



Emergency Doctors Medical Services Organisational & Operational Policy (OOP)

Policy Title	Clinical Practice Strategy & Scope of Practice
Policy Number	EDOOP.001
Purpose	To identify the remit of the clinical care provided by EDMS personnel and the types of personnel who will provide this
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Responsible officer/s	Dr Aaron Pennell, Clinical Director
For use by	All EDMS clinical staff
This policy complies with or has been guided by	<ul style="list-style-type: none"> • GMC – Good Medical Practice • HPC Codes of Conduct • NMC – Codes of Professional Conduct • CQC – Essential standards
CQC outcome compliant	Outcomes 12, 13, 14,
This document supersedes	EDOOP/001/01/12
Approved and ratified by	Executive Management Team and Clinical Governance Group
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Equal Opportunities, Health and Safety, Employment conduct and Professional Liabilities Assessment:

EDMS has ensured given every reasonable means and with the information available at this time that this policy will not discriminate either directly or indirectly in any way against employees, patients or customers on the grounds of race, religion, colour, age, gender or sexual orientation, disability, marital status or culture. EDMS has assessed this policy in terms of current health and safety guidance and has ensured that where requirements have been stipulated these are met. EDMS has ensured that it holds appropriate insurance for this policy to be fully endorsed. EDMS has assessed this policy for any impact it may have on corporate or individual professional requirements and conduct and has ensured any such impact meets with the approval of any professional bodies it may encounter. This policy can be made available in Braille or voice recording and can be translated into other languages.

1. Executive summary

EDMS is a Care Quality Commission registered independent healthcare provider. Its aims are to provide high level first aid, ambulance and medical care at various events, on behalf of client organisations and the NHS.

EDMS employs the services of doctors, paramedics, emergency nurse and paramedic practitioners, Emergency Medical Technicians and Event and Public First aiders. EDMS Deployments may consist of first aid cover only or several members of staff from the above groups. Whatever the deployment magnitude our 5 core aims are as follows

- To provide the highest level of care, appropriate to the provider in an efficient and competent manner following accepted standards of clinical practice.
- To wherever possible reduce the impact on NHS services such as ambulance and Emergency Departments through providing appropriate assessment and treatment at the event
- To operate in a manner that is well led, caring, responsive, safe and effective
- To be a 'learning organisation' – from individual to company level
- To provide clinical services at all levels that are overseen and advised by senior medical staff

EDMS now has several different types and levels of provider. In addition some are in the process of furthering their professional qualifications such as student paramedics and student doctors.

The purpose of this policy is to recognise and embrace learning and to provide autonomy to our clinicians within a supportive and robust framework. Many of our clinicians (such as paramedics and nurses) work within other organisations (such as the NHS) and there can be confusion as to the scope of practice permitted by EDMS – often greater than permitted by other organisations. The scope of practice guidance given here will outline the position of EDMS on these important areas.

2. Clinical Practice Strategy

The clinical practice strategy is an overarching strategy that gives some structure to the level of care that is reasonable for us to provide at events, during aeromedical retrieval and during the delivery of prehospital care and transfer. It is almost impossible to depict every clinical scenario that our staff may encounter and it is equally impossible to list every clinical skill that could be performed, especially given the advancement of prehospital care. The strategy should not be seen as a 'plan' or a didactic tool to depict the extent of our clinical services. It is moreover a strategy that will:

- **Ensure an appropriate assessment is performed to inform the extent of care delivered** ○ *i.e. to make sure what **you** are about to do is the right thing to do at that time*
- **Identify a functional endpoint to that care in terms of discharge or transfer to hospital** ○ *i.e. to ensure that **you** do not delay a necessary treatment that cannot be provided by us at scene or waste time in treating patients at scene*
- **Ensure that what we are doing is being done by a competent person, suitably trained and experienced to provide that intervention** ○ *i.e. **you** must be properly trained, assessed and competent to do it*
- **Ensure that what we are doing is contributing significantly enough to prevent deterioration or death or to relieve suffering or improve the outcome and patient experience** ○ *i.e. is what **you** are about to do worth doing*

All clinical staff must use these 4 key points to guide their clinical practice. It is these 4 points that would be used to determine the quality of care given should this be called into question

3. Definitions of Personnel

1. EDMS will only use staff that belongs to one of the following groups. Only the titles below will be used by EDMS

- a. DOCTOR (registered with the GMC with a licence to practice)
- b. PARAMEDIC (registered with the HCPC)*
- c. NURSE (registered with the NMC)**
- d. EMERGENCY MEDICAL TECHNICIAN
- e. FIRST AIDER

* Paramedics may operate in a 'practitioner' role (commonly called an Emergency Care Practitioner/ECP) once they have undertaken suitable training

** Nurses may operate in a nurse practitioner role if they have undergone suitable training

2. The definitions of the above are as follows:

a. DOCTOR

Means a fully registered medical practitioner, registered with the General Medical Council (GMC), with a current licence to practice medicine in the UK. Foundation Year 1 doctor's are not fully registered and do not fall into this category. Doctors become fully registered with a licence to practice medicine in the UK following their Foundation 1 year. FY2/ACCS/CT1/2/3 doctors will require the approval of their educational supervisor to work with EDMS. FY2 & CT1,2 and 3 doctors will not work unsupervised. They will only be permitted to work at events where they are being supervised by another more senior doctor.

