



Scope of Practice

Paramedics

Education Advisory Group

September 2021

Introduction

The College of Paramedics has issued this document to provide members with clear and definitive information to outline the fundamental principles, standards and guidelines underpinning scope of practice. This document (September 2021) replaces all previous versions published by the College of Paramedics.

In the United Kingdom (UK), the term, 'Paramedic', is a statutorily regulated profession, with its title protected in law. Only those persons who are registered by the Health and Care Professions Council (HCPC) may legally describe themselves as Paramedics within the UK. The primary purpose of registration is to protect the public and ensure professions have threshold standard of proficiency which outlines to service users the behaviours they can expect of Paramedics. Therefore, in gaining and maintaining registration, paramedics must adhere to the following HCPC standards:

- Standards of Conduct, Performance and Ethics.
- Standards of Proficiency for Paramedics.
- Standards of Continuing Professional Development.
- Guidance on Health and Character.

As part of this regulation, the HCPC also outline requirements around professional standards for scope of practice. Scope of practice is defined as the limit of knowledge, skills and experience which individuals possess in relation to their professional role, and the enactment of these lawfully, safely and effectively (HCPC, 2020).

To assist the Paramedic in understanding scope of practice and its implications for them in the context of the wider profession, this guidance sets out several key concepts that aims to:

- Broadly contextualise scope of practice for Paramedics.
- Establish the principles that define an individual's scope of practice within the framework of the overall professional scope.
- Outline the education, training, and supervision requirements for Paramedics across the levels of practice.
- Explore factors that may govern the current limits of practice or seek to broaden those limits through legitimate development of extension to the scope of practice.

By utilising this document, the Paramedic will be able to identify and reflect upon their level of competence and understand the limits of their practice. Based on a self-evaluation of their abilities against the accepted professional scope of practice, the Paramedic is then able to identify and prioritise their own learning needs and where they should aim to improve their skills and competency. This guidance does not define

a list of clinical procedures a paramedic may perform. Instead, it outlines the boundaries within Paramedic practice that maintains the profession's continuity over time, whilst still accommodating developments that occur in practice. Whilst both a range of theoretical and practical orientations may inform the scope necessary to practise as a paramedic in a particular setting (such as a set of employer-specified clinical procedural skills), this scope of practice is intended to be generic and applicable to Paramedics working across all settings, and all domains of practice.

Context

Contemporary paramedic practice has developed a great deal since the first recorded inception of 'Paramedics', working alongside a cardiologist within a cardiac scheme in Brighton in August 1971, and in Bristol in January 1972. Paramedics in the UK first became registered in November 2000 with the [then] Council of Professions Supplementary to Medicine (CPSM), and since 2003 have been regulated by the Health and Care Professions Council (initially called the Health Professions Council between 2001-2003). Within this regulation is intertwined the requirement for autonomy in exercising individual professional judgement (HCPC, 2014).

This document recognises that the term 'Scope of Practice' encompasses a range of services that Paramedics provide, as far as they are capable and competent and able to do so. Capability is the extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance, whilst competence is taken to mean the knowledge, professional and personal skills, and understanding that a Paramedic demonstrates in carrying out their role (Health Education England, 2019). Therefore, the capabilities and competence of the Paramedic is limited to those functions for which the individual is currently proficient, that is, have the knowledge, education, training and experience to safely provide. Such proficiency is supported by maintaining the standards required for registration with the HCPC.

Scope of practice considers the exercise of professional judgement, autonomy and the decision making the Paramedic requires to practice safely. This fundamentally protects service users; ensures they can expect a reasonable standard of care for paramedics and maintains public confidence in the profession.

Paramedics should endeavour to ensure that the paramedic profession continues to develop across all practical and theoretical domains and seek opportunities where development is possible. The College of Paramedics is committed to exploring opportunities in pursuit of this goal.

What is a Paramedic?

In 2019, the College of Paramedics offered a new definition of a paramedic, in an attempt to modernise the dictionary definitions that had focussed on the outdated out-of-hospital clinical setting in which paramedics have traditionally worked (Eaton, 2019). The definition of a Paramedic presented by Eaton et al (2019) was:

“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.”

In isolation, this core explanation does little to promote a distinct professional identity for paramedics. Indeed, there are a range of healthcare professionals who fit this description, including the allied health professions cohort, Doctors and Nurses. In being too broad and generalised, the definition fails to acknowledge the unique elements of risk assessment, management and the dynamic environments that are often associated with a paramedic role, regardless of clinical setting but that are particularly associated with all undergraduate paramedic education programmes. It is these basic curricula that has previously provided the professional distinction between paramedics and other health practitioners. A better definition is now presented by the College of Paramedics, and outlined below:

“A paramedic is a registered healthcare professional who works autonomously, often in uncontrolled environments, drawing on critical and dynamic decision making to assess and manage an undifferentiated and unpredictable caseload safely and effectively.”

This definition could still apply to, for example, Nurses and Doctors, who work in out-of-hospital emergency settings. However, there are fewer other health practitioners who work in this occupational space than paramedics, and as such paramedics are more commonly associated by the public and others with having expertise and professional dominance in this space. Whilst there is no definition that could seek to capture the paramedic identity as a whole, given the breadth of the areas in which paramedics now work, the uniqueness of paramedic practice and dominance in out-of-hospital emergency care should not be discarded or diminished. Instead, paramedics should embrace the capacity they now have to begin their career as out-of-hospital emergency care professionals and the opportunities to develop their career beyond this traditional boundary.

There are many definitions of what makes an occupation a profession rather than a vocation. Sociologist Eliot L Friedson (1923-2005) spent his career researching the common elements of the profession. He outlined that a unique purpose, a unique body of knowledge and expertise with technical and moral authority that cannot reasonably be performed by others, and autonomous practice, and regulation are defining

characteristics of a profession. However, it is difficult to capture this in one definition, and so this is supported by four core characteristics. These support Friedson's definition of a profession (Friedson, 2001), that make a paramedic, regardless of the work they undertake, unique.

In considering this overarching explanation, the College of Paramedics adopts the notion that, whilst some aspects of the definition may be shared with other health disciplines, the professional identity and uniqueness of the paramedic is associated with the combination of this explanation and four core characteristics:

1. Managing uncertainty

Paramedics are educated and trained to make decisions in complex and high-pressure situations, sometimes in unfamiliar and often unpredictable environments. Regardless of the clinical setting of work, the expertise of the paramedic is managing this clinical uncertainty, and the ability to do this across a broad scope of practice. In doing this, paramedics take responsibility for their clinical judgment, and the consequences of this, furthering their independence and autonomy as healthcare professionals.

2. Broad Capabilities

Paramedics are skilled at history taking, consultation skills, examination and judgement in diagnosis and management across the breadth of physiological, psychological, and social health responses (and often a combination of all of these). This is across the entire lifespan, from new-borns to the elderly, and those at the end of their life. This broad set of capabilities undoubtedly stems from the traditional paramedic role within the emergency medical services; that any person, with any problem they consider an emergency, may call 999. However, this foundation of a broad range of capabilities is unique in that it enables paramedics either to maintain such a range (such as in an ambulance service) or choose to specialise in one of a broad range of clinical settings, within which the range of skills and procedures are more narrowly focused, such as primary or emergency care.

3. Gatekeeping clinicians

Paramedic practice takes place predominantly in a time-limited space, where there may be limited formal oversight and staff support. In such a space, paramedics typically act as 'Gatekeepers' for patients, delivering treatment and directing any ongoing care needs. Essentially, they initiate the introduction of other practitioners to the patient, until the care of the patient is transferred to the relevant specialist. Gatekeeping involves a candid relationship and excellent communication skills with the patient (as well as relatives and friends of the same), as well as members of the public.

4. Integrated working

Paramedics are autonomous at the point of registration, but integrated working is a component of paramedic practice. Across all clinical settings, paramedics also work closely with other health and social care professionals, such as (but not limited to) General Practitioners, Nurses, Social Prescribers and Pharmacists. As well as contact with other healthcare colleagues, paramedics within the ambulance service often work alongside colleagues from the police, fire and rescue services, mountain rescue teams and the coastguard. Interdisciplinary work is also required in education, leadership and research roles. Such range of opportunity for integrated working is unique to paramedics, and a core component of the professional standards (HCPC, 2014).

Profession Wide and Individual Scope of Practice

In defining the limit of knowledge, skills and experience which individuals possess in relation to their professional role, a scope of practice must be able to describe the breadth of activities currently carried out by the profession as a whole, as well as the activities undertaken by individual paramedics. Scope of practice is not a list of technical clinical skills or core competencies. Whilst these contribute to the practical capabilities of paramedics, particularly when working in a particular clinical practice role or setting, these do not define scope of practice, or level of practice, in and of itself.

Profession wide scope of practice

Profession-wide scope of practice sets out the standards for paramedics in its broadest nature. As such, any clinical activity that is undertaken within that definition would fall within the definition of being something a paramedic could potentially undertake, and so would fall within the profession-wide scope of practice. Therefore, by definition, undertaking a clinical activity that falls outside of that definition would be deemed to be outside of the paramedic profession wide scope of practice. This is commonly supported in law using the Bolam Test / Standard (Townsend, 2017).

The profession-wide scope of practice sets out the boundaries of the profession: What is practiced within it is distinctly recognised as being part of paramedic practice. The profession wide scope of practice relates to the *Standards of Proficiency for Paramedics* (HCPC, 2014) (due for republication in Autumn 2021) in that those standards set out to describe what a student paramedic must know, understand and be able to do by the time they have completed their education and training and are eligible to apply for registration with the HCPC as a paramedic. These Standards set out the standard for safe and effective practice for a paramedic and cannot be disregarded.

The scope of practice for a newly qualified professional would not be expected to be the same as the scope of practice for an experienced professional, educated and practising at a high degree of competence. The experienced professional will have gained knowledge, skills and experience throughout their career, which the newly qualified professional does not yet have. The overall profession wide scope of practice for a paramedic therefore needs to define the boundaries of the profession, within which a paramedic may practice, rather than limit itself to the standards set for a newly qualified professional. We recognise that over time these boundaries may change as the profession continues to develop, and the College supports further opportunities for paramedics to develop professionally, recognising that the scope of practice may evolve as paramedics move into more varied work settings and undertake new clinical roles for employers.

For a particular procedure or technique to be considered to fall within the profession wide scope of practice it should fall within one of the four core characteristics set out earlier that make up what it means to be a paramedic: it should help the paramedic to manage uncertainty, be within the broad capabilities of a paramedic, assist the paramedic to fulfil their role as a gatekeeper, and/or assist them to work within an integrated setting.

Individual scope of practice

An individual scope of practice represents the areas within the profession wide scope of practice where an individual has the knowledge, skills, and experience to practice lawfully, safely, and effectively. As such, individual scope of practice may be unique, and is influenced by career, experience, and development. This scope of practice may change over time as a result of specialising in a particular field of practice, for example in primary care or within Air Ambulance systems.

The HCPC note in their standards that, whilst paramedics need to meet all of the standards of proficiency to register as a paramedic, Once registered, paramedics must only meet those standards relevant to any individual scope of practice to maintain registration (2020). Thus, throughout a paramedic's career, individual scope of practice can vary and the corresponding application of the standards of proficiency may also vary. Such scope of practice may mean that individuals are unable to demonstrate that they meet all the standards that apply for the whole of their profession, and this is accepted by the HCPC providing that an individual paramedic can continue to practice lawfully, safely and effectively. However, there are some standards of proficiency for paramedics that are fundamental principles for which variation is not expected and would always apply to all individual scope of practice. These include:

- Be able to practise safely and effectively within their scope of practice
- Be able to practise within the legal and ethical boundaries of the profession

- Be able to maintain fitness to practise
- Be aware of the impact of culture, equality, and diversity on practice
- Be able to practise in a non-discriminatory manner
- Understand the importance of and be able to maintain confidentiality
- Be able to communicate effectively
- Be able to work appropriately with others
- Be able to reflect on and review practice

It should be noted that an individual's ability to practice to the full extent of their individual scope of practice may be curtailed by terms of employment, specific job description, and range of equipment provided by an employer. An individual's range of skills to be deployed within a particular job role must be agreed with their employer, particularly in relation to arrangements for vicarious liability. This should be reviewed as part of a formal process (such as a yearly appraisal) and take into consideration additional roles such as independent or supplementary prescribing.

