BRITISH JOURNAL OF HOSPITAL MEDICINE
MMC Modernising Medical Careers

MODERNISING MEDICAL CAREERS

IN NEXT MONTH'S MMC SUPPLEMENT

Responsibility: a guide for the foundation year doctor

Introduction

For the first time when you start as a foundation doctor, you are medically responsible for patient care and safety. This is different from being a student shadowing, where, even if a doctor asks you to do something, he/she is still responsible for ensuring it is done and acting on any results. Technically, the student could just disappear and not do the task, but the doctor would still carry the can. If something is not done properly, you, as the doctor, should not blame the student, as you are ultimately responsible for ensuring it is done properly.

Therefore, there is a difference between delegating the responsibility to someone and just getting him/her to do it. With the latter, you are still responsible for ensuring that it is carried out and it is up to you to check whether that person has done it. If it just gets left, you need to do something about it. In this case, it is no good passing the onus onto someone else, saying that he/she has not got back to you. It is up to you to chase him/her.

The Tooke report (2008) says: '...the Foundation Programme was viewed by some as a perpetuation of studenthood and may not sufficiently promote the assumption of an appropriate level of clinical responsibility.' Anecdotal evidence suggests that some senior doctors feel that more junior doctors are not taking on the levels of responsibility of yesteryear.

Practical considerations

Other professionals are accountable in their own right (Lynch, 2009) and under the auspices of their governing bodies. Even if you make a prescribing error, the nurse who administers the medication is still potentially liable, as he/she should have realized that there was a problem. You are not solely to blame, but it is best not to get into that situation.

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It is not always possible to know what other staff members are capable of, or allowed to do. Every time you ask a nurse to do something, you expect him/her to tell you if he/she is not competent or certified. Equally, you should not react adversely towards someone who declines to follow your request, so long as there is a good reason. As doctors know, it is not conventional to ask other staff what qualifications they have got, or which specialism they belong to, and nor would it necessarily mean anything to the doctor. Despite this, I was once asked by the Ombudsman's representative if the nurses on a particular ward were specialist nurses – I had no idea.

If you are asked to do something, you have to think: are you responsible or is the other person? If you just leave it, what happens if it does not get done? What are the consequences for the patient?

Some aspects are definitely not your remit. If the patients' toilet needs cleaning, you are not responsible for ensuring that it is done. You may report it or just leave it. Having said that, however, if a patient caught a deleterious infection as a result, it could be argued that you definitely should have brought it to an appropriate person's attention.

Ensuring that paper results slips are inserted in the notes is technically your responsibility, because that contributes to patient care. There was a time when junior doctors were actually expected physically to file results, but that is no longer the case if there is a ward clerk. In the days before computerized results, biomedical scientists from the pathology laboratories would ring wards with results, particularly if urgent or abnormal. Non-medical staff would write them down, but would not necessarily recognize an abnormal result and contact the doctor. Alternatively, the results might be normal, but the call-taker would note them down wrongly. This could mean that the results appeared anomalous and might be acted upon accordingly, causing possible harm to the patient. Electronic results systems bring a whole new raft of liability issues, depending on who has viewed the

results, whether they have been transferred to the paper notes and whether they have been acted upon.

Some would argue that if you want something doing, do it yourself. It may seem quicker than to explain the task to someone else, even though the long-term benefit to you and the other person is much greater if you spend the time now teaching him/her what to do. It is difficult to invest in teaching someone else when doctors are moving on every 4 months. However, if someone has done the same for you in the previous 4-month slot, then it gets perpetuated.

Someone may try to assign something to you, not realizing that you are not competent or permitted. This could be a more senior doctor who expects more of you than you are able to perform. If so, explain this and ask him/her to show you. Your seniors are, technically, responsible for everything you do. However, you can still be called to account and should check if unsure about something.

Do not keep hassling people to see if they have done a particular task. Give them time, but if time is getting on, then ask them how they are getting on.

You may notice that phlebotomists will do a certain number of blood tests in the allocated time and then leave the rest for you to sort out. That is because their time is limited and you are responsible for ensuring that the bloods are done.

There is debate over what is a nurse's job or a doctor's job (or not). There is an argument about giving holistic rather than task-based care. Some would say that you can care for the whole patient while you are there. For example, even if nurses normally cannulate, there is, perhaps, no reason why a doctor should not cannulate while taking the history anyway. In recent years, nurses have extended their scope of practice and taken on tasks traditionally carried out by doctors.

Some doctors have been known not to trust nurses' findings, such as blood pressure readings, and to check it themselves just to make sure it is accurate. However, this results in duplication of work and inconvenience for the patient.

In some hospitals, there are fewer secretaries and more typists. Typists have not got the same responsibility as secretaries and are consequently paid less. They are there purely to type and not to answer telephones or deal with queries. If a typist has difficulty with finding a patient's details or with hearing what is dictated on a tape, the secretary is, ultimately, responsible.

Conclusions

Each professional is accountable for his/her own actions (Lynch, 2009), and this includes foundation doctors. If you are asked to carry out a task outside your perceived competence, you must say so. Equally, other members of staff will declare the same to you when you ask them to perform a task. **BJHM**

Conflict of interest: Dr R Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

Lynch J (2009) *Clinical Responsibility.* Radcliffe, Oxford

Tooke J (2008) *Aspiring to Excellence: Findings and Final Recommendations of the Independent Inquiry into Modernising Medical Careers* MMC Inquiry, London

KEY POINTS

- As a doctor, unlike a student, you are responsible for patients.
- Each professional is accountable for his/her own practice and should not automatically follow orders blindly.
- Do not be afraid to say if you feel unsure about carrying out a task.
- Consider what aspects of care do and do not fall under your remit.
- Maintain respect for staff who decline, with good reason, to carry out your requests.