b. PARAMEDIC

Means an individual with a qualification as a paramedic (including an IHCD, diploma or degree level course) who is registered on the Paramedic part of the Health & Care Professions Council register. This title is protected in law and cannot be used by those without that registration.

c. NURSE

Means an individual registered as a Nurse with the Nursing and Midwifery Council. The title Nurse is protected in law. It is recognised that the nursing profession use a wide range of titles to reflect their clinical work. EDMS only permits the use of the title NURSE.

d. EMERGENCY MEDICAL TECHNICIAN

Means an individual who has been trained and certificated to the level of an IHCD ambulance technician. EDMS will scrutinise all non IHCD certificates and courses and will make an individual decision regarding certification.

e. FIRST AIDER

Means a person who has attended as MINIMUM our own EDMS Event and Public First Aid 4 day course. HSE FAW certificates are not acceptable for this role.

4. Scope of Practice

As an organisation, EDMS embraces the autonomy and experience of individuals and as such does not 'restrict' practice by means of a 'list' of what can and cannot be done. Instead it directs individuals at all levels to observe the basis of the clinical practice strategy to guide their practice.

However, for some general guidance, the following can be used:

DOCTORS:

Fully registered doctors with a licence to practice may provide whatever clinical assessment, treatment, intervention and care they deem to be safe and appropriate within the remit of the clinical practice strategy and so long as they have proven training and assessment of competency in that practice. They may administer any prescription only medicine including controlled medicines. All doctors operating will have access to a senior doctor and consultant for clinical advice where needed. Doctors at events will retain overall clinical responsibility for patients they have been asked to review or are involved with. For large events, a senior doctor will undertake full medical responsibility for all clinical care on site. Doctors MUST have their own MDU/MPS etc medical indemnity insurance to work with EDMS.

PARAMEDICS:

Fully registered paramedics may provide whatever clinical assessment, treatment, intervention and care they deem to be appropriate at that point in time within the boundaries of the clinical practice strategy and so long as they have had proven training and assessments of competency made and documented. They are legally permitted to administer any medicine depicted as a 'paramedic' medicine in the EDMS medicines policy and pocket guide or any medicine permitted to be administered by an EDMS paramedic under a Patient Group Direction. JRCALC drug guidelines are not used by EDMS. They are permitted to act autonomously with regard to patient care and discharge. Paramedics, in the absence of a doctor would assume overall clinical responsibility for patients under their care. Paramedics are covered by our own medical indemnity insurance arrangements.

NURSES:

Fully registered nurses may provide whatever clinical assessment, treatment, intervention and care they deem to be appropriate at that point in time within the boundaries of the clinical practice strategy and so long as they have had proven training and assessments of competency made and documented. They are legally permitted to administer any medicine permitted to be administered by an EDMS Nurse under a Patient Group Direction. They are permitted to act autonomously with regard to patient care and discharge. Nurses, in the absence of a doctor would assume overall clinical responsibility for patients under their care. Nurses are covered by our own medical indemnity insurance arrangements.

EMERGENCY MEDICAL TECHNICIANS:

EMTs may practice ambulance and emergency medical skills as per their level of training. They may utilise a very limited range of medicines as per the EDMS medicines policy. Specifically these are Intramuscular Adrenaline for anaphylactic shock, Oral Glucose, Salbutamol and Ipratropium nebulisers in acute severe and life threatening asthma, GTN Spray for angina, Oxygen and Entonox, Paracetamol, Ibuprofen and Chlorphenamine. EMTs are covered by our own medical indemnity insurance.

EVENT AND PUBLIC FIRST AIDERS:

First aid staff may practice any of the skills taught on the EPFA course. They can administer Oxygen, Entonox, Paracetamol, Ibuprofen and Chlorphenamine. They are covered by our own medical indemnity insurance.

5. Student Doctors and Paramedics:

EMT's and EPFA staff who are currently undertaking approved courses leading to registration as a doctor or paramedic may use additional skills in their first aid practice once they have been trained in that skill and have

provided EDMS with written evidence of that training and assessment. However, the use of that skill should be only as far as to effect proper first aid / EMT level care.

6. EMT/EPFA staff with additional skills:

Some non-registered staff may have additional skills which they use as part of another job. Examples include Band 2/3 Healthcare assistants & technicians who are trained by the NHS to provide IV cannulation, Performing ECG's, Catheterisation, Urinalysis, Phlebotomy etc. EDMS recognises the training received by such individuals and where they have submitted evidence of their training and assessment of competence, they will be permitted to use those skills where appropriate with EDMS.

7. Clinical Guidelines:

While EDMS does encourage autonomy and experiential decision making in the practice of its clinicians, we do expect that our own clinical guidelines are used to form the basis for some areas of care and skills. Our guidelines are based on nationally accepted and evidenced based practice and although registered clinicians may decide to modify care based on the most appropriate options at the time we would expect that awareness and consideration is given to our guidelines. You would have to justify any deviation from our guidelines.

8. Use of Medicines:

Clearly, with regard to the use of medicines there is a legal framework to follow. This framework is depicted in our medicines policy, medicines administration guidelines and our pocket guide for staff.
