



Foundation Doctor Role and Responsibilities within the Local Education Provider and Minimum Requirements for Clinical Supervision of Foundation Doctors

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List of abbreviations

FY1	First Foundation Year
FY2	Second Foundation Year
KSS	Kent, Sussex and Surrey

Introduction

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 London and KSS Deaneries, in collaboration with their Foundation Schools and Local Education Providers, have made significant efforts to ensure that Foundation Doctors' role and responsibilities are clear, tasks assigned to them are appropriate and appropriate clinical supervision has been provided to Foundation Doctors at all times.
2. This document has the following purposes:
 - a) To assist Local Education Providers in defining the role and responsibilities of Foundation Doctors
 - b) To guide Local Education Providers on appropriate and inappropriate duties for Foundation Doctors
 - c) To define the minimum requirements of clinical supervision for all Foundation Doctors working within the London and KSS Deaneries.



3. It is expected that all Local Education Providers review regularly their practices against this policy and make any adjustments necessary.
4. It is important that all supervisors and other personnel working with Foundation Doctors are familiar with the current document before they have been assigned to work with a Foundation Doctor.
5. The current policy applies for both years of the Foundation Programme, with a note where it differs for FY1 and FY2 Doctors.
6. The London and KSS Deaneries will monitor Local Education Providers against this policy through their quality management processes.

The Purpose of the Foundation Programme

7. The Foundation Programme is designed to bridge the gap between undergraduate and specialist medical training for a junior doctor. The ethos of training in Foundation Programme is to provide a generic learning environment in different specialties. It builds on undergraduate training to allow Foundation Doctors to demonstrate performance in the workplace rather than competence in isolated test situations.
8. The primary aim of the Foundation Programme is to develop competencies, attitude and clinical skills of junior doctors reflecting good medical practice as defined by the General Medical Council (http://www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf). This programme should also allow Foundation Doctors to satisfy the needs of the General Medical Council, meet the outcomes for provisionally registered doctors (http://www.gmc-uk.org/education/documents/Outcomes_for_F1_270307.pdf) and enter the professional register at the end of FY1. At the end of FY2, Foundation Doctors should be ready to enter a specialty training programme.

Role and Responsibilities of Foundation Doctors

9. It is the Local Education Provider's responsibility to ensure that everyone within the Local Education Provider's organisation who is working with a Foundation Doctor understands the Foundation Doctor's role and responsibilities.
10. It is expected that each specialty within the Local Education Provider has a written job/placement description for Foundation Doctors in place which clearly states Foundation Doctors' roles and responsibilities within the individual department.
11. The main role of Foundation Doctors working in the Local Education Provider organisation is to deepen and broaden their understanding and expertise of subjects listed in the Foundation Programme Curriculum <http://www.foundationprogramme.nhs.uk/pages/home/key-documents#foundation-programme-curriculum> and meet the required competencies through a



mixture of teaching opportunities, hands-on experience on hospital wards and series of required assessments. To fulfil this role Foundation Doctors are responsible for:

- ✓ revisiting clinical and professional practice, and studying at increasingly complex levels
- ✓ practising with decreasing supervision
- ✓ building on existing levels of understanding
- ✓ recognising that levels of expertise generally increase with practice and reflection
- ✓ practising 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 Local Education Provider
- ✓ attending Foundation Programme specific teaching organised by their Local Education Provider
- ✓ 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 General Medical Council's *Good Medical Practice*
- ✓ managing their own learning, using the support structures within their Local Education Provider and Foundation Programme e-Portfolio
- ✓ supporting the Quality Control process of training, by completing surveys and attending quality management visits

Learning Priorities for Foundation Doctors

12. Foundation Doctors are required to obtain theoretical and practical knowledge and competencies 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

13. The main learning priorities for FY1 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



14. The main focus of FY2 Doctor should be on training in the assessment and management of the acutely ill patient.
15. The main additional learning priorities for FY2 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
16. It is expected that Local Education Providers and individual departments take into account the above while assigning duties to Foundation Doctors or designing educational teaching programmes.

General and Clinical Duties Expected of Foundation Doctors

17. Taking into account the above, Foundation Doctors 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, both in medicine and surgical specialities
 - ✓ effective communication skills and counselling including skills in breaking bad news
 - ✓ co-ordinating treatment and investigate procedures
 - ✓ discharge planning
18. Foundation Doctors 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.

Tasks Considered to be beyond the Competence of Foundation Doctors

19. Foundation Doctors should only assume responsibility for or perform procedures in which they have sufficient experience and expertise. Therefore, Foundation Doctors should at no time be



expected to take the responsibility for procedures or techniques in which they have insufficient knowledge, experience or expertise.

20. Extra care should be taken when assigning the following procedures/duties to Foundation Doctors:

a) **Site or side marking for procedures to be carried out by others**

It is the responsibility of every supervisor and other personnel member to ensure that Foundation Doctors are in no circumstances 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 Local Education Provider's responsibility to ensure that Foundation Doctors and their supervisors are fully aware of the risks and responsibilities associated with the prescription and administration of drugs. The following should be noted:

- ✓ FY1 Doctors are not allowed to prescribe or administer cytotoxic drugs or immunosuppressants (excluding corticosteroids).
- ✓ FY2 Doctors should never initiate or administer cytotoxic drugs or immunosuppressants (excluding corticosteroids). Specialist units with Foundation Doctor placements may apply for an exceptional variance of this directive to their Deanery. Variances for the administration of cytotoxics will not be granted which would permit a Foundation Doctor's participation in administrations via the intrathecal route, nor 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 Foundation Doctor.
- ✓ It is the responsibility of the Local Education Provider to ensure that the FY2 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 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 Foundation Doctors to obtain consent:

- ✓ Foundation Doctors may obtain consent only when directly supervised and under delegation from the experienced doctor ensuring the Foundation Doctor 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 Foundation Doctor 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 London and KSS Deaneries expect Local Education Providers to have formal policies in place governing the obtaining of consent, and to audit compliance with those policies at regular intervals.

