Worcestershire Acute Hospitals NHS Trust

Responsibility of the Consultant Paediatrician on-call

Key Document code:	WAHT-TP- 055	
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Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9th February 2024	
Date of review: **This is the most current version and should be used until a revised document is in place**	9th February 2027	

Key Amendments

Date	Amendment	Approved by
19th Nov 2020	Document extended for 1 year	Paediatric QIM/Dr J West
26th March 2021	Approved with no amendments	Paediatric QIM
9th Feb 2024	Added paragraph 24	Paediatric Guideline review Day

Purpose & Introduction

Purpose

This guideline has been developed to remind staff of the role of the consultant when providing on–call cover to ensure that patients continue to receive high quality and safe care and that junior medical staff are supported

Introduction

All doctors should be aware of their responsibilities as laid out in the terms and conditions of service and in the GMC guidance entitled 'Good Medical Practice'. Consultants are not expected to be personally responsible for their own patients 7 days a week, and therefore must delegate responsibility through the on-call system. The detailed guidance is available online at GMC website https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/delegation-and-referral/delegation-and-referral

GMC good medical practice guidance on 'Delegation and referral' paragraph 3 states
'Delegation involves asking a colleague to take responsibility for providing care or treatment on your behalf. Accountability for safe delegation is shared between the colleague delegating and the colleague to whom care or treatment is delegated. You must work collaboratively with colleagues to make sure delegation is appropriate.'

Paragraph 4 of Good Medical Practice on 'Delegation and referral' states
'You must be confident that the colleague you delegate to has the necessary knowledge, skills, and training to carry out the task, or that they will be adequately supervised to ensure safe care.'

Paragraph 24 states
'When you delegate or refer care you are accountable for:

- *your decision to delegate or refer care*
- *the steps you take to make sure patient safety isn't compromised*
- *the instructions you give*
- *the overall management of a patient if you're the responsible consultant or clinician'*

The present on call system in paediatrics does not involve a 24 hour consultant delivered service. However there is a requirement to undertake daily ward rounds during the duty week, including weekends. When not in the hospital, the on-call consultant must be available, on the telephone for advice and able to come in within 30 minutes when their presence is needed. It should be remembered that 'needed' applies to the patients' and trainees' needs, not the consultant's needs. Trainees must always feel able to discuss things with the consultant and should be encouraged to ask the consultant to come in if needed.

The consultant will occasionally have to make a judgement as to what is right but a good conscientious consultant will always ask the trainee what they would prefer: advice or presence.

Handover

All consultants must ensure that there is an effective clinical handover before and after a period of on call. The consultant commencing on call duties in the morning will attend the morning handover, and if there are important details from the preceding period of on call to be handed over the consultant going off duty must contact the consultant coming on duty either by phone, email or in person at the handover. The evening handover should be attended where possible by the consultant who has been on duty during the day and by the consultant assuming on call responsibilities for the night. If this is not possible there should be a phone conversation to hand over, if only to confirm for junior colleagues who is on call

Ensuring appropriate consultant input

Doctors at every level have a duty to call for help if they feel that a clinical situation requires the direct input of a consultant. A trainee's request for a consultant to attend should be stated in clear, precise terms, so that there can be no misinterpretation. The request should be documented in the notes. Nursing staff or other medical staff should contact the consultant directly if it is considered that the clinical situation requires senior medical input.

In the following situations the consultant should attend in person regardless of the level of the trainee whenever requested to do so:

- delivery of an extremely preterm infant less than 27 weeks' gestation and/or <800 grams
- Multiple births <28 weeks
- any unexpected cardio-respiratory arrest
- any sick child who is thought to require transfer to the regional PICU
- a sick new-born infant who requires transfer out to a local or regional neonatal unit
- any unexpected child death (excluding deaths due to trauma in older children)

In the following situations the consultant should be informed and should decide based upon the competence of the middle grade doctor whether to attend in person or to remain available to attend if later required

- The need to provide intermittent positive pressure ventilation for a new-born infant
- Concern about suspected non accidental injury
- When a child is deteriorating despite receiving high dependency care
- Concern about the need for anaesthetic review for a sick child
- Concern that a child needs referral to another specialty or another hospital
- When a child needs an urgent CT Scan out of hours
- When the ward is to be closed to admissions

- When there has been a serious prescription error resulting in patient harm

The list of situations in 4.1 and 4.2 is not exclusive. **The consultant on call must be prepared to attend willingly whenever requested to do so by a member of their medical and nursing team.**

References

RCOG Good Practice guideline No.8 Responsibility of Consultant On-Call, June 2021
https://www.rcog.org.uk/guidance/browse-all-guidance/good-practice-papers/responsibility-of-consultant-on-call-good-practice-no-8/

GMC Good medical practice
https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice