Defining and explaining your scope of practice at advanced levels of practice – a reflective template

Why and how to use this template

This template will help you define and explain your individual scope of practice as you advance in your career.

Your scope of practice is unique to you within your regulatory framework and the context in which you work.

As you advance in your level of practice, you'll need to use your professional judgement to determine what is and is not part of your scope, based on service user needs and with support from the organisation you work in, where applicable.

To use the template read through the scenarios below and engage in the reflective activities. The reflective activities start on page 4 and cover individual and profession scope of practice, demonstrating your individual scope of practice, and the four pillars of practice.

1. Introduction

This template has been co-created by the Health and Care Professions Council (HCPC) and the General Osteopathic Council (GOsC) as an output from a joint webinar series focusing on scope of practice, supervision and delegation at the advanced levels of practice.

Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a registrant and health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. It is likely that your scope of practice will change over time as your knowledge, skills and experience develop, including through additional training or qualifications.

As an autonomous professional, you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This may involve seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure that the safety of service users is safeguarded at all times.

Defining advanced levels of practice

Figure 1: Workforce levels of practice

The three advanced levels of practice are enhanced/specialist, advanced and consultant (see Figure 1). For registrants, the levels of practice may help you to identify your scope of practice and areas for continuing professional development (CPD), as you continue to work as an autonomous practitioner.

The wording for the levels of practice differs slightly across the UK countries ('specialist' is used in Scotland and Northern Ireland, but in England and Wales the same level is described as 'enhanced'). The overall approaches, including the descriptions of each level of practice, are closely aligned.

These levels of practice are not a regulatory requirement. They have been developed as part of ongoing work to provide clarity about career progression, and to support the education, training, governance and organisational oversight that is needed to support role development for experienced health and care professionals.

Defining scope of practice at advanced levels

In contrast to the levels of practice, the term 'scope of practice' is a regulatory concept. It refers to the limit of your knowledge, skills and experience, and is made up of the activities you carry out within your professional role.[1]

[1] HCPC (2024) Scope of practice | The HCPC

The HCPC and GOsC standards require all registrants, at all career levels and in all sectors and settings, to recognise and work within the limits of their scope of practice.[2] Registrants are also expected to complete CPD activities relevant to their scope of practice, which is all part of protecting the public.

Scope of practice is a living and evolving process. As you advance in your careers, you will gain different skills and experiences (including through formal qualifications and other forms of CPD), to meet service user needs.[3]

When thinking about whether an activity is within your scope of practice it may be helpful to consider the following:

- Do I have the skills and knowledge to carry out the activity safely and effectively?
- Can I complete training or receive other support, such as supervision, that will give me the skills and knowledge needed to carry out the activity safely and effectively?
- Is the activity restricted by law, for example prescribing and, if so, can I legally do it?
- Do my professional indemnity arrangements cover the activity?

There are **two inter-related components within scope of practice: individual and profession**. Both evolve over time.

As you become more advanced in your practice, your individual scope of practice may appropriately extend beyond the generally accepted scope of your profession (see Figure 2) to meet service user needs. It does not develop in isolation: rather an expanded scope should be developed because it addresses a service need. It should be developed with organisational oversight in place and underpinned by workforce planning.

The scenarios later in this template will help you reflect on the idea that scope of practice is a living and evolving process.

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[2] B. Knowledge, skills and performance – Osteopathic Practice Standards

[3] The definition of 'service user' is a broad phrase to refer to 'those who use or are affected by the services of a professional registered with the HCPC. Therefore, service users include people with health and care needs, their families and carers as well as students, learners, and colleagues, including people who are line-managed by registrants. HCPC (2018) Service user and carer involvement | The HCPC

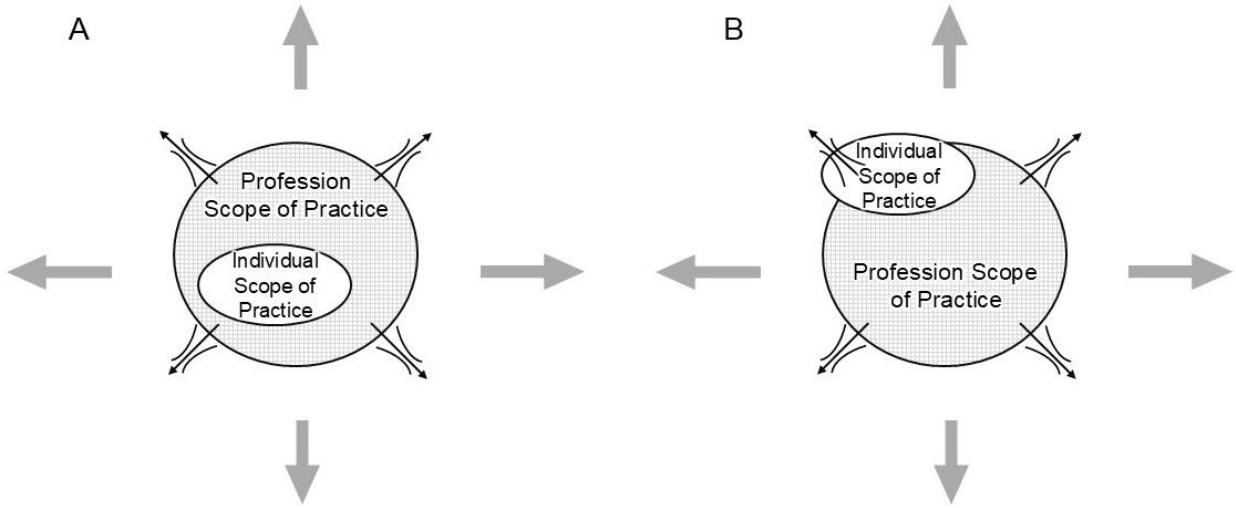

Figure 2: Individual and profession scope of practice as a living process[4]

2. Reflective activities

This section provides a set of concepts and reflective questions that you can consider, to support you to define and explain your evolving scope of practice as you move into advanced levels of practice, including in different roles and across settings. You may wish to use this as part of your reflective practice including in supervision or appraisal processes. If you are working in an employing organisation, you could consider mapping it to your job description.

For further resources on scope of practice, visit the HCPC website.

Individual and profession scope of practice

Scope of practice (individual and profession) evolves and changes over time. Consider these scenarios and reflect on the extent to which these apply to your own situation and profession.

1. A profession's scope of practice changes over time

In the 1980s and early 1990s, radiographers were not involved in cannulation. Fast forward to the present day and, with the appropriate training, this is an embedded activity within the scope of practice for the profession, including for some people working at entry level grades.

[4] Downie et al (2023)

Reflection

- To what extent does this example apply to your profession?
- Can you think of specific examples where your profession's scope of practice has evolved or could evolve in the future?

2. An individual's scope of practice changes over time within a profession

It is within the scope of occupational therapy practice to prescribe bespoke wheelchair and seating packages to enable a person to take part in their daily activities. Sanj spends ten years working in a wheelchair service starting as a relative novice, with supervision and support, then advancing his practice, knowledge and skills through experience and additional training. He also supports others to do the same. Therefore, the activity of prescribing wheelchair and seating packages is both within his individual and profession's scope of practice.

But as an individual practitioner, Sanj subsequently moves into a national strategic leadership role at the Royal College of Occupational Therapists and has not worked in a wheelchair service for over 15 years. He is still practising safely within his scope of practice because his current role requires different skills. But wheelchair and seating prescriptions are now outside his individual scope of practice. Should he wish to widen his scope of practice to include the activity again, he would need to undertake additional learning and training to do so safely and effectively, including drawing upon contemporary research to inform his practice.

Reflection

- To what extent does this example apply to your individual scope of practice?
- Can you identify specific points in your career where your scope has changed?
- How can you evidence the way in which you supported the evolution of your individual scope of practice for example through additional experience, qualifications, supervision or mentoring support?

3. An individual's scope of practice extends beyond the generally accepted scope of practice of the profession in clinical practice.

In 2015 Jo was working as an experienced physiotherapist with a passion for supporting older adults living with frailty in England. They completed additional postgraduate master's level study to become an advanced clinical practitioner (ACP) – a multiprofessional role whereby their scope of practice extended beyond that of their origin profession. They were the first ACP in their hospital trust. Jo used their professional judgement and clinical reasoning to develop their scope of practice to meet service user needs, including activities such as advanced care planning, venepuncture cannulation and ordering X-rays. Some of these activities, at the time, would not have been considered within the generally accepted scope of physiotherapy practice.

Jo had training for the new elements and was required to demonstrate their capability to do them safely and effectively. Regular supervision supported them to reflect on their individual scope of practice, including the on-going evolution of it to meet the often-complex needs of their service users. The job description reflected their individual scope of practice, and the role was supported by the Consultant Geriatrician.

Governance and oversight were provided by the trust including ongoing review of the role, using national guidance on the implementation of advanced practice roles. Subsequently more ACP posts were created.

Jo continued in their ACP role for another five years and appropriately grew their individual scope of practice over that time to respond to changing service provision. They were able to use their professional judgement to make increasingly complex decisions, using advanced clinical reasoning as part of delivering a safe and efficient service, within a multiprofessional team.

Reflection

- To what extent does your individual scope of practice align or extend beyond that of your profession?
- To what extent has that changed as your profession's scope of practice has also continued to evolve?
- How can you evidence the way in which you support the evolution of your individual scope of practice for example through additional experience, qualifications, supervision or mentoring support?
- To what extent do you see your scope of practice evolving in the future to meet service user needs?
- What are the next steps to take to achieve this such as experiences, qualifications, business case planning, and review of professional indemnity arrangements?

So far, the example scenarios have primarily been situated within clinical practice, but the evolution of scope of practice applies to roles across settings and sectors including education, leadership and management, and research roles. Consider these next scenarios.

4. An individual's scope of practice extends beyond the generally accepted scope of the profession including in education, leadership and research.

Adam is an osteopath running a multidisciplinary practice providing an interdisciplinary approach to musculoskeletal (MSK) care, employing physiotherapists, osteopaths, sports therapists and psychologists across three clinic locations. The practice offers training placements to students from different allied health professions. Over time, Adam steps back from hands-on clinical work to focus more on the administrative and strategic aspects of running the clinics: managing the increasing staff team, liaising with education providers, and providing supervision and mentoring. Keen to contribute to the development of interdisciplinary approaches to health care, he works with a local university MSK research department to develop an ongoing research and evaluation process to gauge response rates in patients with chronic pain.

Reflection

- Identify the people affected by the services Adam provides (for example who are Adam's service users)?
- In what ways can Adam demonstrate he is continuing to meet the standards set by his regulator – the GOsC?
- If you are regulated by the HCPC and work in a similar interdisciplinary managerial and strategic leadership role, how can you continue to meet the standards set by your regulator?
- Can you identify specific points in your career where your scope has changed and evolved related to roles in education, leadership or research activities?
- How can you evidence the way in which you supported the evolution of your individual scope of practice (for example through additional experience, qualifications, supervision or mentoring support)?

5. *An individual's scope of practice extends beyond the generally accepted scope of practice of the profession in an education and leadership role, warranting additional professional indemnity arrangements*

Paula is a speech and language therapist and, after years combining independent practice and academia, she now also runs her own workforce learning and development consultancy, as a limited company registered in the UK. She works across several contracts and specialises in the strategic development of professional development support. With an established international reputation, one of her contracts involves working with a national organisation in Australia for a different profession to her own, who want to revise their guidance for supervision. This is within her individual scope of practice, and she can evidence this through her publications, experiences and additional post-graduate qualifications. However, this is beyond the generally accepted scope of practice for her origin profession. Furthermore, her professional liability arrangements do not extend to cover working with colleagues overseas in this capacity. Therefore, Paula needs to make supplementary arrangements for her professional indemnity, requiring a separate insurance policy to that which covers her for other elements of her work via her professional body.

Reflection

- Can you identify specific points in your career where your scope has changed and evolved in relation to education, leadership or research activities?
- How can you evidence the way in which you supported the evolution of your individual scope of practice, for example through additional experience, qualifications, supervision or mentoring support?
- To what extent does the issue of additional professional indemnity arrangements apply to you, including if you work as a sole trader, within a limited company or other areas not covered by your existing arrangements?
- If you are unsure, who would be able to advise you?

Demonstrating your individual scope of practice

There are a range of other resources from your regulator and professional body to support you to define and explain your scope of practice. For example, most professional bodies have career (or professional) development frameworks, many of which refer to advanced levels of practice. You can map yourself into these, alongside multiprofessional resources, to demonstrate your level of practice and identify areas for ongoing CPD.

There are two concepts that feature in many resources: the four pillars of practice and the novice to expert continuum. Neither of these concepts are a regulatory requirement, but they can also help to guide your professional judgement when defining and explaining your scope of practice.