Supervision

In the case of delegation of activities, the Paramedic remains accountable for any decisions taken, and should be satisfied that those who fulfil any delegated task are competent to do so. In the case of students or learners it is necessary for the paramedic to provide adequate supervision at all times.

In addition, an essential requirement of maintaining a safe scope of practice is a paramedic's own participation in supervision. Clinical supervision is a reflective and evaluative process that exists between a clinician and their supervisor. The relationship is a supportive one, based on trust, where the paramedic is enabled and empowered to develop their abilities and capabilities through reflection and learning. An individual's ability to reflect on practice is a core element of personal development to ensure that they remain safe, responsive, and effective throughout their professional career, and within their scope of practice.

Clinical Supervision: A Framework for UK Ambulance Services 2021 and Clinical Supervision: A framework for paramedics in all settings are two relevant documents (currently awaiting publication) that will provide clear guidance for paramedics and employers on the purpose and processes of effective clinical supervision.

Reflecting on Individual Scope of Practice

As a result of changes to your individual scope of practice you might be unable to continue to demonstrate that you meet all of the HCPC standards of proficiency that apply for the whole of the profession. This is not a problem provided you limit your practice to that within your individual scope of practice and do not practise in areas where you are not, or no longer proficient.

Equally, if you wish to expand your individual scope of practice you need to be certain that you are capable of working lawfully, safely and effectively in the new area of practice. This means you will need to undertake any necessary training and education in the new area and may need to gain supervised experience in that area before starting to practise in this new area autonomously.

In order to determine whether undertaking a clinical activity falls within your individual scope of practice, it is helpful to consider the following prompt questions, which have been adapted from those used by the Chartered Society of Physiotherapy. You should consider all of the questions and reflect on the answers and your own personal justification before making a decision regarding your scope of practice.

1. Profession-wide scope of practice

a. Definition of a paramedic

Consider whether the activity or area of practice falls within the definition of the profession-wide scope of practice. In making this decision you should consider whether you are still managing uncertainty, acting as a gatekeeper, and / or working as part of an integrated team. Does your clinical practice involve history taking, consultation, examination, diagnosis, and / or the management of illness and injury?

a. Context of practice

- i. Consider whether you are working as a paramedic. This doesn't necessarily mean that you need to have paramedic in your job title but that you are still practicing your profession. In other words, are you using the knowledge skills and competencies you have gained as a paramedic, and do these contribute to you being able to deliver this area of practice?
- ii. Would your colleagues recognise what you are doing within paramedicine? Peer understanding is an important gauge. It might be helpful to discuss your proposed area of practice with a colleague to help you think critically about the area of practice / role.

b. Responsibility and accountability

Will you be retaining ultimate responsibility and accountability for the proposed area of practice and care you deliver to your patients?

c. Autonomy

Consider how you are working autonomously - are you able to make decisions without the permission of another healthcare profession? It is worth considering that there are different levels of autonomy.

3. Risk mitigation

- a. Consider whether you are taking adequate steps to ensure the safe integration of the proposed area into your practice. These could be risks which challenge safety and/or the quality of the service to the patient population or yourself.
 - i. What qualifications do you have in the area of practice? What qualifications do other professionals that work in that area of practice hold and how does your level of qualification compare to theirs?
 - ii. What training and education have you undertaken in the area of practice? How does this compare to other professionals that work in that area of practice?
 - iii. What experience have you gained in that area of practice? How does that level of experience compare to other professionals that work in that area of practice?
 - iv. What level of supervision and / or mentorship are you receiving if this is a new area of practice for you? How does this compare to that of other professionals who start to work in that area of practice? Do you have evidence of your development/achievement to perform a particular procedure?
 - v. To what extent have you taken into consideration the complexity of the diverse cultural make-up of the patient population that you serve and the safe provision of high quality culturally sensitive patient care?

