



MINIMUM STANDARDS IN RESPECT OF ELECTIVE WORK PERFORMED DURING A CONSULTANT'S ABSENCE

1. Introduction

- 1.1 This paper has been drawn up primarily to assess the issue of accountability when a specialist registrar (SpR) is undertaking elective work when the consultant nominally responsible (referred to below as the primary consultant) is absent. In the event of an untoward incident, the organisational role of the trust would come under scrutiny, as would the individual role and actions of the primary consultant, the supervising consultant (referred to below as the nominated consultant) and the SpR.
- 1.2 Paragraph 4 also addresses the situation of non-consultant career grade staff.
- 1.3 Paragraph 5 addresses the situation of SpRs and non-consultant career grade staff undertaking non-operative duties.
- 1.4 Pre-registration House Officers and inexperienced senior house officers (SHOs) must not undertake any operative procedures without direct supervision by more senior staff. The only exception would be the case of an experienced SHO acting as a registrar with the full knowledge of the appropriate clinical director, when the guidance set out in section 2 would apply.

2 SpRs – operative work

SpRs may undertake elective surgery in the absence of a consultant if the following conditions are met:

- 2.1 The SpR must have been assessed as competent to undertake the appropriate procedure by the consultant for whom they normally work. The SpR's RCOG log book must reflect this.
- 2.2 The patient must have been selected by the primary consultant as one suitable for surgery by the SpR.
- 2.3 The SpR must know which consultant is available for help if required and where that consultant can be found.
- 2.4 That nominated consultant must be in the hospital, must know that the SpR is operating in the absence of the primary consultant and must be available to help should the need arise.

3. Individual responsibilities

- 3.1 The primary consultant is responsible for ensuring that the conditions set out in 2.1-2.3 are met.
- 3.2 Given that the nominated consultant knows that an SpR is operating in the absence of the primary consultant, the nominated consultant must ensure that they are in the hospital and be available to help should the need arise.
- 3.3 The SpR operating in the name of the primary consultant must not hesitate to ask for help and advice from the nominated consultant if required.

4. Non-consultant career grade staff

When non-consultant career grade staff are operating in the absence of a consultant exactly the same safeguards must be in place.

5. Non-operative work

When SpRs or non-consultant career grade staff are undertaking non-operative duties in the absence of a consultant, the following conditions should apply:

- 5.1 The consultant for whom that individual normally works must have confirmed that they are competent to undertake the relevant clinical activity.
- 5.2 The individual doctor must know which consultant they can ask for advice should that be necessary.
- 5.3 That nominated consultant must know that the clinical activity is taking place and that they might be asked for help or advice.
- 5.4 The primary consultant is responsible for ensuring that the conditions set out in 5.1-5.3 have been met.

6. Documentation

In each situation, documentary evidence confirming the arrangements and signed by both the primary consultant and the nominated consultant is advisable.

This good practice guidance was produced on behalf of the Professional Standards Committee of the Royal College of Obstetricians and Gynaecologists by Mr J P Calvert FRCOG and approved by the Standards Board.

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unless otherwise indicated