

# Safe working and delegation in difficult times

In these uncertain times many doctors face new and unprecedented challenges which will involve working in unfamiliar environments and with different and more unorthodox processes. There is understandable anxiety around where professional boundaries and responsibilities lie.

Advice from MDDUS at this time is to follow current Public Health and Government guidance, while considering existing GMC guidance on good medical practice within this context. Regulators and government have released statements suggesting that current rules and restrictions are to be relaxed, but it remains imperative that doctors work within their own competence and at a level they are safely able to. Patient safety still comes first, and if you feel unable to carry out a task because you are not trained, skilled or competent to do so, seek advice from an experienced colleague. Doctors should continue to seek guidance, support and supervision in uncertain situations and raise any concerns through their usual reporting channels. If in doubt, ask.

The regulator has advised that doctors should continue to follow their guidance as far as is practical in the present circumstances. It is also recognised that, as the situation develops, some doctors will need to depart from established procedures and roles – but they should behave responsibly and be able to explain and justify their actions. Difficult decisions may need to be made quickly about what is the safest and best course of action at any given time, but patients must not be exposed to any unnecessary risk. Patients should still continue to receive good, evidence-based care.

The principles referenced above apply equally to the safe delegation of medical work. GMC guidance on [Delegation and referral](#) states that “you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient” and that “when you delegate care you are still responsible for the overall management of the patient”.

Retired doctors and nurses have offered to return to the profession to assist with the crisis, who may not be up-to-date in terms of current practice, recent developments, CPD etc. There will be a need here to quickly assess their knowledge or skills gaps in relation to the context within which they will be drawn into and work required. Alongside this, medical students have been contacting practices and hospitals to offer their services. While this is admirable, it is also imperative that consideration is given and an understanding reached on what they can and can't do, and what practical arrangements need to be in place to manage this.

Medical students, under appropriate supervision, may be able to help carry out duties that don't require registration, such as working as healthcare assistants. Fast-tracked newly qualified doctors will also not have the skills and experience required to carry out critical medical interventions. Consideration should be given to delegating them supporting tasks where patient safety is unlikely to be compromised. Medical students can still help but the wider healthcare team must accept and appreciate the limitations to the tasks that can be carried out by them.

Before delegating duties the following GMC advice should be considered:

- What is within the individual's existing knowledge and skills?
- What support could other members of the healthcare team offer?
- What will be best for the individual patient given available options?

Record any decisions you make in delegating medical duties and be prepared to justify your actions. It is important to remember the GMC's guidance in Good Medical Practice that 'When you delegate care you are still responsible for the overall management of the patient.'

You should ensure that delegation is appropriate and that, to ensure patient care is safe, there is sufficient training and supervision.