4. Evidence base

- a. Consider whether there is any evidence to support this area of practice? The College of Paramedics expects its members to engage with evidence-based practice and apply these to any area of practice.
 - i. Consider whether peers within the paramedic or other professions, with relevant expertise and experience acknowledge this area of practice.
 - ii. Is there available evidence relating to that area of practice, including evidence that supports its safety, effectiveness and economic value?

Levels of practice

Newly-qualified Paramedic (NQP)

From 1 September 2021, the threshold level of qualification for entry to the HCPC Register for paramedics will change from 'Equivalent to Certificate of Higher Education' to 'Bachelor's degree' (HCPC, 2018).

When first registered as a Paramedic with the HCPC, a period of adjustment and supervision is common. Paramedics in this stage of their registration are referred to as newly qualified paramedics, and it is recognised that the development during this two-year period is different depending on the environment in which these new paramedics work, and which nation within the UK they are employed. For instance, the core competencies of those working in a NHS Ambulance Service in England may differ in Scotland, and both will differ from those working in a primary care setting. All these differences depend on a number of factors including supervision, exposure to patients, support, autonomy and development.

Nonetheless, the principle of Paramedics working within their scope of practice with support for development through regular supervision during the first two years of practice is vital for ongoing professional development and agreed with their individual employer.

For those in formal NQP roles, NHS Employers (2019:1) outline the following:

“NQPs will be registered practitioners working to HCPC standards. The programme will provide a period of structured and essential experiential learning, following successful completion of education and registration, to integrate paramedics into the workforce. It will complement and not replace, local preceptorship schemes”

Therefore, it should be recognised by newly qualified paramedics and respective organisations that their experiences during the initial period may be variable, even if they continue to practice in the identical discipline area at the end of the two-year period.

Paramedic

Paramedics have extensively developed and expanded their scope of practice across the clinical pillar, with ongoing career and employment opportunities continuing. It is recognised that, whilst the role Paramedics undertake may be different across clinical settings and organisations, they will continue to meet the definition, and the characteristics supporting this definition.

Once registered, Paramedics are required to provide demonstrable continuing professional development. For those that entered the register with an equivalency to a Certificate of Higher Education, it is recognised some will wish to 'top up' this education to a relevant Bachelor's degree with honours, to enable future progression. It is equally recognised that some Paramedics will not wish to do this and will continue in their current role – which is accepted by the regulator the HCPC.

Paramedics may be required to supervise students, other paramedics, other health professionals and non-clinical staff. For this reason, regular supervision for Paramedics (including the provision of pathways to ask for advice) is vital for ongoing personal and professional development.

Specialist Paramedic

As new Paramedic roles have developed, there have been a variety of iterations of the role (and title of that role) that Paramedics undertake when moving between generalist paramedicine and advanced paramedic practice. Historically, these have been referred to as 'Practitioner' roles (such as Emergency Care Practitioner, Paramedic Practitioner), but may also be labbed 'enhanced' or 'community'. The College of Paramedics has adopted the term 'Specialist Paramedic' to refer to these non-generalist roles and offers how to differentiate these important roles as shared features can be identified.

In essence, the differentiation centres on the focus of the role. Specialisation refers to a particular area upon which knowledge and skills are concentrated on. This approach defines 'specialist' practice as that which is particular to a specific context, be it a patient group, a skill set or an organisational/environmental context.

The developmental pathway towards advanced levels of practice for Paramedics may be different for individuals, with some following a narrowed 'specialist' route through focus on high-level skills and decision-making within a particular client group or clinical context; while others will develop a portfolio that reflects high-level assessment, decision making and autonomous practice across a greater breadth of practice. Regardless, supervision for specialist Paramedics follows that set out for Paramedics, with the provision of pathways to ask for advice vital for ongoing personal and professional development. specialist Paramedics may also be required to supervise students, other paramedics, other health professionals and non-clinical staff.

