

Standard Operating Procedure (SOP)

ATTACHED DOCTOR (AD) OPERATIONS

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| SETTING | Service-wide |
| FOR STAFF | All staff |
| PATIENTS | All patients |

Introduction

This SOP details the specific roles and responsibilities, and the specific limits thereof, of any training-grade doctor undertaking an attachment with Retrieve as part of their training towards their Certificate of Completion of Training in Anaesthesia or Intensive Care Medicine.

For avoidance of ambiguity, because Retrieve already has separate processes for two other distinct group of doctors (Duty Consultants – DCs, and Transfer Doctors (fellows) – TDs), training-grade doctors attached to the Retrieve service will be referred to as Attached Doctors – ADs.

This document does not cover the following situations and individuals for which separate arrangements do, or will in due course, exist:

- Those from a non-clinical background who may, on occasion, wish to gain an insight into the function of the service.
- Those from other clinical backgrounds, but who are not doctors, or are not doctors in an Anaesthesia or Intensive Care Medicine training programme.
- Doctors in a training programme, or post-CCT doctors, but who are not employed by a trust with a Memorandum of Understanding (MOU) with Retrieve's base Trust, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).
- Doctors in a training programme, or post-CCT doctors, who are working with Retrieve for a more extended time, such as a fellowship (TDs).

This SOP will be provided to all doctors at the point at which their attachment to the service is agreed. It is expected that they read this in advance and abide by its principles at all times while with the service. Appendix 1 contains an Attachment Declaration. An online copy can be found on the Retrieve website and must be signed in advance of starting the attachment.

Principle considerations

The objectives of this SOP are to:

- Describe the process by which individuals may apply for an AD placement.
- Describe key governing principles, logistical constraints, and practical considerations.

- Ensure that AD placements are used to maximal benefit of the AD while causing minimal impact on delivery of the Retrieve service (beyond accommodating an additional individual on deployments).

Application for training attachments

The CCTs in Anaesthesia and Intensive Care Medicine require training in Transfer Medicine at all three stages of the training programme. All trainees in these programmes should book, at their mutual convenience with Retrieve, a 2-3-day attachment during Stage 1 training, and a 1-2 day attachment in Stage 2 training. It is the responsibility of each trainee to ensure that they start making booking arrangements in good time – there are limited spaces and many training-grade doctors within the region competing for these. Completion of attachments will be routinely audited at the relevant ARCP. Stage 3 training requirements will best be addressed by local training with consultant colleagues, and/or regional training events.

The booking for slots are via a Google Form linked on the Retrieve website. Training-grade doctors will be asked to provide an array of dates. It is recognised that it may not be possible to provide dates until rota commitments and leave dates are known. Equally, Retrieve may not be able provide training attachments on all dates due to date conflicts on our end (e.g., internal training needs, DC), and therefore several successive applications to the process may be required to find a mutually convenient set of dates. In the unlikely event that an agreed attachment needs to be cancelled at short notice by Retrieve, all reasonable endeavours will be made by Retrieve to accommodate a revised attachment or part-attachment at the next available opportunity. If this should occur immediately prior to an ARCP deadline, Retrieve will contact the panel on behalf of the training-grade doctor to explain the circumstances.

If a training attachment is cancelled by the training-grade doctor for reasons other than sickness, Retrieve will endeavour to re-provision the dates, but it may not be possible to prioritise this request.

Governing principles

All training-grade doctors joining Retrieve for an attachment must be in good standing with their home Trust from an HR perspective (particularly being up to date with mandatory training requirements and any Occupational Health needs). All Trusts in the region wishing to facilitate training attachments with Retrieve for their staff will have signed a Memorandum of Understanding with the Retrieve Host Trust, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) in which they take responsibility for these HR aspects. Any doctor applying from a Trust which does not have a current MOU with Retrieve will be declined an attachment (they may be able to seek a no-patient-contact Observership with Retrieve).

With the assurance of the MOU, ADs may:

- Provide medical care and intervention, provided this is within their own scope of competence, for patients referred to the care of Retrieve

- Undertake moving and handling activity, including carrying equipment or bags, or movement or manipulation of the transfer trolley
- Handle and administer medications, and provide a second-check of medications for another clinician administering medications
- Handle medical gases and medical devices.

As ADs will not have an opportunity to be trained in the ARCEMS electronic record, they will only be able to access the patient record using a Temp Doc password. These are only to be used with the support and supervision of a Retrieve team member for the administration of a medication. This is the same process as described within the 'Transfer Practitioner Operations' SOP. A single login can be used for consecutive shifts but locked by the responsible TP following completion of the ADs shift.

All ADs must be identified on an ARCEMS record as deployed crew as 'Attached Doctor' with GMC number and full name documented in the risk assessment box within a transfer record.

Therefore, the following process must be followed for administration and prescription of medications:

- Administration – an AD may administer a medication; to do so they must use a 'Temp Doc' ARCEMS password, login to ARCEMS and, with support from the team, document the administration
- In lieu of prescribing – an AD may propose a prescribing rationale to the supervising DC. If agreed, the AD may administer the drug (as described above); the DC must prescribe the drug in ARCEMS

ADs must **not**:

- Prescribe medications (see above)
- Sign controlled drugs in or out of base stores (their signature will not be held on record by Retrieve's Pharmacy).

Indemnity

Care provided by all *Retrieve* staff is indemnified by NHS Resolutions. This provides for legal representation for Retrieve and UHBW and, if necessary, settlement costs, in the event a patient raises a claim. ADs are advised to ensure their own medical defence insurance would allow them separate representation in the event they may require it; transfer care of these patients is typically considered within the normal scope of practice for an anaesthetist or intensive care medicine doctor, and therefore most insurers will raise no objection.

Personal injury

In the unlikely event of death or an injury sustained in the course of a transfer, there may be some compensation available via a claim to UHBW. The magnitude of this is not known (under extensive discussion, July 2022). All ADs are advised to ensure they are a member of either the Association of Anaesthetists, or Intensive Care Society, as at the time of writing, membership of these organisations includes £1M of cover in such an eventuality. This does not typically cover

occupational exposure e.g., inoculation injury, and doctors are advised to consider separate insurance cover if desired (i.e., occupation-specific critical illness and injury cover, or similar).

Training and support goals

The Retrieve service has developed a Competency Workbook which covers the CCT requirements for all three stages of training for both the RCoA and FICM syllabuses. This will provide a structure to the training. This can be achieved through discussion with the Retrieve team on duty, direct work on a transfer, or simulation training on the base. Those competencies not met during the course of an attachment may lend themselves to discussion with a consultant in the local hospital with expertise in Transfer Medicine.

Shift logistics

ADs should ensure they are familiar with the location of the designated Retrieve base to which they will be attached and aim to arrive just before 0830 to be sure of entry to the base. Shifts run until 2045 but there may be an overrun to this, depending on referrals.

Late arrival to the shift may create significant difficulties – if the team gets an early deployment, access to the base may not be possible, and they may be out for a large portion of the shift.

ADs are responsible for bringing their own food and drink for the shift. Both bases are equipped with a fridge, kettle, toaster and microwave.

Access and security

All ADs should wear their NHS identity badge at all times. They will not be given access codes or other similar means to access controlled entry sites. The duty team remain responsible for ensuring security of the operational base at the point of deployment and completion of shift, as usual, but ADs are expected to make all reasonable efforts to ensure they do not leave doors or windows unsecure at any time. Retrieve and UHBW cannot accept any liability or responsibility for the property of doctors during their attachment.

Dress

When working with Retrieve, ADs will be provided with a set of service-branded uniform (polo shirt) and steel cap toe boots. Please wear dark coloured, comfortable trousers. ADs are expected to take all reasonable care of loaned items.

Upon completion of shifts, loaned items must not be taken home. The polo shirt should be placed in the appropriate laundry basket and boots returned to the storage area. All ADs are expected to adhere strictly to proper bare-below-the-elbows principles when working in a clinical environment. ADs are expected to bring a jacket or jumper for warmth that must be removed in clinical areas (including ambulance when a patient is on board).

Document Governance

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|-----------------------------|--------------------------|
| REFERENCES | |
| RELATED DOCUMENTS AND PAGES | |
| AUTHORISING BODY | |
| SAFETY | |
| QUERIES AND CONTACT | Retrieve Leadership Team |

Appendix 1 – Attached Doctor declaration

As a training-grade doctor attached to Retrieve, you are expected to adhere to the principles outlined in this SOP and the same level of confidentiality enshrined in the professional code of conduct under which you normally operate. In particular, this means:

- You will act in a professional manner and be courteous to patient and staff at all times. You will be wearing Retrieve-branded clothing and as such be a representative of Retrieve; you therefore have a responsibility and agree to help protect the reputation of our service.
- You may find you see or overhear information which could be regarded as privileged information. You are expected to treat this confidentially and not divulge it to anyone else, including those who may be employed by Retrieve or University Hospitals Bristol & Weston NHS Foundation Trust.
- If you witness or encounter evidence of a possible breach of confidentiality, you must report it at the earliest opportunity to a member of the clinical team. If such a breach involves a member of the Retrieve Clinical Team, you should report this directly to your Leadership Team contact at the earliest opportunity.
- You must not take photographs during transfer of, or care of a patient. You must not take photographs of the team members, the vehicles, the bases or the equipment without express permission from the Leadership Team.
- You must not post photographs or remarks naming Retrieve on social media.
- Any notes made as part of reflective practice or learning from the attachment must not contain information which could allow a patient to be identified (this includes referring/receiving hospitals, date of birth, exact age, condition, injury/illness or treatments provided).
- You must not discuss details of referrals/transfers with anyone not directly involved in the care of the patient: this includes your family members and friends.
- You must refer any enquiries requesting sensitive information (e.g., from staff in referring/receiving hospitals, patient relatives) to a member of the clinical team.
- You must expect any breach in confidentiality to be treated seriously. In such cases, the matter will be referred jointly to University Hospitals Bristol & Weston NHS Foundation Trust and your primary employer for consideration of a disciplinary process.
- If you believe you have witnessed an error or deficiency in patient care, you should report this to your Leadership Team contact. In doing so, you may, if necessary, breach confidentiality in this exceptional circumstance. You must, however, divulge the minimum possible amount of sensitive information to permit report of the breach.

Declaration

I hereby declare that I have read, understood and will abide by, all of the contents of this document, I accept the patients' and staff rights to confidentiality and the principles of these rights as described above. This undertaking binds me during my time with Retrieve and also when and after I terminate that association.

Signed:

Printed:

GMC number:

Date: