CODE OF PRACTICE

The medical practitioner, from the point of view of command, control, and communications, will be under the direction of the ambulance service. The medical practitioner will be responsible for their own clinical actions.

(1) Medical practitioners must be fully registered with the General Medical Council.

(2) Medical practitioners must have appropriate professional indemnity.

(3) Medical practitioners must ensure they have personal injury insurance cover.

(4) The responsibilities of the ambulance NHS trust are as follows:

(a) The ambulance service is ultimately responsible for the response to an emergency call.

(b) The ambulance service will accept vicarious liability for immediate care practitioners responding on its behalf.

(c) The ambulance service is responsible for the mechanism of call initiation and ongoing communication.

(d) The ambulance service should ensure that doctors are appropriately trained to a minimum standard of level 2 of the generic core material of the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh, or its academic equivalent.

(e) The ambulance service is responsible for ensuring immediate care practitioners have and use appropriate personal protective equipment (PPE).

(f) The ambulance service should have an active clinical governance programme, in which the immediate care practitioner participates, and should include issues such as:

i. audit;

ii. adverse clinical incident reporting;

iii. health and safety policy;

iv. a no blame culture to facilitate review of incidents of concern;

v. an appropriate research strategy;

vi. continuous professional development (CPD);

vii. risk management

(g) The ambulance service should ensure that the immediate care practitioners have appropriate training in response driving if using "blue lights".

(h) The ambulance service should ensure that the immediate care practitioner is in possession of equipment and drugs appropriate to fulfil their clinical requirements as per local needs. Where possible, this should be the same or compatible with equipment carried by the ambulance service.

(i) The ambulance service will provide access for the immediate care practitioner to appropriate operational guidelines and protocols.

(5) Responsibilities of the immediate care practitioner:

(a) The medical practitioner must be compliant with points 1, 2, and 3 above.

(b) The immediate care practitioner should be conversant with and be part of the ambulance NHS trusts clinical governance policies.

(c) The immediate care practitioner will work to a contemporary standard of medical practice within their scope of professional practice, consistent with their level of training and experience.

(d) The immediate care practitioner should be subject to a revalidation process, which may be achieved as part of appraisal in their NHS employment or by an independent route recording continuous professional development and a portfolio of experience.

(e) The immediate care practitioners and ambulance service will negotiate and agree their availability and callout procedures.

(f) The immediate care practitioner will ensure that appropriate clinical records are created and retained to the normal standard of any competent medical practitioner.

(g) The immediate care practitioner must maintain the normal code of confidentiality governing clinical practice and be conversant with Caldicott guidelines.

(h) The immediate care practitioner will accept primacy of care for patients while in attendance, and will hand over that care to a suitably qualified person.

(6) An honorary contract should be agreed and mutually signed by the immediate care practitioner and the Ambulance Service NHS Trust, and under normal circumstances this will be reviewed annually after the date of signing.

Competing interest: none declared

Correspondence to: Dr K Porter, Trauma Department, University Hospital Birmingham NHS Trust, Birmingham, UK; keith.porter@uhib.nhs.uk

Accepted for publication 26 July 2005