising staff performance at all levels and functions within the organisation. The annual appraisal is a yearly plan developed between the member of staff and the line manager and/or supervisor. The action plan reflects learning and development needs for the year ahead and provides a platform to address concerns over competence and confidence. Appraisal should be part of management and clinical supervision and this in turn is reflected in requirements for staff who hold a professional registration (for example, with the GMC, NMC, HCPC).
 - 3.13.2. Certain grades/types of staff have non-clinical time in their job plans to undertake governance and other activities. These are defined in documents such as the Advanced Paramedic Practitioner toolkits, specific policy, national policy/guidance, or job description.
 - 3.13.3. 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.
 - 3.13.4. Where ongoing competency in clinical practice is a requirement of a role, or a professional registration is a requirement of a role, there are no concessions made where clinical practice may not be part of the day-to-day role (i.e., Response Capable Manager). All staff must remain competent at the clinical grade they work at.
- 3.14. **Clinical Supervision**
 - 3.14.1. Clinical supervision is an intrinsic aspect of professional practice and staff must engage with supervisory activities.
 - 3.14.2. Please refer to the latest version of the Clinical Supervision Policy and Procedure for guidance.
- 3.15. **Working below the required scope of practice or clinical standards.**
 - 3.15.1. Clinicians who fail to work to the required scope of practice or clinical standard fall into one of three categories:
 - 3.15.1.1. Inability due to lack of support, supervision, 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.

- 3.15.1.2. Unwilling to, despite either receiving or being offered the required education and training.
- 3.15.1.3. Have knowingly or unknowingly carried out procedures, actions or processes that are outside the scope of practice.
- 3.15.2. The Trust embraces a just/learning culture and embraces the importance of understanding errors and mistakes in the context of complex sociotechnical healthcare systems. Errors are the starting point of investigations and not the outcome. In some rare circumstances, there may be a requirement to consider using the disciplinary procedure and/or capability procedure. Each case will be independently reviewed and the approach to learning and resolution developed on a case-by-case basis.
- 3.15.3. Procedures intentionally or wilfully/negligently carried out beyond the scope of practice may be considered as assault, whether consent has been obtained or not, and the Trust may be required to report incidents of this nature to the Police.

3.16. **Referrals to Professional Regulators**

- 3.16.1. Where staff hold a professional registration, the Trust may on occasion be required to make referrals where practice concerns arise. This will only be done at the point of the establishment of facts regarding practice concerns. Referrals are not made routinely on receipt of a complaint or clinical error. Regulators require objectively reported practice concerns in order to begin Fitness to Practice proceedings, and the Trust will seek to minimise referrals to only those where the regulators guidance is met regarding when to refer.
- 3.16.2. The ambulance sector and the paramedic profession have an historically very high rate of self-referral to the Health & Care Professions Council. Trust staff from any professional background are advised to speak to a Consultant Paramedic, Head of Professional Standards, Area Clinical Lead, or clinical/professional lead in the Contact Centres (as appropriate) prior to making a self-referral.
- 3.16.3. Local managers must not advise staff to self-refer routinely and should seek the advice of a PDL, PSM or Consultant Paramedic when dealing with professional practice or conduct issues. Where profession-specific guidance is required, professional leads can be contacted to support decisions.
- 3.16.4. Referrals may also be associated with restrictions in clinical practice. Please refer to the Restrictions in Clinical Practice Procedure when considering the need for restrictions.

3.17. **Adjustments for Staff Undertaking Education and Training**

- 3.17.1. Staff in certain clinical grades may be subject to amendments to the scope of practice listed in [skills matrix](#). **Clinical Education Department**

will provide details of any amendments or restrictions on commencement of the course.

- 3.17.2. Upon successful completion of a programme of study or period of preceptorship, amendments to your scope of practice will be lifted. Staff will then work to their full defined scope of practice.

3.18. **Amending the scope of practice**

- 3.18.1. The **Professional Practice Group, Medicines Governance Group, and Education, Training & Development Group** are authorised to update the relevant matrices hosted on the Trust intranet (and which previously appeared as appendices in this document). This will allow for rapid updating of practice (skills, medicines, etc) but does not subvert the Trust process for policy approval.

- 3.18.1.1. Some amendments may be made from time to time which expand or reduce the scope of practice for certain grades of staff. For example, where a local area has fully adopted Post-discharge Review, the requirement for discharge support via ECAL (Emergency Crew Advice Line) may be eased. Any amendments will be communicated via the usual Bulletin mechanisms following governed approvals.

- 3.19. **Clinical accountability:** Registered clinicians must work to their professional code and standards published by their regulators (Health and Care Professions Council, Nursing and Midwifery Council, General Medical Council).

