

# Scope of practice



British Association of Prosthetists and Orthotists

## INTRODUCTION

Prosthetists and Orthotists are autonomous practitioners working in a multidisciplinary environment. They have flexible roles within this environment which cannot be limited by this scope of practice but must be able to develop naturally. Such development must be based on evidence and improve the functional ability or quality of life of the patient concerned. The aim of this document is to provide a guide to the roles performed by Orthotists and Prosthetists but it is not exhaustive. Practitioners working outside this scope will have extended roles and must have documented evidence to support their ability to undertake these additional duties. They will continue to work within the standards set by the *Health Professions Council*

## LEGAL FRAMEWORK

Prosthetist and Orthotist are protected titles by law. Anyone using one of these titles must be registered with the *Health Professions Council*, or they may be subjected to prosecution and a fine.

They are autonomous practitioners who meet the standards of proficiency, conduct, performance and ethics of the *Health Professions Council*. Failure to do so may lead to removal from the register and an inability to practice within the United Kingdom.

## REFERRAL PATHWAY

Orthotists and Prosthetists are able to take referrals from the following groups but local service protocols may restrict the referral pathway.

- Patients self referral
- General Practitioners
- AHPs
- Consultants

It is the Orthotist/Prosthetist's responsibility to assess the appropriateness of the referral. They have the right and responsibility to decline any referral which, after an assessment, they consider inappropriate to

the patient's need or falls outside their scope of practice.

It is the Orthotist/Prosthetist's obligation to obtain sufficient information from the referrer or any other source, to undertake orthotic/prosthetic treatment. If there is insufficient information then the Orthotist/Prosthetist should decline the referral or seek clarification.

## SCOPE OF PRACTICE

Prosthetists and Orthotists are uniquely trained and educated professionals. They will satisfy the *Health Professions Council* that they meet its standard of education to practice and this will enable them to;

- assess a patient's orthotic and prosthetic needs by analysing their biomechanical, environmental, and psycho-social requirements,
- diagnose the functional need of the person from the information obtained during their assessment
- prescribe orthoses or prostheses for an individual patient's requirements,
- prescribe orthotic/prosthetic treatment plan which anticipates the patient's changing needs,
- take all body imaging data required such as 3D models and pressure scans in order to manufacture orthoses or prostheses,
- Manipulate 3D models in order to produce corrective or accommodative effects within the orthoses or prostheses,
- Have the technical and problem solving skills to adjust and fine tune orthoses or prostheses
- Provide education and advice to patients and other health care professionals regarding the choice and use of orthoses and prostheses.
- Assess the patient in order to determine realistic levels of compatibility to ensure treatment plans are followed sufficiently to gain the desired outcome and improve cost effectiveness of the treatment
- Have knowledge of the possible physiological and anatomical changes of

the human body due to disease, injury or disorder.

- Have knowledge in material science and suitability of certain materials to achieve the optimum safety and durability of the finished orthoses or prostheses.
- Use evidence based and reflective practice to improve their quality of treatment.

Prosthetists/Orthotists hold the expert body of knowledge in prescribing the correct orthoses or prostheses for a patient and have a commitment and duty to continued professional development to ensure that their practice is evidence based and in line with current research and development.

The complex nature of Orthotics and Prosthetics may require practitioners to specialise as they develop their careers. Areas of specialisation may include

- Spinal
- Paediatrics
- Diabetes
- Rheumatology
- Stroke
- Head injuries
- Lower limb
- Upper limb
- Foot and ankle complex

Orthotists/Prosthetists working in these specialities will often be the lead health care professional with responsibility in directing the non-medical treatment. They will be working within a multidisciplinary environment and will be aware of the role and function of other team members. They will be able to co-ordinate and guide other team members to maximise the patient's abilities when using the orthoses or prostheses.

A specialist Orthotist/Prosthetist will have developed skills by evidence based and reflective clinical practice, and peer group appraisal. They will have demonstrated an increased depth of understanding within the speciality which has increased their clinical reasoning and decision making ability.

## CAREER STRUCTURE

BAPO has approved a career structure which grades Orthotists and Prosthetists from

graduates to consultant practitioner. This structure is based on the Career Framework for Health (Skills for Health). Each grade in the career structure has a number of key roles and elements of competencies which define the grade. This can be obtained from BAPO.

## INDIVIDUAL SCOPE OF PRACTICE

An individual's scope of practice can be calculated by combining some or all of the following elements. Evidence based and reflective practice and a commitment to continuing professional development should always be included

- Job description
- Patient group case load
- Clinical environment
- Evidence based and reflective practice
- Continuing professional development

An individual's scope should be accepted by a peer group, fellow health care professionals and medical staff. The Orthotist/Prosthetist must be able to state that they are;

- providing a safe orthoses/prostheses
- the orthoses/prostheses are based on the correct assessment and prescription rationale
- the orthotic/prosthetic treatment is based on a logical and clear decision making process which is appropriate to the patients needs.
- is based on current evidence and or practice.

## EXTENDED PRACTITIONER ROLES

As with the specialist roles Orthotists and Prosthetists are also able to extend their roles, which may enable them to undertake roles performed by other health care professionals. The practitioner will be able to demonstrate with written evidence that he/she has obtained the necessary knowledge and additional training in order to carry out the extended role. Examples of extended roles are;

- Provision of complementary therapies
- Ability to teach stretching and strengthening exercises
- Ability to request x-rays.

## MEDICINES AND PRESCRIBING

Orthotists and Prosthetists may currently only administer medicines under written instruction of a patient group direction (PGD). The instruction is agreed and signed by a senior doctor and includes the following information

- The health professional who can supply or administer the medicine
- The condition(s) included
- A description of those patients who should not be treated under the direction
- A description of circumstances where referral to another professional should be made
- The drugs included and method of administration

## ACTIVITIES OUTSIDE ORTHOTIST/PROSTHETISTS SCOPE OF PRACTICE

Currently practitioners are not able to carry out any surgery of invasive techniques. They are unable to take x-rays. They cannot currently be a prescriber or supplementary prescriber of medicines.

## SUPERVISION OF STUDENTS

Prosthetists and Orthotists have a professional responsibility to provide practice education opportunities for P&O students and to promote a learning culture within the workplace. Centres which provide student placements will have a practitioner who has obtained accreditation from one of the universities to become a Clinical Supervisor. The Clinical Supervisor remains responsible for the work done by the student. The amount of supervision must be appropriate during the placement to ensure the safety of both student and patient whilst maintaining a learning environment.

## ACTING UP OR DELEGATING RESPONSIBILITY

Prosthetists and Orthotists should not act up or cover for an absent colleague if they believe the work to be outside the scope of their competence or workload capacity. Such duties should only be undertaken with additional planning, support, supervision and training.

Prosthetists and Orthotists who delegate part of their professional work must be satisfied that the person to whom they delegate is competent to carry them out. Such persons may include students, assistants and technicians. In these circumstances the Prosthetist or Orthotist retains ultimate responsibility.

## INSURANCE

BAPO provides insurance cover for its members apart from Affiliate members. The insurance includes product and public liability insurance as well as medical malpractice insurance. This covers them whilst working with NHS patients and in private practice (there is a limit of earnings up to £1,000 per year for product and public liability insurance on private practice, there is no limit for malpractice insurance). The current insurance level is £5 million in the UK and €6.5 million in the Republic of Ireland.

### WHERE TO FIND INFORMATION AND ADVICE

Health Professions Council,  
[www.hpc-uk.org](http://www.hpc-uk.org)

BAPO guidelines for best practice,  
[www.bapo.org](http://www.bapo.org)



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