Foundation Doctor Roles and Responsibilities (including minimum requirements for clinical supervision)

Oxford Deanery

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Policy

1. During both foundation years, newly qualified doctors carry out many ‘clinical’ and ‘non-clinical’ duties, most of which are essential for their further education and training. The Oxford Foundation School (OFS), in collaboration with the Local Education Provider (LEP), have made significant efforts to ensure that foundation doctors’ (FD) roles and responsibilities are clear, tasks assigned to them are appropriate and adequate clinical supervision has been provided at all times.

2. It is expected that all LEPS regularly review their practices against this policy and make any necessary adjustments.

3. It is important that all supervisors and others working with FDs are familiar with the current policy before they are assigned to work with a FD.

4. The current policy applies for both years of the Foundation Programme (FP), with a note where it differs for F1 and F2 Doctors.

5. OFS will monitor LEPS against this policy through their quality management processes.

A) Purpose

1. This document has the following purposes:

   a) To assist LEPs in defining the roles and responsibilities of FDs
   b) To guide LEPs on appropriate and inappropriate duties for FDs
   c) To define the minimum requirements of clinical supervision for all FDs working within the OFS.

B) Principles

1. The FP is designed to bridge the gap between undergraduate and specialist medical training for a junior doctor. The ethos of training in Foundation is to provide a generic learning environment in different specialties. It builds on undergraduate training to allow FDs to demonstrate performance in the workplace rather than competence in isolated test situations.

2. The primary aim of the FP is to develop competences, attitude and clinical skills of junior doctors reflecting good medical practice as defined by the General Medical Council (GMC): (http://www.gmc-uk.org/guidance/good_medical_practice.asp).

   This programme should also allow FDs to satisfy the needs of the GMC, meet the outcomes for provisionally registered doctors (http://www.gmc-uk.org/education/postgraduate/standards_and_guidance.asp) and enter the professional register at the end of F1. At the end of F2, FDs should be ready to enter a specialty-training programme.

C) Responsibilities

1. It is the LEPs responsibility to ensure that everyone working with a FD understands the roles and responsibilities of foundation trainees.

2. Each specialty within the LEP is expected to have a written job/placement description for FDs in place that clearly states their roles and responsibilities within the individual department.

3. The main role of FDs working in the local training centre is to deepen and broaden their understanding and expertise of subjects listed in the Foundation Curriculum: http://www.foundationprogramme.nhs.uk/index.asp?page=home/keydocs#c&rg, and meet the required competences through a mixture of teaching opportunities, hands-on experience on hospital wards and a series of required assessments. To fulfill this role FDs are responsible for:

   - Revisiting clinical and professional practice, and studying at increasingly complex levels
   - Practicing with decreasing supervision
   - Building on existing levels of understanding
   - Recognising that levels of expertise generally increase with practice and reflection
Practicing in a way which makes patient safety paramount
Working closely with other doctors in various specialty teams and also with nurses and other healthcare workers
Attending all the mandatory professional development teaching sessions organised by the local employer
Attending Trust specific teaching organised by their local programme
Completing a series of required assessments for clinical and non-clinical skills
Meeting supervisors on a regular basis to identify personal learning needs and discuss plans on how to meet them
Ensuring that their own health is not a risk to patients, in accordance with the GMCs Good Medical Practice
Managing their own learning, using the support structures within their local Trust and FP e-Portfolio
Supporting the Quality Control process of training, by completing surveys and attending quality management visits

D) Learning Priorities for FDs
1. FDs are required to obtain theoretical and practical knowledge and competences in the following areas:
   - Good Clinical Care
   - Maintaining Good Medical Practice
   - Relationships with Patients and Communication
   - Working with Colleagues
   - Teaching and Training
   - Professional Behaviour and Probity
   - Acute Care

2. The main learning priorities for F1 Doctors should be:
   - Diagnosis and clinical decision making
   - Effective time management, prioritisation and organisational skills
   - Clinical accountability, governance and risk management
   - Safe prescribing in clinical practice
   - The frameworks needed to ensure patient safety
   - Legal responsibilities in ensuring safe patient care
   - The recognition of diversity and cultural competence

3. The main focus of an F2 Doctor should be on training in the assessment and management of the acutely ill patient.

4. The main additional learning priorities for F2 Doctors should be:
   - Decision-making through communication with patients
   - Team-working and communicating with colleagues
   - Understanding consent and explaining risk
   - Managing risk and complaints and learning from them
   - Being aware of ethics and law as part of clinical practice
   - Using evidence in the best interest of patients
   - Understanding how appraisal works to promote lifelong learning and professional development
   - Taking responsibility for the future of medical care in the UK by teaching others effectively

5. It is expected that local Trusts and individual departments take into account the above when assigning duties to FDs and designing educational teaching programmes.

E) General and Clinical Duties Expected of FDs
1. Taking into account the above, FDs are expected to carry out clinical duties which include:
   - History taking, examination and differential diagnosis
• Management of acute and chronically ill patients and diagnostic testing
• Clinical skills e.g. venepuncture, insertion of central lines, peritoneal drains etc.
• Assessment of all patients arriving for elective admission,
• Effective communication skills and counseling including skills in breaking bad news
• Coordinating treatment and investigate procedures
• Discharge planning

2. FDs should be advised that they will also be required to perform duties in occasional emergencies and unforeseen circumstances at the request of the appropriate consultants in consultation, where practicable, with senior and junior colleagues. Additional commitments arising from such circumstances are exceptional and work of this kind should not be required for prolonged periods or on a regular basis

F) Tasks Considered to be beyond the Competence of FDs

1. FDs should only assume responsibility for or perform procedures in which they have adequate experience and expertise. FDs should at no time be expected to take the responsibility for procedures or techniques in which they have insufficient knowledge, experience or expertise.

2. Extra care should be taken when assigning the following procedures/duties to FDs:

   a) Site or side marking for procedures to be carried out by others
   It is the responsibility of every supervisor and other staff member to ensure that FDs are not asked to site or side mark. This is the responsibility of the person carrying out the procedure.

   b) Prescription and administration of drugs
   It is the local employer’s responsibility to ensure that FDs and their supervisors are fully aware of the risks and responsibilities associated with the prescription and administration of drugs. The following should be noted:

   • F1 Doctors are not allowed to prescribe or administer cytotoxic drugs or immunosuppressant’s (excluding corticosteroids).
   • F2 Doctors should never initiate or administer cytotoxic drugs or immunosuppressant’s (excluding corticosteroids).

Specialist units with FDs may apply for an exceptional variance of this directive to their Foundation School. Variances that require a FD to administer cytotoxics via the intrathecal route will NOT be permitted. In addition variances will not be permitted without evidence that for other routes:

   • The experience forms part of a defined programme of training and is not a routine duty
   • Agreed protocols are in place, which include formal, supervised and certificated experience
   • An appropriately trained senior doctor or nurse is always present
   • The delivery of treatment is during the day and does not depend upon the presence or absence of the FD
   • It is the responsibility of the local Trust to ensure that the F2 Doctor has been trained in the relevant procedure and his/her competency has been proved through assessments before being allowed to prescribe cytotoxics.

   c) Obtaining consent for a procedure (see also Oxford PDMGE Policy for Obtaining Consent for Medical Procedures)
   Consent is the responsibility of the doctor undertaking an investigation or providing treatment. If this is not practical, the responsibility can be delegated to someone else. The following must be taken into account when asking FDs to obtain consent:

   • FDs may obtain consent only when directly supervised and under delegation from the
experienced doctor ensuring the FD is suitably trained to perform the procedure, has sufficient knowledge of the proposed investigation or treatment and understands the risks involved. It should be also ensured that the role of the FD in the consent process has been discussed and clearly understood.

- The doctor who delegates will still be responsible for making sure that the patient has been given enough time and information to make an informed decision, and has given their consent before any investigation or treatment starts.

The OFS expects LEPs to have formal policies in place governing the obtaining of consent, and to audit compliance with those policies at regular intervals.

**G) Appropriate and inappropriate duties for FDs**

1. It is the responsibility of every supervisor and other personnel member to ensure that FDs undertake only appropriate duties and duties with no educational value (e.g. portering) are not assigned to FDs other than in exceptional circumstances

2. The following procedures are considered **appropriate** for FDs

- Urinary Venepuncture
- Cannulation
- Blood culture
- ECG recording
- IM injections
- SC injections
- IV injections (note: not cytotoxics etc.)
- Arterial blood gas sampling
- Oxygen therapy (starting on nasal specs, to venture masks, to 15L non-rebreather)
- Starting and administering nebuliser therapy
- Inserting a naso-gastric tube
- Performing spirometry
- Taking all basic observations including HR, temperature, BP and SATS
- BM testing (only if confirmed as competent within the local programme)
- Setting up an IV infusion
- Performing CPR
- Using airway protection devices
- Ascitic tap (paracentesis) for diagnosis
- Pleural tap for diagnosis
- Nasal packing for haemorrhage
- Straightforward suturing
- Bladder scanning
- Removal of chest drains
- Femoral venous blood sampling
- Femoral arterial blood sampling
- Femoral lines
- Arterial lines
- Lumbar puncture
- Proctoscopy
- Speculum insertion
- Joint aspiration (knee only)
- Skin biopsy

3. FDs may undertake the following, **if appropriately supervised**:

- Pleural tube drainage
- Ascitic drainage (therapeutic)
4. It is expected that supervisors and other personnel working with FDs ensure that a number of routine duties which provide the basis for the development and refinement of essential clinical skills do not feature to an inappropriate extent. Where the following duties do not make an essential contribution to the education of the FD, the duties should not be assigned to them:

- Venesection
- Siting and resiting cannulae
- Phlebotomy support for dynamic endocrine function tests
- Clerking patients attending for day case surgery or outpatient procedures such as endoscopy/angiography - limited involvement would be permitted where there is a demonstrable educational component such as attending the procedure.
- Supervising ECG exercise stress tests. - In appropriate circumstances, FDs may supervise tests being carried out on their own in-patients, but only after appropriate training in observation, interpretation and resuscitation.
- Lengthy discharge summaries, over and above an initial discharge letter
- GP home visits - the number of home visits undertaken should be related to educational and not service delivery needs.