- 3.20. Clinicians are responsible for providing high-quality, professional care on behalf of the Trust, and are accountable to the Chief Paramedic Officer, Chief Medical Officer, Chief Nursing Officer, and the Consultant Paramedics accordingly, (and their professional regulators where applicable).

3.21. **All Trust staff must:**

- 3.21.1. Practice within the legal and ethical boundaries of their work role, as described by their professional regulator (GMC, GPhC, HCPC, NMC), their job description, and the Trust's published standards and expectations.

- 3.21.2. The following principles are based on the [HCPC Standards of Conduct, Performance, and Ethics](#) and serve to provide broad guidance for non-registrants.

Promote and protect the interests of service users and carers

- **Treat service users and carers with respect**
 - You must treat service users and carers with respect, maintaining their privacy and dignity. Collaborate with them in decisions about care, treatment, and services. Empower and support service

users, where appropriate, to maintain their health and wellbeing and assist them in making informed decisions.

- **Make sure you have consent**
 - You must make sure that you have valid consent, which is voluntary and informed, from service users who have capacity to make the decision or other appropriate authority before you provide care, treatment or other services.
- **Challenge discrimination**
 - You must treat everyone fairly and be aware of how your personal values, biases, and beliefs may affect the care you provide. Take action to prevent discrimination, ensuring these do not harm service users, carers, or colleagues. Report concerns about colleagues who discriminate or negatively impact care, following appropriate procedures
- **Maintain appropriate boundaries**
 - You must be aware of the impact your professional position may have in social or personal settings. Maintain appropriate professional boundaries with service users, carers, and colleagues, and use suitable communication methods. Ensure personal relationships do not influence professional decisions and avoid using your position for personal, sexual, emotional, or financial gain.

Communicate appropriately and effectively

- **Communicate with service users and carers**
 - You must be polite and considerate, listening to service users and carers while considering their needs and wishes. Provide information in an understandable way, ensuring all practical steps are taken to meet their language and communication needs. Use all forms of communication responsibly when interacting with them.
- **Work with colleagues**
 - You must collaborate with colleagues, sharing skills and knowledge to benefit service users and carers. Share relevant information with colleagues involved in care. Treat colleagues professionally, with respect and consideration. Use all communication forms, including social media, responsibly when interacting with colleagues and other health professionals.
- **Social media and networking websites**
 - You must use media-sharing networks and social media responsibly. Ensure the accuracy and truthfulness of shared information, aligning with your duty to promote public health. Always maintain professional boundaries and protect the privacy

of service users and carers when using these platforms.

Work within the limits of your knowledge and skills

- **Keep within your scope of practice**
 - You must practice only in areas where you have the necessary knowledge, skills, and experience to provide safe, effective care. Pursue additional training to expand your scope of practice. If a service user's needs exceed your expertise, refer them to an appropriate practitioner with the required qualifications.
- **Maintain and develop your knowledge and skills**
 - You must continually update your knowledge and skills through professional development, ensuring they remain relevant to your practice. Stay informed about laws, guidelines, and other requirements related to your work. Seek feedback and use it to improve your practice.

Delegate appropriately

- **Delegation, oversight and support**
 - You must delegate tasks only to individuals with the necessary knowledge, skills, and experience to perform them safely and effectively. Provide ongoing supervision and support to those you delegate work to. (**n.b.** only prescribers may delegate tasks relating to medicines possession and administration).

Respect confidentiality

- **Using information**
 - You must treat information about service users as confidential.
- **Disclosing information**
 - You must only disclose confidential information if you have permission, the law permits it, it is in the service user's best interests, or it is necessary to protect public safety or prevent harm to others.

Manage risk

- **Identify and minimise risk**
 - You must take all reasonable steps to minimize the risk of harm to service users, carers, and colleagues. Do not engage in or permit actions that could jeopardize the health or safety of any individual.
- **Manage your health**
 - You must assess whether changes in your physical or mental health affect your ability to practice safely. If unsure, seek assessment from a health professional. Adjust your practice to ensure safety and effectiveness; if adjustments are not possible,

stop practicing to maintain safe care.

Report concerns about safety

- **Report concerns**

- You must promptly report concerns about the safety or wellbeing of service users. Encourage others to report concerns and ensure their voices are heard. Take appropriate action if there are concerns about vulnerable individuals. Prioritize service user safety and report bullying, harassment, or intimidation by colleagues, following proper procedures.

- **Follow up concerns**

- You must follow up on any concerns you report and escalate them if necessary. Acknowledge and take appropriate action on concerns raised to you, investigating or escalating them as needed.

