**Out of Hours (OOH) Training for GPSTs**

**Peninsula Postgraduate Medical Education  
Faculty of Primary Care Policy**

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# Executive Summary

This document outlines Health Education South West Postgraduate Medical Education’s policy on OOH training for those doctors in a GP placement.

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# Overview

The revised COGPED position paper on OOH training (COGPED 2010) [(click here for link)](http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_(revised_2010).doc) clearly states that OOH training remains an integral part of training for general practice and that newly accredited GPs are required to demonstrate their ability to perform competently in the OOH setting.

# Educational aims

Working in an OOH setting (defined as being from 18.30-08.00 and weekends and public holidays) is different from working in-hours and has its focus on providing urgent and unscheduled patient care in a context of different support systems and services. Working OOH presents new challenges such as intensive telephone triage, caring for the dying and working in relative isolation. The educational focus is not just on caring for emergencies, which is also a feature of in-hours care, it is broader. Trainees need to familiarise themselves with the RCGP Curriculum statement 3.03 on ‘Care of the Acutely Ill’ ([click here for link](http://www.rcgp.org.uk/gp-training-and-exams/~/media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-03-Acutely-Ill-People.ashx)), in which are embedded the 6 generic OOH competences (COGPED 2010) [click here for link](http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_(revised_2010).doc) , and the ‘Traffic Light System for Progression through OOH training’ ([Link to word pictures](http://www.peninsuladeanery.nhs.uk/files/Word_Pictures_for_Traffic_Light_ukceaCompetencies__Assessment_of_Progression_2.doc)). These give an overview of what trainees are expected to gain from their OOH experience and how their progress is assessed through the ‘Traffic light system’.

# Number of sessions

GPSTs are required to complete a total of eighteen OOH sessions during their eighteen month placement in general practice (6 in ST1/ST2 & 12 in ST3 - pro rata for those working less than full time). A session equates to four to six hours. All OOH sessions must be entered on to the e-portfolio and be available for discussion with Educational Supervisors. Failure to complete the required number of sessions might prevent progression in training and the achievement of Certificate of Completion of Training (CCT).

Those Trainees who are unable to demonstrate the required competencies in eighteen sessions will be required to complete additional sessions as agreed with their Educational Supervisor and Deanery. Likewise GPST3s, who have been granted a remedial extension to training, may also be required to perform additional OOH sessions as directed by the Deanery.. GPST4s are required to perform one OOH session per month or pro rata if LTFT. The number of hours worked per week must comply with the EWTD; forty eight hours per week on average and not more than thirteen hours of continuous duty. GPSTs who work an overnight session should have the following day off.

**Inductions**

OHH services in the South West Peninsula are run by Devon Doctors (Devon) and Cornwall Health (Cornwall). Both services are coordinated by Devon Doctors who are based in Exeter.

All trainees must attend an induction prior to starting their OOH sessions in ST1 / ST2. These are held twice a year (beginning of Sept and beginning of March in Exeter and Truro) you will be emailed in the month prior to starting you GP placements with dates. If you have not received an email with details of inductions by the time you have started your ST1 / ST2 GP placement please contact the Deanery. Trainees are required to attend an induction prior to booking OOH shifts. Trainers have been asked to release trainees from the practice for the half day induction and this should not count as study leave.

Inductions cover:

* Organisational aspects of OOH care
* Experiences of an OOH Clinician
* Getting the most out of your OOH training
* Booking shifts and logins
* Adastra Computer training

There will be 4 half day induction sessions running with 13 places on each. Places will be allocated on a first come first served basis so please reply promptly to ensure you get the date of your choice.

If in exceptional circumstances, you are unable to attend either induction date, or you are a part time trainee starting ST1 / ST2 at different times or you have transferred in from another Deanery please contact the Devon Doctors rota Team to discuss alternate options.

As part of the induction, trainees will need to be registered on the Adastra OOH computer system / Rota Master. You will need to reply to the induction email and send your details prior to the inductions so logins can be set up.

Link to ‘Getting the most of your OOH training’ Induction Powerpoint

**Supervision**

All GPSTs are supervised OOH. This supervision may be delivered by the Trainer (if they work OOH) another Trainer, or an approved (non-trainer) OOH Supervisor. The level of supervision is decided by the Trainer and should be re-evaluated regularly and documented on the Record sheet. This will be dependent on the learning environment but the RCGP Traffic Light Guide to Clinical Supervision suggests the following structure:

* Direct supervision **[red]** the GPST is supervised directly by the clinical supervisor and takes no clinical responsibility.
* Close supervision **[amber]** the GPST consults independently but with the clinical supervisor close at hand e.g. in the same building.
* Remote supervision **[green]** the GPST consults independently and remotely from the Clinical supervisor, who is available for advice. An example of such a session would include a ‘mobile’ session where the supervision might be provided by a supervisor in the car, or exceptionally at the Treatment Centre (the latter being unusual given geographical constraints which might place the car over an hour away from the TC).

For more detailed descriptors of what is expected from a trainee at each level see ‘**Word Pictures for** **the traffic light competencies’** ([click here for link](http://www.peninsuladeanery.nhs.uk/files/Word_Pictures_for_Traffic_Light_ukceaCompetencies__Assessment_of_Progression_2.doc)).

Continuity of supervision is important in strengthening feedback and evaluation. For this reason we encourage trainees to have a maximum of three OOH Supervisors. The form supports this by requiring Trainees to record the number of the session supervised by a named Supervisor. Supervisors are informed by the OOH provider of the name and e-mail of the GPST before a session. Some Supervisors use this information to arrange to meet with the Trainee before the session whilst others enter into an e-mail discussion to identify outcomes from session. Time is made at the end of the session for feedback exchange, which should be recorded on the record sheet.

# Booking Shifts

It is the GPST’s responsibility to organise the required number of sessions with the local OOH provider and to do this it is a requirement that the trainee be on the Performers list which is currently held by the local PCT.

In order to book shifts trainees will need to register with Rota Master. Details of Rota master logins will be given to trainees at the Induction session.

All shifts are classed as RED, AMBER or GREEN (in conjunction with the Traffic light system above). This classification is based on how busy a shift is likely to be.

Red Shifts (Devon): Weekday Evenings & Weekday nights Monday – Thursday

Red Shifts (Cornwall) Weekend day shifts

Amber shifts (Devon): Weekend day shifts and Weekend Nights

Amber Shifts (Cornwall): Weekday Evenings & Weekday nights Monday – Thursday

Green Shifts (Devon & Cornwall) Bank holidays and nightshifts that start or end on a bank holiday

All trainees will start as RED. When, after discussion with your trainer / Clinical Supervisor it is decided a trainee can move to AMBER trainees must email the rota team [penny.snell@nhs.net](mailto:penny.snell@nhs.net) to notify them of this. We expect this to take place after approximately 2 OOH shifts in ST1/ST2. On receipt of this email trainees will then be able to book AMBER shifts.

When after discussion with your trainer /Clinical Supervisor it is decided a trainee can move to GREEN the trainee must email the rota team to notify them of this. We expect a trainee to move from AMBER to GREEN after approximately 6 – 8 OOH shifts. On receipt of this email the trainee will then be able to book GREEN shifts.

If there is a shortage of RED shifts and there are GREEN Trainees booked into RED shifts they may be asked to give that shift back to enable RED trainees to progress. It is important to spread your OOH sessions out over the year. May / June have been exceptionally busy this year especially in Plymouth. Trainees may have difficultly completing the required number of shifts to CCT if the shifts are left to the last 3 months of ST3. Please bear this in mind when booking.

If you bid for a session you will receive an email acknowledging this bid. If the shift is available then the rota team will update your Rotamaster Rota (usually within 24hrs). The shift is only confirmed when the shift appears on your RotaMaster Rota. Occasionally trainees will not be allocated all shifts that they bid for due to base capacity / supervisors changing shifts so please check your Rota after you request the shifts to confirm it has been allocated to you.

If you book a session then it is expected that you attend. Failure to attend without notifying the relevant OOH provider will be judged as unprofessional behaviour. Supervisors are required to notify the OOH provider who will inform the Trainer when this takes place.

# Recording the session

The session is recorded using the GPST OOH RECORD SHEET, which are available from the VTS administrator or can be downloaded from the deanery website. The Record is a three page carbon-copy A4 sheet and it is the responsibility of the GPST to bring a copy to every OOH session with thte top section COMPLETED BY THEIR IN HOURS TRAINER PRIOR TO THE SHIFT. The top (white) copy is for the Trainee, the middle (yellow) for the GP team, and the bottom (pink) for the Supervisor. Copies may also be downloaded from this section of the Health Education South West website, under primary care, completed and photocopied.

**Before a session the Trainee is responsible for ensuring the top part of the sheet is completed**. This requires the Trainer to evaluate the level of supervision the GPST requires by referring to the Traffic light word pictures ([click here for link](http://www.peninsuladeanery.nhs.uk/files/Word_Pictures_for_Traffic_Light_ukceaCompetencies__Assessment_of_Progression_2.doc)). After the session, the Supervisor is required to sign –off the record sheet. This must be further signed off by the Trainer (if the Supervisor is also the Trainer this may be completed at the same time) at the next convenient meeting, when the Trainer may debrief with the GPST and validate any competences demonstrated. The record may then be scanned into the Trainee’s e-portfolio and the OOH session recorded on the log.

Note: Unsigned Record sheets fail to validate the session and will not contribute towards the required number of sessions.

# Assessment

Formal assessment of the GPST remains the responsibility of Trainers, supported by evidence provided by the GPST documented in their e-portfolio (which relies on ALL OOH sessions being ‘shared entries’), as well as feedback from the OOH clinical supervisor or themselves if they supervise their GPST’s OOH sessions. Trainers should evaluate the e-portfolio evidence and formative feedback from clinical supervisors in the OOH organisation, validating competencies when satisfied that these have been achieved.

Trainees should endeavour to complete 1 CBD with their in hours trainer based on cases seen in their OOH work. Trainees should not expect Clinical supervisors to be able to do formal COT / CBD assessments during their OOH sessions, although some supervisors will be competent to provide this if time allows during the session.

Assessment of telephone triage skills is also possible in hours and Trainees should aim to complete 1 COT based on Telephone triage during the ST3 year. Some OOH providers can provide recordings of OOH triage calls done by a registrar which can then be assessed during a tutorial. Trainees can enquire about this from the OOH provider’s Governance team.

At the end of the training programme, the trainer will search for all OOH sessions in the ‘shared entries’ in the e-portfolio (there is a filter facility for this) ensuring that the requisite number have been completed. A declaration is then completed which will appear in the ‘progress to CCT’ section of the e-portfolio.

# Evaluation/training

The GP School is responsible for ensuring that the quality of OOH experiences and training meet required standards. To support this, evaluation activities which rely on Trainee, Trainer and Supervisor feedback are undertaken on a regular basis. These processes are evolving with the contributions of all ‘stakeholders’ welcomed

REF: COGPED 2010 ([click here for link](http://www.cogped.org.uk/document.../1186480594_1_jxpuCmxd.doc))

Review of this framework

1. This framework will be reviewed on an annual basis by the author of the documentation on behalf of the School of General Practice at Health Education South West
2. The revised and ratified framework will be subject to final approval by the GP Dean.