

The Foundation Year 2 Doctor (F2) on the Speciality (ST) Rota

Recommendations

Local Education Providers (LEPs) must

- Recognise the difference between the role and competence of the F2 doctor and that of the ST Doctor working within the same team.
- Provide appropriate induction for F2 doctors who will be working on a ST rota.
- F2 doctors participating in an ST rota, should have an initial period working out of hours when they are closely supervised by a suitably trained on site Specialist Doctor
- The F2 doctor should have the opportunity to shadow out of hours work prior to starting in the ST rota.
- Rotas' should be designed so that the F2 doctor does not start on nights or during a period when senior team members are absent.
- Allow the F2 doctor to develop the competencies necessary to move to being a CMT/ST1 doctor

Background

The Foundation Programme is a two-year generic training programme designed to prepare individual doctors for higher medical training (ref1). Foundation Doctors have the opportunity to gain experience in a variety of specialty and healthcare settings. A Foundation Training programme encompasses two years' training and is typically made up of six, four-month placements. At the end of the F2 year, the individual will need to be competent to work in a range of clinical settings and to show an acceptable level of clinical performance over time (ref 2). This requires the integration of knowledge, skills and attitude in a pressurised, but supervised, clinical environment

With the creation of the Foundation Programme, in 2005, pre-existing house-officer and senior house-officer (SHO) grade posts were converted into F1 and F2 jobs. As a result, many F2 doctors are required to work on ST rotas which involve specialist trainees. Therefore, although an F2 doctor may be placed on the ST rota, they are not at the same level of training and may not have the same competences and unlike CMT or ST1 doctors, the F2 doctor has not necessarily made a commitment to the speciality that they may find themselves rotating through. Foundation Doctors are not expected to acquire specialist knowledge in an F2 post but are undertaking the second year of their generic training and as such will be completing the competencies appropriate to the second year of the foundation programme.

Further guidance

F2 doctors participating in a speciality rota should undertake an initial period that is closely supervised e.g. a two week period where all patients seen are able to be assessed by a suitably trained on site Specialist Doctor (ref 3). This arrangement may therefore be best implemented by ensuring that there is a period of shadowing arranged prior to the F2 doctor starting work in an out of hours rotation.

All F2 doctors should receive appropriate induction when starting a new post (ref 4). This should include written induction as well as meeting a senior member of the medical team. The induction should include a clear description of the arrangements for out-of-hours working with an electronic version of departmental guidelines, on the intranet that the F2 doctor can access during out-of-hours working. A timetable detailing the wider medical team working and contact numbers should also be available. The F2 doctor should be familiar with any equipment they are required to use and procedures that they would be required to perform out of hours.

F2 doctors should not provide a stand-alone specialist opinion in areas of high risk e.g. obstetrics, neurosurgery, intensive and high dependency care and in the outreach teams of such units (ref 5). Any patient seen by an F2 should be discussed with a more senior colleague and reviewed by them within a short period of time. In psychiatry F2 doctors should not undertake unsupervised assessment of acutely-ill patients. If they do undertake assessment of ward patients they should be able to discuss their findings with a specialist trainee who is able to immediately assess the patient. The Mental Health Act requires the presence of an Approved Mental Health Professional in the application of certain parts of the act. In an emergency a F2 doctor can apply Section 5(2).

F2 doctors should not be expected to undertake the consent of a patient for a procedure that they are not familiar with or for which they have not been appropriately trained to consent as set out in the GMC guidance on consent (ref 6).

F2 doctors should not be on on-call, out-of-hours, without the back-up of an individual with appropriate specialist knowledge. The senior support should be available at all times; taking into consideration that the F2 may previously have had no experience of working nights. The support should preferably be ST3 (or above) or Consultant level e.g. an F2 in surgery should not be expected to undertake a specialist assessment of a surgical patient with regard to their need for surgery nor to undertake such a surgical procedure. Foundation doctors must never be left in a situation where their only help is outside the hospital or the place where they work. (ref.7)

As the F2 doctor becomes familiar with the specialised area then it will be possible to allow the doctor to undertake tasks in a supervised setting which allows the doctor to develop their skills while maintaining patient safety.

Use of Assessment Tools

The use of specific assessment tools e.g. CBD or mini- CEX early on will allow the trainee and supervisor to establish a baseline for current clinical practice. Further assessments during and towards the end of the placement can be undertaken to show improvement during the trainees time within the post (ref 8).

The Foundation School will reserve the right to withdraw F2 posts that it finds in breach of this Good Practice.

Dr Graeme Wilson

FTPD Charing Cross Hospital, ICHNT

References

The UK Foundation Programme Reference Guide 2012

- Page 5 (2.1)
- Page 6 (2.8)
- Page 19 (5.53)
- Page 25 (7.36)
- Page 35 (8.46)
- Page 37 (8.51 & 8.52)
- GMC The Trainee Doctor 1.11
- Page (8.25)