Be open when things go wrong

- **Openness with service users and carers**

- You must be open, honest, and candid when things go wrong with care by informing your employer and following procedures, notifying service users and carers (or the lead clinician), providing a detailed explanation, and taking corrective action where possible. Additionally, you must apologise to the service user and their carer.

- **Deal with concerns and complaints**

- You must support service users and carers who wish to raise concerns about the care or services provided. Offer a helpful and honest response to anyone who complains about the care, treatment, or services they have received.

Be honest and trustworthy

- **Personal and professional behaviour**

- You must ensure your conduct earns the public's trust and confidence in you and your profession. Be honest about your qualifications and experience, and ensure any promotional activities are truthful. Declare potential conflicts of interest and ensure they do not influence your professional judgment.

- **Important information about your conduct and competence**

- You must report receiving a police caution, are charged with or convicted of a criminal offense. You must also cooperate with investigations into your own or others' conduct or practice.

Keep records of your work

- **Keep accurate records**

- You must maintain full, clear, and accurate records for all service users. Complete records promptly after providing care or services. Ensure records are secure, protecting them from loss, damage, or unauthorized access.

3.22. **Inter-disciplinary relationships:** All Trust clinicians should:

- 3.22.1. Know the personal scope of their practice and be able to make referrals to senior clinicians where appropriate.
- 3.22.2. Be able to work in partnership with other clinicians and professionals, patients and their relatives and carers.
- 3.22.3. Ensure that time-critical interventions are performed by the most appropriately skilled member of the team,
- 3.22.4. Work effectively as part of a multi-disciplinary team and in partnership with other professionals.
- 3.22.5. 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.

3.23. **Identification and assessment of health and social care needs:** All Trust clinicians should, within their scope of practice:

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

3.24. **Knowledge, understanding and skills:** All Trust clinicians should, within their scope of practice:

- 3.24.1. Know the key concepts related to their level of clinical practice.
- 3.24.2. Understand the need to establish and maintain a safe practice environment.

3.25. **Core principles of clinical standards:** Staff must practice applying the following principles.

- 3.25.1. Assume patient autonomy and capacity. Always seek consent from patients where capacity or consciousness allows (see Mental Capacity Act Policy). Respect and follow all valid advanced directives of care (See End of Life Care Guidance Procedures and Policy).

- 3.25.2. Do no harm to your patients. For instance, be minimally invasive; be thorough with checking medicines, and preserving dignity. Follow your scope of practice and do not exceed it.
- 3.25.3. 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 do not lead to secondary illness (e.g., infection from poor aseptic technique or skin ulceration from inappropriate immobilisation on a spinal board).
- 3.25.4. Staff must follow closely any standard of care from their professional regulator.

3.26. **Occupation Health Support Under Specific Circumstances**

- 3.26.1. This policy covers clinical practice (patient facing work). However, in response to exceptional circumstances, such as during a pandemic, clinical staff may be asked to undertake occupational health related tasks (such as undertaking blood sampling or administering vaccines).
- 3.26.2. Clinical staff undertaking clinical interventions, such as venepuncture, on colleagues as part of agreed escalation measures will be authorised to do so by the Chief Clinical Officers (Paramedic, Doctor, Nurse).
- 3.26.3. Staff must only practice skills which they have evidence of contemporary competency in and have practiced within the last 12 months. Staff whose competency has lapsed may be asked to support specified support tasks following refresher training.
- 3.26.4. Registered staff who wish to undertake this work may have the opportunity to undertake training in specific skills (such as venepuncture).
- 3.26.5. Tasks such as venepuncture and swab sampling may not require a professional registration. Where staff have a parallel qualification (for example, as a phlebotomist) the trust can deploy these individuals for periods of duty in that role (rather than their usual trust role) and where appropriate and current clinical competency can be evidenced. Paramedics (and other registrants) who have previous or current competency to undertake sampling will be specifically authorised to carry out sampling under their core registration and in addition to their existing scope of practice (and therefore bound by the HCPC codes of conduct and competency).
- 3.26.6. The trust will indemnify staff undertaken the specified tasks during the period stated (i.e., start and finish dates within an epidemic or pandemic period).
- 3.26.7. Skills practiced while undertaking occupational health tasks will not form part of the substantive patient-facing scope of practice and may only be carried out according to the authority provided at the time.

- 3.26.8. Staff will practice to a specific role brief while working on occupational health sampling periods of duty. For non-registrants, this will serve as an alternative job description while undertaking sampling shifts. For registrants, the document will be used to describe the work to be undertaken as an appendix to their core registered role.
- 3.26.8.1. The Health and Care Professions Council (HCPC) supported registrants who were asked to undertake non-core skills which supported the Covid19 pandemic. The trust senior clinical leadership team will also provide professional support to staff undertaken sampling roles as needed in future periods of exceptional need.