The achievement of this level of practice requires the attainment of the appropriate skills and clinical competence, through the undertaking and acquisition of a programme of education at FHEQ level 7 / SCQF level 11 post graduate diploma (PGDip). This is typically associated with two years clinical exposure in the area relevant to the subject of study.

Advanced Paramedic

For Paramedics working at an Advanced level of practice, regardless of clinical setting, their scope of practice should also be considered against existing and emerging Advanced Practice toolkits or frameworks relevant to their country of practice.

Whilst these frameworks differ slightly, the commonality that exists across each of them is a level of practice characterised by a high degree of autonomy and complex decision making to manage and complete episodes of care. Such a level is associated with higher education (a FHEQ level 7 / SCQF level 11 postgraduate Master's Degree), as well as demonstration of proficiency (capabilities and competences) in the area of practice. Advanced Paramedics in clinical roles may undertake training to become an independent and supplementary prescriber, with associated annotation on the HCPC register. Advanced Paramedics in prescribing roles must also, therefore, adhere to guidance frameworks surrounding the standards of prescribing.

Paramedics working in Advanced Practice who have undertaken recognised education and development may act as clinical supervisors to trainee advanced paramedics, as well as other health professionals and non-clinical staff.

Advanced paramedic frameworks exist across each devolved nation:

[England](#)

[Scotland](#)

[Wales](#)

There is currently no advanced paramedic framework for paramedics in Northern Ireland, however the definition associated with [Advanced Nursing practice](#) focusses on the principles of outlined within the other three nations.

Consultant Paramedic

Consultant paramedics are strategic leaders who act as role models for paramedics and the healthcare community. Typically, the responsibility of consultant paramedic is underpinned by a philosophical position which places patient centred care at the forefront of their role. Consultant paramedics work autonomously to a high degree, are leaders in the field of paramedic practice, and have the ability to evaluate and critically analyse various forms of data, along with a strong leadership and managerial presence within their area of practice (College of Paramedics, 2017).

Consultant paramedics are typically able to demonstrate a broad range of knowledge and skills to a higher level of autonomy and criticality in all areas of paramedic practice. The key factors that articulate the different level between consultant and advanced paramedic levels include:

- Expert practice within their profession

- High levels of strategic thinking, knowledge, and skills, commensurate with expert practice.
- Clear distinctions regarding levels of accountability, with consultant roles accountable preferably at Board level, and senior leadership and management level as a minimum.
- Learning, developing, and improving across the system
- Undertaking and integrating research to innovate clinical practice.
- Working strategically across a range of models of service delivery.
- Influencing policy and decision making.

Such a level is associated with higher education (a FHEQ level 8 / SCQF level 12 Doctoral degree), as well as demonstration of proficiency (capabilities and competences) in the area of practice.

A framework for Consultant Paramedics currently only exist within [England](#).

Insurance

Regarding of the scope of practice paramedics work within, paramedics are required to have a professional indemnity arrangement in place as a condition of their registration with HCPC. Many paramedics will already meet this requirement as they will work in an employed environment where their employer indemnifies them. For those who are unsure if their employer provides professional indemnity, or those who are self-employed, the College of Paramedics provides Medical Malpractice and Public Liability insurance as a benefit of membership. Full details relating to insurance for paramedics can be accessed here:

<https://www.collegeofparamedics.co.uk/member-services/insurance>

Concluding Principles

As paramedics in the UK continue to develop their profession and expand their scope of practice into non-traditional paramedic occupational spaces, there are commensurate changes in skills and role. As these new opportunities open, valuable professional development within the paramedic profession, it is recognised that paramedics continue to form “*a professional identity that is broader and more sophisticated than traditional models*” (Woollard, 2006). As the profession continues to develop and expand, this scope of practice will continue to evolve, as a theory of practice and professional identity continues to develop. It is, without doubt, an very exciting time to be a paramedic.

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