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Expanded Scope of Practice Policy for Non-Medical, Registered Healthcare Professionals

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Summary

The Nursing and Midwifery Council (NMC) sets clear guidance and standards to be upheld by nurses and midwives in The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (2018). For those professions registered with the Health and Care Professions Council (HCPC) the Standards of Conduct, Performance and Ethics (2016) lay down similar requirements. Expansion of practice must always consider the benefit to the patient and service in terms of quality, safety and cost efficiency and have agreement from the senior clinical lead that the enhanced practice contributes to these areas.

Version tracking

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6	02.05.2022	<ul style="list-style-type: none"> Professional terminology changes made to reflect organisational structure 	Head of Professional Education

Version tracking			
Version	Date Ratified	Brief Summary of Changes	Author
5.1	01/02/2021	<ul style="list-style-type: none"> Due to the second wave of the Coronavirus pandemic and continuing exceptional circumstances, the Trust Board have agreed that all policies which are currently within review date will have their review date further extended by six months 	-
5	15/08/2019	<ul style="list-style-type: none"> Update to references and content. 	
4	23/01/2017	<ul style="list-style-type: none"> Updates to references and content. 	
3	10/10/2013	<ul style="list-style-type: none"> Addition of Requirements for Non Nursing Healthcare Professionals 	

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PROCESS

For quick reference the guide below is a summary of actions required. Additional details, by exception to cover any additional notes that supplement the quick reference guide can be found in Section 3 – Process.

For the purposes of this policy Non-Medical Health Care Professional (HP) staff includes those registered with: The Nursing and Midwifery Council (NMC), The Health and Care Professions Council (HCPC) and those considered to be equivalent in terms of professional body and voluntary registration such as Pharmacists, Pharmacy Technicians and non HCPC registered Healthcare Scientists.

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. Any Nursing and Midwifery (N&M) expanded practice for registered Nurses and Midwives should be within the N&M guidance. For other healthcare professional staff, any relevant regulatory, professional body or other guidance must be followed.
2. The need for expanded practice roles should be agreed by the Divisional Management Team (DMT) and ratified at the Care Group Governance Committee, before being submitted for review by clinical effectiveness to ensure standardised practice across the organisation. Some roles may be across more than one Care Group and this would therefore require sign-off by all pertinent stakeholders, but one Care Group should become the lead for progressing the sign-off agreement.
3. All requests for expanded N&M, HP and Allied Health Professional (AHP) practice should go to the Head of Professional Education for a first line review, final sign off required by the Chief Nurse for approval to proceed. Expanded roles which may have an impact on medical training should be reviewed and agreed by The Director of Medical Education and Medical Director.
4. The appropriate Education Leads (Director of Education (Medical or pertinent specialty medical education lead/ Head of Professional Education) will review the request and reply to the DMT within two weeks of receipt.
5. If agreed, the development of the expanded practice education and protocol is the responsibility of the Divisional Director and Senior Divisional Management Team
6. The policy/guideline and education plan for the expanded practice should be presented by the Care Group Management Team (CGMT) at the Trust Professional Forum for ratification.
7. The lead Care Group is responsible for sending the final policy/guideline to the Trust Policy Officer for logging of the new guidance in the Intranet Management Policies section.
8. This policy does not apply to non-medical prescribing for Nurses and Midwives, which is covered by an alternative policy at the following <https://www.porthosp.nhs.uk/about-us/policies-and-guidelines/policies/Clinical/Medicines%20-%20Non%20Medical%20Prescribing%20Policy.pdf>

1. INTRODUCTION

The Nursing and Midwifery Council (NMC) sets clear guidance and standards to be upheld by nurses and midwives in The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (2018). For those professions registered with the Health and Care Professions Council (HCPC) the Standards of Conduct, Performance and Ethics (2016) lay down similar requirements. Those professions on voluntary registers with their professional body also have similar guidance. These standards and requirements clearly outline the need for continual development of practice, whilst ensuring the public are protected by the practitioner working within their competency level that they are trained and have experience for. This enables the practitioner to maintain patient safety within a dynamic and responsive care service.

Before developing an expanded practice role it is required that a proposal is reviewed and agreed through the governance framework in each Care Group (or across Care Groups if required), with senior ratification by the Chief Nurse, to ensure the expanded practice meets the professional standards required. This policy provides the framework for developing a proposal and ratifying process of expanded practice. This will ensure there is a clear, documented audit trail on the decision to expand practice, ensures assurances are in place around the need, governance, and review of any expanded practice

Expansion of practice must always consider the benefit to the patient and service in terms of quality, safety and cost efficiency and have agreement from the senior clinical lead that the enhanced practice contributes to these areas.

The education, training, audit and monitoring of the expanded practice must be developed to ensure the role can be conducted competently and safely. This must be reviewed as part of the individuals yearly Performance Appraisal, against any linked competencies or policies. Where professional or regulatory body requirements for education, training, competence framework, audit and monitoring of defined expanded practice roles exist, these must be adhered to and such published guidance used as the core of locally produced policies/guidelines. Where such guidance does not exist, local arrangements must reflect an equivalent approach (see Education and Training requirements).

The expanded practice should reflect the best evidence-based practice.

This policy applies to Registered Nurses, Midwives, Healthcare Scientists, Allied Health Professionals, Pharmacists, Pharmacy Technicians, Dental Nurses and equivalent who may wish to expand their practice. In addition, it applies to all Senior Care Group Leads of Nursing/Midwifery/Professions and Divisional Directors, who may be looking at developing services to include the expansion of practice for these professional groups.

- Registered Nurses and Midwives refer to those practitioners registered with the Nursing and Midwifery Council (NMC) to practice legally in the United Kingdom.
- NMC The Code contains the professional standards that registered nurses must uphold and clearly states that nurses and midwives should recognise and work within the limits of their competence and complete the necessary training before carrying out a new role (page 11). With effect from April 2016 in order to maintain this registration they must demonstrate safe and effective practice as part of a NMC revalidation process on a 3-yearly basis (NMC 2016)
- HCPC registered professionals are registered by statute to practice legally in the United Kingdom. They are regulated by the standards of conduct, performance and ethics (2016) which states that

practitioners 'must keep within your scope of practice by only practicing in the areas you have appropriate knowledge, skills and experience for.

They include the following:

- Clinical Scientists
 - o Clinical Biochemistry
 - o Medical Physics
 - o Clinical Engineering
 - o Audiology
 - o Vascular
- Biomedical Scientists
- The Allied Health Professions:
 - o Operating Department Practitioners
 - o Therapeutic and Diagnostic Radiographers
 - o Dieticians
 - o Physiotherapists
 - o Occupational Therapists
 - o Paramedics
 - o Practitioner Psychologists
 - o Chiropodists/Podiatrists
 - o Hearing Aid Dispensers
 - o Orthoptists
 - o Prosthetists/Orthotists
 - o Speech and Language Therapists
 - o Social Workers
- Equivalent staff registered with professional bodies or similar organisations include:
 - o Pharmacists
 - o Pharmacy Technicians
 - o Clinical Physiologists in Vascular, Respiratory, Cardiology, Neurophysiology, Audiology
 - o Dental Nurses and Allied Dental Professions.
- For Assistant Practitioner (Nursing) roles, please refer to the Scope of Practice for Assistant Practitioners (Nursing) Policy at the following link

2. SCOPE

All Trust staff (including permanent, locum, secondee, students, agency, bank and voluntary), the Ministry of Defense Hospital Unit, Joint Hospitals Group South (Portsmouth) and Retention of Employment (ROE) staff must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual consequences for the employee.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

The Trust is committed to promoting a culture founded on the values and behaviours which will bring us closer to achieving our vision of working together to drive excellence in care for our patients and communities. All staff are expected to uphold the Trust Values of **Working Together: For Patients, With**

Compassion, As One Team, Always Improving and all leaders are expected to display and role model the behaviours outlined in the Trusts **Leadership Behaviours Model**

