

Guidance for the supervision of Foundation Year 1 trainees in Emergency Medicine placements

Introduction

The Emergency Medicine department (EM) is an ideal training environment for junior doctors, who can experience large numbers of acutely ill patients who require rapid, decisive and important clinical judgements.

This provides rich clinical material for excellent training, but also carries risk. Our most junior trainees, those in Foundation year 1 (FY1), may work with the very sickest of our patients. They will work alongside many professions allied to medicine and multiple grades of medical colleagues, many of whom may not themselves be fully trained in emergency medicine or be fully versed with the abilities of Foundation trainees. FY1 trainees need to work under supervision, but many Emergency Medicine departments do not have a full complement of consultant trainers and most do not have full 24 hour consultant presence.

This guidance document is not intended to be exhaustive, but covers many of the common questions relating to FY1s working in EM departments.

General considerations

Patient safety (and that of staff) must always be a top priority. Foundation trainees, as should we all, should only undertake work which they are either competent in, or are learning competence under supervision. FY1s will need the closest support of any trainee doctor. No-one should be put in a position of working beyond their competence without appropriate support and supervision. Robust processes to ensure this must be in place in emergency Medicine departments. Clearly FY1s need to see patients, but every patient should be seen again and 'signed off' by a senior trainee (ST4 or above), general practitioner or consultant before discharge.

FY1 trainees must:

- be aware of the limitations of their practice
- work within their competence
- have access to senior colleagues for clinical advice at all times
- ask for senior help when needed.

FY1 trainees should:

- take full advantage of the rich Emergency Medicine training environments, including short stay areas
- work predominately in the majors area, where assistance is always available
- refer patients to inpatient teams but should discuss with more senior doctor first.

FY1 trainees must not:

- act if unsure of their ground
- work in an environment where their only assistance is off the premises
- discharge patients without appropriate, documented senior review (ST4 or above).

FY1 trainees should not:

- be rostered to shifts overnight or at other times in Emergency Medicine when consultants are not present ***
- go into resuscitation areas without a senior colleague, unless briefly in an emergency
- work in specialised areas, e.g. paediatric and ambulatory areas, without supervision
- attempt to interpret ECG's independently.

***** FY1 trainees may be rostered on the Hospital @ Night rota whilst attached to Emergency Medicine. If an organisation places FY1 trainees on the H@N rota it is important that they are appropriately supervised, that their duties have an educational component and that they have an appropriate and robust induction into H@N in that organisation**

Specific situations

Prescribing

The legal position of FY1s prescribing is set out in Appendix A. To summarise, FY1s may prescribe only when it is 'necessary' in their role of learning to achieve full registration. This is essentially an exception to the normal prescribing regulations, on the authority of the named consultant using the organisations governance mechanisms to ensure safety. Such an exemption would be dangerous to extend outside the organisation to community pharmacies.

Prescribing drugs and other treatment modalities appropriately and unambiguously is specified in Good Medical Practice and is a Foundation curriculum requirement. It is known that Foundation trainees make most prescription errors in hospital. The situation regarding the dispensing pre-packed medication is likely to be much worse.

Also, prescribing outside the hospital is more expensive, as community pharmacists have higher drug acquisition costs and will charge a dispensing fee. There are few situations, with the exception of antibiotics and analgesia, where it is necessary to supply drugs immediately. Most situations could wait till the next General Practitioner consultation, when alternative strategies may be considered.

FY1 trainees must:

- only prescribe within the limits of their competence
- use only the hospital pharmacy for patients being discharged
- action Trust procedures and paperwork if dispensing to patients being discharged.

FY1 trainees must not:

- prescribe on FP10 forms
- dispense medications alone.

Procedures

Many procedures are the bread and butter of Emergency Medicine practice and are ideal situations for the acquisition and assessment of FY1 competencies. Trainees in EM may encounter many of the core procedures mandated by the GMC for FY1.

Minor Emergency Medicine procedures may be a suitable vehicle, with appropriate supervision and planning, for FY1 workplace-based assessments, supervised learning events, or the acquisition of curriculum competencies. Such procedures may typically include suturing of limb or scalp (not children), local anaesthetic ring block to a digit, reduction of uncomplicated dislocated joint (finger or shoulder), application of plaster of Paris backslab, certain drain or aspiration procedures, defibrillation and CPR.

Repetitive duties such as plaster room or minor surgery lists, even if not technically challenging, should only be carried out if felt to be of educational value or when it is a natural part of the continuity of care for particular patients.

FY1 trainees should:

- use Emergency Medicine placements to acquire the core procedures mandated by the GMC for FY1
- undertake typical minor Emergency Medicine procedures, with appropriate training and supervision, to acquire Foundation curriculum competencies.

FY1 trainees should not:

- perform complex procedures unless there is a clear training component and unless supervised by a more senior doctor
- clerk or perform repetitive minor surgery lists without clear educational value
- perform suturing in difficult anatomical areas or in children.

FY1 trainees must not:

- work beyond their competence.

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