

Assessing OOH Competency

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Learning needs

- Who is in the group and what do you bring to the group?
- What do you need to know about OOH competency assessment?



Learning Objectives

- To Understand:
 - The final trainee ESR sign off for OOH – what does ticking this box actually mean?
 - The six out of hours training competencies (that are not contained within the ePortfolio)
 - The national Out Of Hours Trainee workbook
 - Trainer assessments of OOH competencies – how to do this well



Roles and Responsibilities for OOH Training

- Deanery
- OOH Provider
- TPDs
- Trainer/ Practice
- Trainee



What does signing off actually mean?

- Met contract requirements
- Met the OOH competency requirements



Trainer's role in OOH competency assessment

- Trainee has to gather the evidence
- The trainer makes the decision about competency, based on this evidence
- **Group work** – what evidence supports decision making about OOH competence



Evidence for OOH competence

- Self assessment by trainee in OOH workbook
- Other evidence about management of emergencies (could be gathered in hours)
- OOH session worksheets with feedback about progression of competencies
- E-portfolio entries with reflections
- Tutorials related to OOH training feedback and case review within the practice



What are the OOH Competencies?

- GROUP WORK



OOH Competencies

- T-SCORE
- Time management
- Security and safety
- Communication skills
- Organisation of OOH care
- Referrals
- Emergencies



Individual personal **time** and stress management

- The GP trainee should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases and workload appropriately.
- GP trainees should be aware of both the challenges of working OOH (such as antisocial and long hours, sometimes with overnight shifts) and the attractions of working OOH (e.g. time off during office hours, shift style working, career development and portfolio working opportunities).
- They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action.
- They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.



Maintenance of personal **security** and awareness and management of the security risks to others

- GP trainees should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. They also need to be insightful of patient safety.
- Patient safety concerns everyone in the NHS, and is equally important for general practitioners whether working as an independent contractor or for a Primary Care Organisation.
- Tackling patient safety collectively and in a systematic way can have a positive impact on the quality and efficiency of patient care.
- General practitioners are well placed to be active members of the healthcare team and positively influence the safety culture within the OOH environment
- The knowledge and application of risk assessment tools must become part of general practitioners' skills and, whatever change occurs in their environment; they should assess the effects of change and plan accordingly.
- Personal safety can be a particular issue when lone-working OOH/ at night/ in unfamiliar patients homes



The demonstration of **Communication** and Consultation Skills required for Out of Hours Care

- The GP trainee should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care.
- These communication types include: telephone consultations and telephone triage skills (with the limitations introduced by the paucity of non verbal and body language cues), and face-to-face consultations in OOH bases and Home visits to patients own homes.
- Communication should be patient centred and should demonstrate understanding of a variety of commonly used consultation models and techniques and their appropriateness for difficult situations such as breaking bad news or defusing a hostile / angry patient or carer
- The GP trainee should have a good understanding of teamwork, be aware of the roles and responsibilities of the various members of the OOH team (call handler, triage clinician, base or visiting clinician) and be able to work and communicate with them effectively.



Understanding the **Organisational** Aspects of NHS Out of Hours Care, Locally and at National level

- GP trainees should be aware of the policy framework that directs OOH care both locally and nationally.
Trainees should consider:-
- The CCGs role in commissioning OOH care from Providers originating from the NHS, Social Enterprise, the Voluntary Sector and the Independent Healthcare Sector
- The Department of Health / NHS national standards for OOH care and how providers apply these standards (National Quality Requirements for OOH, Standards for Better Health, and Care Quality Commission Registration)
- National quality assurance tools such as the RCGP OOH Audit Toolkit and the independent Healthcare Inspection by CQC



Understanding the **Organisational** Aspects of NHS Out of Hours Care, Locally and at National level

- They should also set OOH General Practice within the broader policy context of improving access and equity for primary care patients. This broad policy initiative covers:-
 - Expanding Out Of Hours Care from urgent reactive care into extended opening hours delivering proactive primary care (WICs, Enhanced Access
 - Unscheduled community care
- Addressing the needs of underserved populations & Redirection of patient demand from A&E units to OOH and minor injury units
- They should be aware of the communication channels required for OOH care and the IT and telecommunications systems to support these communications



Understanding the **Organisational** Aspects of NHS Out of Hours Care, Locally and at National level

- GP trainees should have an understanding of how healthcare policy and evolving use of healthcare by the population is changing the demands on OOH care.
- Trainees should also be familiar with the role of OOH care in healthcare system emergencies or crises where OOH is a major contributor to delivering healthcare during crises, for example, the CMO cascade system for national drug / infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemic plans and managing a winter bed crisis.