This policy should be read and implemented with the Trust Values and Leadership Behaviours in mind at all times

3. PROCESS

The following processes should be followed:

The Senior Clinical Lead responsible for the service should submit a proposal of “intention to develop an expanded practice policy/guideline form (Appendix B) to the appropriate Head of Education, Learning and Development Department and the appropriate JHGS lead if the role involves military staff. The aim of this is to ensure that the area of expanded practice is appropriate from the professional perspective and prevent duplication of any protocols for expanded practice. The Care Group Management Team (CGMT) must provide evidence of support for the expanded practice from the DMT, ensuring it fits within the workforce plan and service strategy.

The responsible person submitting the intention to expand practice will be informed of one of the following decisions by the Learning and Development Department/JHGS:

- The proposed area of practice is not appropriate for the development of an expanded practice policy/guideline.
- The existence of another policy/guideline on the same area of practice, which will be forwarded to the submitter.
- Agreement that the guidance can be developed.

Once approved to proceed the final policy/guideline for expanded practice must be submitted to the clinical effectiveness via professional forums for final sign off

If approved the final Care Group approved policy/guideline for expanded practice is then submitted to Professional Forum for agreement . The Care Group Senior Matron for Nursing/Professions is responsible to ensure all completed documentation is submitted for Professional Forum.

Professional Forum will either approve or decline to the expanded practice guidance.

The agreement of the policy/guideline will be then be noted by the Education Governance Meeting.

The Lead Care Group Management Team is should submit the final approved policy/guideline (if applicable) to the Trust Policy steering group for upload to the Policies page on the Intranet .

The practicing staff member must always follow the guidance, at all times when undertaking the expanded practice, in line with this policy and their professional registration.

4. TRAINING REQUIREMENTS

Each expanded practice policy/guideline must specify all education and training requirements for all relevant levels of staff, how frequently the training should take place (as identified in the Training Matrix), how it is to be delivered, and where appropriate by whom. A cross reference to the Trust’s Training Matrix needs to be made in this section.

These requirements must comply with any professional, regulatory or expert guidance on expanded roles. If such guidance does not exist for the role in question then the policy/guideline must be based on best practice, an agreed code of conduct and explicitly demonstrate how assurance will be demonstrated around governance of the role.

The individual should maintain a portfolio of evidence which clearly demonstrates any training, education or assessment completed in the attainment of the expanded practice, in line with a procedure specific Competency for Nurses and Midwives which is then signed off when formally completed by designated professional supervisor in practice or other appropriate authoritative guidance for the other professions.

It is expected that the staff member undertaking the expanded scope of practice takes professional responsibility for their education and training in line with the any relevant Learning and Development policies and are managed accordingly.

The details of the monitoring to be considered include:

- Annual and 6-monthly review at the individuals' appraisal which is the responsibility of the staff member.
- The Line Manager of the staff member must ensure the individual has completed any relevant training and competency assessment prior to approving the individual undertaking the expanded practice.
- The Senior Clinical Lead will review annually the expanded practice guidance to ensure it reflects best evidence-based practice and any new NMC, HCPC or other appropriate guidance or legal acts.
- Care Group Leads for Nursing/Professions are responsible to ensure all practicing Health Professionals under their professional leadership have a yearly Performance Appraisal and have systems in place to monitor this monthly.
- Chief Nurse will oversee the Care Group Performance Appraisal compliance through the Care Group performance reviews held monthly.

5. REFERENCES AND ASSOCIATED DOCUMENTATION

Health Care Professions Council (HCPC). (2016). Standards of Conduct, Performance and Ethics. Retrieved from HCPC website:

<http://www.hpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

NMC (2016) How to revalidate with the NMC. Retrieved from NMC website

<https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf>

NMC (2018) The Code for Nurses and Midwives <https://www.nmc.org.uk/standards/code/>

6. EQUALITY IMPACT SCREENING

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This procedural document has been assessed accordingly. The assessment document is held centrally and is available by contacting the Trust Policy Management Inbox.