Appropriate and inappropriate duties for Foundation Doctors

21. It is the responsibility of every supervisor and other personnel member to ensure that Foundation Doctors undertake only appropriate duties and that duties with no educational value (e.g. portering, see also paragraph 25) are not assigned to Foundation Doctors.
22. It is expected that the Local Education Provider and individual departments have a defined training process and a method of assessing and recording competency, in addition to the list of competencies in the Foundation Programme Curriculum, for clinical procedures which may be appropriate for improving general practical clinical competence during the particular placement, but may be inappropriate if they are a little more complex and the Foundation Doctor is unlikely ever to need that skill again.
23. The following procedures are considered **appropriate** for Foundation Doctors (see also paragraphs 25 and 36):
 - ✓ Urinary catheterisation (men only)
 - ✓ Venepuncture
 - ✓ Cannulation
 - ✓ Blood culture
 - ✓ ECG taking
 - ✓ 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 LEP)
 - ✓ 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
- ✓ Joint aspiration (knee only)
- ✓ Skin biopsy

24. The following may be undertaken by Foundation Doctors **if appropriately supervised:**

- ✓ Pleural tube drainage
- ✓ Ascitic drainage (therapeutic)
- ✓ Sigmoidoscopy
- ✓ Gastroscopy
- ✓ Central lines

25. It is expected that supervisors and other personnel working with Foundation Doctors 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 Foundation Doctor, 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, Foundation Doctors 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.

26. The following duties are **not the responsibility of Foundation Doctors** and should be in no circumstances assigned to Foundation Doctors.

Clinical duties

- Routine phlebotomy, or compensating for regular shortfalls in the phlebotomy service
- Administering contrast media, unless the Foundation Doctor has been directly involved with the assessment of the patient, and only after the Foundation Doctor has been trained in the management of anaphylaxis



- Warfarin level assessments in coagulant clinics

Non-clinical duties

- Routinely collecting or delivering requests and results of investigations
- Finding beds for emergency and routine admissions
- Portering duties
- 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

Minimum Requirements for Clinical Supervision of Foundation Doctors

27. Foundation Doctors should never be left without adequate clinical supervision.
28. Every Foundation Doctor must have a nominated Clinical Supervisor allocated for each placement who is responsible for ensuring that the Foundation Doctor is appropriately supervised, supported and undertaking only appropriate duties at all times.
29. All nominated Clinical Supervisors must have had adequate training (ref: *Guide for Supervisors in the Foundation Programme* <http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms>) and be aware of their responsibilities for patient safety.
30. Foundation Doctors must be provided with the name, e-mail address and telephone number of their nominated Clinical Supervisors by their Educational Supervisors and the Foundation Training Programme Director.
31. If the nominated Clinical Supervisor 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 Clinical Supervisor should arrange a support arrangement with a nearby specialty/practice which also supervises Foundation Doctors (e.g. in GP, the arrangements should be made to move the Foundation Doctor temporarily to another practice). However, extra care has to be taken to ensure that the delegated Clinical Supervisor has time and interest to supervise the Foundation Doctor from another department/practice.
32. The delegation of clinical supervision must be made known to the delegated supervisor(s) and the Foundation Doctor.



33. While delegating his/her duties to others, the nominated Clinical Supervisor maintains overall responsibility and accountability for patient care and for the supervision of the Foundation Doctor in training.
34. The responsible Foundation Programme Director should be notified in writing when a nominated Clinical Supervisor is absent from work for a period in excess of two weeks.
35. A nominated Clinical Supervisor should offer a level of supervision appropriate to the competence and experience of the individual Foundation Doctor.
36. Foundation Doctors should only perform procedures without direct supervision when the supervisor has assessed the doctor and has deemed them competent.
37. It is the responsibility of the nominated Clinical Supervisor (including GP Supervisor) to ensure that:
 - ✓ Foundation Doctors 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 for the Foundation Doctor
 - ✓ Foundation Doctors have access to the 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
 - ✓ Foundation Doctor 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 Foundation Doctor
38. The nominated GP Clinical Supervisor should ensure that the Foundation Doctor undertakes home visits alone only if the Supervisor feels that the Foundation Doctor is competent to do so and assesses the safety risk to be "low". Where a "high risk" is identified a Clinical Supervisor or security personnel should accompany the Foundation Doctor. The nominated Clinical Supervisor should ensure that the Foundation Doctor is equipped with the appropriate clinical equipment to undertake the home visit and carries a fully charged mobile phone.

Quality Management of Clinical Supervision, Support Provided and Duties Allocated to Foundation Doctors

39. The Local Education Provider has ultimate responsibility and must have clear mechanisms in place for monitoring and ensuring that Foundation Doctors 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 out of the main hospital (e.g. GP placements).



40. Feedback on the clinical supervision and support provided, as well as duties allocated should be sought from Foundation Doctors on a regular basis. At Foundation School and Deanery level, this will be ascertained at visits to Local Education providers and in questionnaires (i.e. PMETB survey, pre-visit questionnaires and end of service questionnaires).
41. The Local Education Provider must take relevant steps immediately if lack of clinical supervision or support for Foundation Doctors is discovered.