The four pillars of practice

There are four pillars of practice and some of the wording differs across the UK countries and professions (see Table 1), although the core concepts are similar. Broadly speaking, each pillar is defined as follows:

- Clinical / professional practice: the knowledge, skills and behaviours needed to provide high-quality **healthcare that is safe, effective and person-centred**
- Facilitating learning / education: the knowledge, skills and behaviours needed to enable **effective learning in the workplace for yourself and others**
- Leadership (and management): the knowledge, skills and behaviours needed to **lead yourself and others and to fulfil management responsibilities**
- Evidence, research and development (and innovation): the knowledge, skills and behaviours needed to engage in **research activities, apply evidence in practice to inform practice and improve services**

Scotland – NHS Education Scotland	**England – Centre for Advancing Practice**	**British and Irish Orthoptics Society***	**Royal College of Speech and Language Therapists***
Clinical practice	Clinical practice	Clinical practice	Professional practice
Facilitating learning	Education	Facilitation of learning	Facilitation of learning
Leadership	Leadership and management	Leadership and management	Leadership and management
Evidence, research and development	Research	Evidence, research and innovation	Evidence, research and innovation

*Table 1: Illustrative examples of some of the differing terminology for the four pillars of practice (*referred to as domains of practice rather than pillars)*

There is a workforce expectation that people working at advanced and consultant levels of practice will work across all four pillars of practice, and there is a fifth pillar ('consultancy across the pillars') at the highest level of practice. However, the size of each pillar will vary according to your scope of practice (see Figure 3) and role(s).

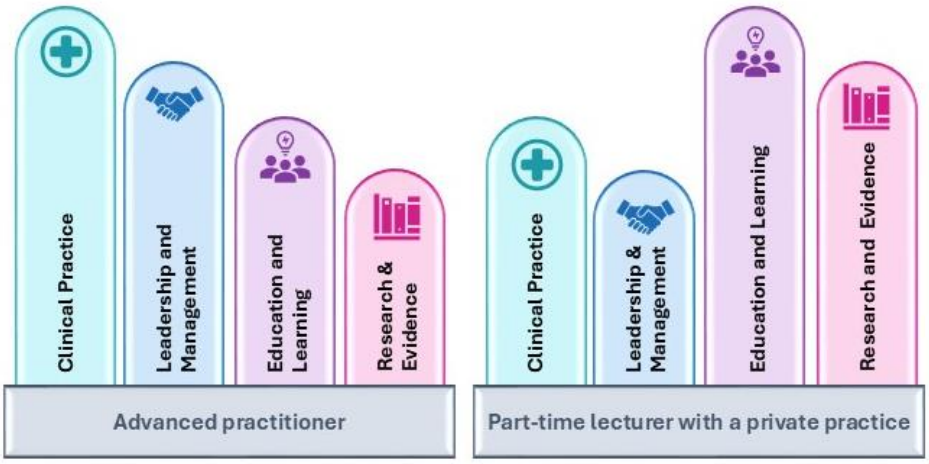

Figure 3: Illustrative examples of the variation in pillars according to different roles.

The pillars may go up or down depending on the nature of your career progression if, for example, you change roles.

6. Pillars of practice may move up and down throughout your career

Bev begins her career in clinical practice and during that time supports students with their practice-based learning (education and learning), leads a small team within her department (leadership and management), works as the local trade union representative (leadership and management) and regularly audits the team's performance against national evidence-based standards to improve the quality of the service (research and evidence).

Later in her career, Bev moves into a regional strategic leadership role. The size of the clinical pillar reduces, and the leadership pillar grows significantly. A secondment opportunity to collaborate with the local university also sees the size of the research and evidence pillar increase. Bev continues to support practice-based learning through leadership placements.

Reflection

- Thinking about your current role, how would you visually represent the size of each pillar?
- To what extent has the size of each pillar changed over the course of your career so far?
- To what extent are you familiar with the resources available from your professional body, such as career development frameworks, to support you to demonstrate your scope of practice across each pillar / domain and identify areas for CPD?

7. Applying the four pillars of practice to your role

Use this template to define and explain the elements of your practice that extend across all four pillars of practice. Consider the impact of voluntary work you may do and how that can support your continuing professional development, for example volunteering as a school governor providing strategic leadership experience.

Clinical / professional practice	Leadership and management
Education / facilitating learning	Research and evidence

8. The novice to expert and generalist to specialist continuum

Figure 4 is a diagram that is also widely used within workforce development to support people to reflect on their level and scope of practice. The levels of practice (novice to expert) intersect with the continuum of the scope of practice (specialist to generalist).

Figure 4 helps to articulate that scope of practice may be narrow if a registrant chooses to specialise for example in hand therapy, or broad if a registrant chooses to work in a generalist field such as primary care.

Figure 4: The novice to expert and generalist to specialist continuum

Reflection

- Where would you currently put yourself on the continuum and why? How could you evidence you are at that position?
- Reflecting on your career so far, identify the transitional points (for example a promotion or a move from one sector to another). Are there places where you have gone, for example, from being an expert advanced clinician to a novice academic and worked your way back up over time with additional learning and experience?

Use this space to capture notes and any follow up actions you may wish to consider

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