The ability to make appropriate **referrals** to Hospitals and other Professionals

- The GP trainee should be aware of the range of referral points and professionals available to patients out of hours. Examples include the ambulance and paramedic services, community care, secondary care (hospital where appropriate) and the voluntary sector.
- They should be able to communicate effectively and with courtesy to all other professionals involved with the care of the patient making prompt and appropriate referrals with clear documentation and arrangements for follow up.
- The GP trainee should respect the roles and skills of others, and should be able to engage effectively with other professionals to best manage the care of the patient.



Ability to manage common Medical, Surgical and Psychiatric Conditions and common **emergencies**

- GP trainees should be able to manage common medical, psychiatric and social conditions they are likely to encounter during OOH experience. These include minor illnesses and injuries, chronic disease and major emergency clinical conditions.
- The trainee should be able to differentiate between those milder or moderate conditions that can be managed by the patient or the OOH team and serious conditions or emergencies requiring additional assistance or expertise.
- The trainee must demonstrate understanding of how to manage critical situations by appropriate and timely use of available resources and facilities.
- Examples (not an exhaustive list) of emergencies are listed on the next slide.



Ability to manage common Medical, Surgical and Psychiatric Conditions and common **emergencies**

- Chest pain & MI
- Heart failure
- CVA
- Sudden collapse
- Fits faints & funny turns
- Stroke / CVA / TIA
- Epilepsy and epileptic episodes
- Acute asthma or COPD exacerbation
- GI bleed – upper & lower
- The acute abdomen
- Vascular emergencies including hypovolaemic shock and DVT
- Gall bladder disease (cholelithiasis, cholecystitis)
- Renal colic, pyelonephritis and urinary retention
- Ectopic pregnancy / PID / bleeding in early pregnancy, (including miscarriage)
- Obstetric emergencies – APH/PPH/ pre eclampsia, reduced foetal movements



Ability to manage common Medical, Surgical and Psychiatric Conditions and common **emergencies**

- Acute confusion state and psychoses
- Allergy & anaphylaxis
- The ill child and infant
- Infection such as septicaemia and meningitis
- Orthopaedic emergencies e.g. cord compression injuries/back pain
- Acute eye pain / loss of vision
- Acute psychosis or dementia or severe depression / self harm
- GP trainees should be able to recognise the ill child, differentiate between mild, moderate and severe illness in children and know how to manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.
- GP trainees should be able to differentiate between mild, moderate and severe mental illness, understand the interaction between mental, physical and environmental aspects of health and know how to manage such mental health problems as often present as a crisis during OOH. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining /admitting patients under the Mental Health Act.
- GP trainees should be competent in basic life support. They should be aware of the need for maintenance of any emergency drugs and equipment they use during OOH and be competent in the use and monitoring of such drugs and equipment.



OOH Trainee Workbook

- Discussion:
- How familiar are you with trainee OOH workbooks?
- Do trainees bring OOH workbooks to you to discuss?
- Should the Deanery produce a Deanery version of the OOH Workbook?



OOH Trainee Workbook

- Modified in 2010 by COGPED and including Self Assessment tool and some case scenarios
- Has been modified further and adapted by Deaneries and OOH providers
- Content includes:
 - Background and reasons for separate OOH training
 - EWTD rules and OOH work
 - Self assessment tools, case scenarios
 - Competencies and competency assessment
 - Red, Amber, Green ratings and progression
 - Local organisational issues
 - Log sheets



Supervisor/Trainer OOH Handbook

- Some OOH providers/ Deaneries have produced trainer/supervisor OOH training handbooks.
- Would this be helpful?
- If so what content would help most?



Resources

- COGPED OOH Trainee handbook
 - [http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_\(revised_2010\).doc](http://www.cogped.org.uk/document_store/1286375694vGnm_out_of_hours_position_paper_(revised_2010).doc)
- Learning workbook for OOH supervisors
 - <http://www.northerndeanery.nhs.uk/NorthernDeanery/primary-care/gp-specialist-training/information-for-trainers-and-tpds/out-of-hours/OOH%20workbook%20for%20OOH%20supervisorsahv3.docx>
- Deanery OOH Training page
 - https://www.eoedeanery.nhs.uk/medical/page.php?page_id=1884N