4 Definitions

- 4.1. **Scope of practice** defines the boundary within which a clinician can operate. It describes the procedures, actions and processes that are expected of each grade of clinician.
- 4.1.1. When referring to scope of practice, this document specifically means the scope of practice expected of staff working for, or on behalf of, the Trust, either as an employee or another agent (e.g., Co-responders or Community First Responders); from herein will be referred to as “staff”.
- 4.1.2. Air ambulance and private providers are not in scope for this document, however contractual requirements may be based upon this document.
- 4.2. **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.
- 4.3. **Medicines Formulary.** Previous versions of this policy included Appendix M which listed all the Trust medicines and grade-based authority to possession, administer, and/or supply. This have moved to the follow place on the [Trust Intranet](#)

5 Responsibilities

- 5.1. The **Chief Executive Officer** has ultimate responsibility for patient care.
- 5.2. The **Chief Paramedic Officer** have executive responsibility for Scope of Practice and Clinical Standards.
- 5.3. The **Chief Paramedic Officer** (and/or delegated to the **Consultant Paramedics**) are responsible for overseeing the policy on a day-to-day basis, promoting and upholding clinical standards.

- 5.4. In the operational setting, responsibility will lie with **Operational Team Leaders** (or equivalent), supported by **Area Clinical Leads/Head of Professional Standards** (or equivalent) to oversee, and ensure that staff work in accordance with this policy.
- 5.5. **All Trust staff** are responsible for working to the scope of practice and clinical standards commensurate to their clinical grade. For staff who hold a professional healthcare registration, the standards expected of the professional regulator are automatically also adopted by the Trust.
- 5.6. Within all areas of scope practice and clinical standards, **all staff** will adhere to the following areas:
 - 5.6.1. Safeguarding
 - 5.6.2. Mental capacity
 - 5.6.3. Infection prevention and control
 - 5.6.4. Medicines Management
 - 5.6.5. Information Governance and Caldicott guardianship

6 Competence

- 6.1. In order to practice in any of the roles described in the appendices, staff must have completed an approved programme of education and training which is reflected in their role title.
- 6.2. In addition, to work at the level of first registration and above, clinicians must be registered professionals with the appropriate body for their role.

7 Monitoring

- 7.1. This policy will be monitored by the **Professional Practice Group**.
- 7.2. The **Consultant Paramedics**, supported by **Operational Managers** will be responsible for ensuring adherence to the policy by reviewing internal reporting systems.
 - 7.2.1. This may include reports received via Patient Advice and Liaison Service (PALS), DIF1 incident reports or verbal reports from staff.
- 7.3. 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 principles outlined in the **Patient Safety Incident Response Framework (PSIRF)**.

8 Audit and Review

- 8.1. 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.

9 Associated Documentation

- 9.1. Anti-fraud and bribery policy
- 9.2. Capability Policy.
- 9.3. Clinical Preceptorship Procedure
- 9.4. Clinical Supervision Policy
- 9.5. Community First Responder Policy (applies to CFR and ER roles)
- 9.6. Conveyance, Handover and Transfers of Care Procedure
- 9.7. Discharge Procedure
- 9.8. Disciplinary Policy.
- 9.9. End of Life Care Guidance Procedure
- 9.10. End of Life Care Policy
- 9.11. Health & Safety Policy
- 9.12. IECR Memorandum of Understanding
- 9.13. Infection Prevention and Control Policy and Manual.
- 9.14. Job Descriptions for roles.
- 9.15. Medical Devices Management Policy.
- 9.16. Medicine Management Policy documents (including all associated Standard Operating Procedures (SOP))
- 9.17. Mental Capacity Act Policy
- 9.18. Minimal Moving and Handling Policy
- 9.19. Paramedic Practitioner Programme Core Competency Performance Criteria and Clinical Portfolio Document.
- 9.20. Policy for the Resuscitation of Adult and Paediatric Patients (including DNACPR)
- 9.21. Post-discharge Review Standard Operating Procedure

- 9.22. Recruitment & Selection Policy.
- 9.23. Referral, Discharge and Conveyance Policy
- 9.24. Referrals Procedure
- 9.25. Risk Management Training Procedure.
- 9.26. Social Media Policy

10 References

- 10.1. Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
- 10.2. Health Care and Professions Council standards documents.
- 10.3. Nursing and Midwifery Council code and standards documents.
- 10.4. General Medical Council: Standards Guidance for Doctors
- 10.5. College of Paramedics Career Framework (2023)

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 function