7. MONITORING COMPLIANCE

This procedural document will be monitored to ensure it is effective and to provide assurance of compliance.

Element to be monitored	Lead	Tool	Frequency of Report	Reporting arrangements	Lead
Annual review of competence to undertake procedure at appraisal. Impact assessment of new extended scopes of practice	Senior Clinical lead	Audit in care groups	Annual	Policy audit report to: Professional Board and clinical effectiveness	Head of Professional Education N&M/ HCS/AHPs and Lead for Advanced Practice

Appendix A: Roles and Responsibilities

- Chief Nurse: responsible for expanded practice standards within Portsmouth Hospitals NHS Trust (PHT) and is chair of the Professional Forum (PF).
- Head of Professional Education: responsible for the first line review and approval to proceed in developing a policy/guideline for expanded practice for ratification at NMPF. Also responsible for expanded roles which impact on HCS/AHPS and noting of any new policy/guideline at the trust Educational Governance Meeting.
- Care Group Senior Matron for Nursing/Professions: the responsible professional in the Care Centre for the development, governance, implementation, and monitoring of the expanded practice. Also, to confirm agreement with DMT.
- Joint Hospital Group (South) (JHGS) Professional Lead: the responsible professional in the JHGS for the development, governance, implementation, and monitoring of the expanded practice.
- Senior Clinical Lead: responsible to complete and submit the proposal in line with this policy. In addition, responsible for ensuring the expanded practice guideline is reviewed and updated annually if necessary.
- Individual staff member undertaking the expanded practice: responsible to work within the agreed expanded practice protocol and professional scope of practice and code of conduct.
- Director of Medical Education (DME)/Specialty Medical Lead: responsible to determine impact on medical trainees and advise accordingly..

Appendix B:

Intention to develop an expanded practice policy/guideline	
1.	Expanded Practice policy/guideline title:
2.	Summary of Expanded practice remit:
3.	Background supporting information to expanded practice request (include service strategy and workforce plan information here):
4.	Rationale for expanded practice:
5.	Patient Group and area of practice:
6.	Benefits to patients are:
7.	Impact of wider healthcare team (include who currently undertakes proposed practice/procedure):
8.	Definition of expanded practice procedure:
9.	Consent process (it may be appropriate to gain patient consent for treatment in the area of practice, if relevant document appropriate information here):
10.	Staff group/ roles qualifications and experience required to undertake expanded practice:
11.	Education and training requirements (specific to area of expanded practice, include any specific medical device training required)
12.	Assessment of competence (include measurable outcomes):
13.	Monitoring and audit process (include how and who will be responsible for this):

14.	Supporting references (to demonstrate evidence-based procedure):
Intention to develop an expanded practice policy/guideline	
15.	Submitting Lead Care Group/ Joint Health Group (South) (JHGS) support: Name Senior Clinical Lead:.....Signature Senior Clinical Lead:..... Name Head of Professional Education (HoPE)/JHGS Lead:..... Signature: HoPE/JHGS lead..... Date:.....
16.	Learning and Development Department HoPE/DME/JHGS Lead decision: <input type="checkbox"/> The proposed area of practice is not appropriate for the development of an expanded practice policy/guideline. <input type="checkbox"/> The existence of other policies/guidelines on the same area of practice, which will be forwarded to the submitter. <input type="checkbox"/> Agreement that the proposal can be developed.
17.	HoPE/JHGS Lead/DME decision comments and recommended actions: Reviewer name:..... Reviewer Signature:..... Date:.....
18.	If approved for submission to PF for ratification complete this section: Date for Professional Forum:..... Responsible person presenting to Professional Forum name:
19.	Professional Forum ratification: <input type="checkbox"/> The proposed area of practice expansion is not supported due to the following reasons: <input type="checkbox"/> The proposed area of practice expansion is supported and ratified.
20.	Professional Forum Chair decision/recommendations: Reviewer name:..... Reviewer Signature:..... Date:.....