5. The following duties are not the responsibility of FDs:

**a. Clinical duties**
- Routine phlebotomy, or compensating for regular shortfalls in the phlebotomy service
- Administering contrast media, unless the FD has been directly involved with the assessment of the patient, and only after he/she has been trained in the management of anaphylaxis
- Warfarin level assessments in coagulant clinics

**b. Non-clinical duties**
- Routinely collecting or delivering requests and results of investigations, with the possible exception of urgent radiology requests
- Finding beds for emergency and routine admissions
- Portering duties
- Excessive filing and other strictly clerical work
- Explaining the cancellation of admissions
- Negotiating patient placements with social service departments unless they are undertaking work as part of their training on discharge arrangement as part of a Multi Disciplinary Team

**H) Minimum Requirements for Clinical Supervision of FDs**

1. FDs should never be left without adequate clinical supervision.

2. Every FD must have a nominated Clinical Supervisor (CS), allocated for each placement, who is responsible for ensuring that the FD is appropriately supervised, supported and undertaking only appropriate duties at all times.

3. All nominated CSs must be appropriately trained and be aware of their responsibilities for patient safety.

4. FDs must be provided with the name, e-mail address and telephone number of their nominated CSs by their Educational Supervisors (ES) and the Foundation Training Programme Director (FTPD).

5. If the nominated CS is unavailable s/he must delegate the supervisory duties to another doctor
who is an appropriately trained medical practitioner. The delegated doctor must have adequate training in the area of clinical care and be aware of the responsibilities for patient safety. If there is no appropriate medical practitioner in the department/practice available then the nominated CS should arrange a support arrangement with a nearby specialty/practice that also supervises FDs (e.g. in GP, the arrangements should be made to move the FD temporarily to another practice). However, extra care has to be taken to ensure that the delegated CS has time and interest to supervise the FD from another department/practice.

6. The delegation of clinical supervision must be made known to the delegated supervisor(s) and the FD.

7. When delegating his/her duties to others, the nominated CS maintains overall responsibility and accountability for patient care and for the supervision of the FD in training.

8. The responsible FTPD should be notified in writing when a nominated CS is absent from work for a period in excess of two weeks.

9. A nominated CS should offer a level of supervision appropriate to the competence and experience of the individual FD.

10. FDs should only perform procedures without direct supervision when the supervisor has assessed the doctor and has deemed them competent.

11. It is the responsibility of the nominated CS (including GP Supervisor) to ensure that:
   - FDs are never expected to carry out unsupervised tasks for which they do not have enough experience
   - There is always appropriate cover (e.g. middle-grade) available
   - FDs have access to the relevant clinical guidelines
   - Direct access to a consultant’s/GP’s help and advice on the management of an individual patient is readily available at all times, including during the out of hours period
   - A consultant is always available on-call through a bleep or telephone
   - The FD is informed of the consultant’s/GP’s telephone or bleep number
   - There is always a back-up system in place for the supervision and support of the FD

12. The nominated GP CS should ensure that the FD undertakes home visits alone only if he/she feels that the FD is competent to do so and assesses the safety risk to be “low”. Where a “high risk” is identified a CS or security personnel should accompany the FD. The nominated CS should ensure that the FD is equipped with the appropriate clinical equipment to undertake the home visit and carries a fully charged mobile phone.

I) Implementation of this Policy

Monitoring
1. The local provider has ultimate responsibility and must have clear mechanisms in place for monitoring and ensuring that FDs are adequately supervised and supported at all times and undertake only duties that they are competent to perform and offer some educational value. This includes the clinical supervision during placements that take place away from the main hospital (e.g. GP placements).

2. Feedback on the clinical supervision and support provided, as well as duties allocated should be sought from FDs on a regular basis. At Foundation School and Deanery level, this will be ascertained at visits to local Trusts/providers and in questionnaires (i.e. PMETB survey, pre-visit questionnaires and end of service questionnaires).

3. The local provider must take relevant steps immediately if lack of clinical supervision or support for FDs is discovered.
ACKNOWLEDGEMENTS

This policy is adapted from similar guidance provided by the London Deanery.

UPDATES

This policy will be reviewed on a two yearly basis. Any ongoing suggestions for modifying the policy in the interim period should be addressed to the authors at davidmbailey@mac.com or anne.edwards@oxforddeanery.nhs.uk.