

**Health Protection Training in the East of England**

**August 2019**

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# Introduction

## 1.1 Principles and Aims of Health Protection Training

Health protection placements introduce Specialty Registrars in Public Health (StR) to this important area of public health practice. Health protection public health focuses on the protection of the public’s health from communicable and environmental hazards by the application of a range of methods including hazard identification, risk assessment and the promotion and implementation of appropriate interventions to reduce risk and promote health.

Key elements include:

* + Disease surveillance
  + The investigation and control of communicable diseases
  + The public health aspects of environmental hazards (including chemical, radiological and nuclear hazards),
  + Managing ‘deliberate release’ incidents
  + Health emergency planning

StRs on placement with health protection will be able to develop a range of skills and knowledge, potentially contributing to their achievement of all areas of Faculty of Public Health (FPH) Public Health Specialty Training Curriculum competencies. It is not possible to achieve the competencies of Key Area 6 without a placement in a Health Protection Team (HPT), and completion of time on call.

During training, StRs should gain an understanding of the aetiology and pathogenesis of infectious and environmentally caused diseases, and their management on an individual and population basis. This may require understanding of principles of:

* + Epidemiology and statistics;
  + Information management and surveillance;
  + Microbiology, virology and immunology;
  + Therapeutics;
  + Non-Infectious Environmental Hazards;
  + Principles of communicable disease control including modification of health behaviour, screening and vaccination;
  + Principles of infection control.

StRs will also become competent in

* Risk assessment
* Clinical history taking
* Maintaining accurate and timely records
* Confidentiality, safeguarding and information governance

## 1.2 Health Protection Training in the East of England

Health protection services in the East of England are provided by the Public Health England (PHE) East of England Regional Centre and currently operate out of two locations; one in the North Zone and one in the South Zone of the East of England Public Health Training geographical region.

The area covered by the PHE Centre includes the following local authorities:

* **County Councils:** Hertfordshire, Essex, Norfolk, Suffolk, Cambridgeshire;

**Unitary Authorities:** Bedford Borough, Central Bedfordshire, Luton, Milton Keynes, Peterborough, Southend, Thurrock.

It is mandatory for all East of England StRs to undertake at least 3 months whole time equivalent (WTE) in the East of England Health Protection Team. It will not be possible for StRs to meet curriculum outcomes without such a placement. StRs are welcome to request a longer duration when organising their placement. StRs should aim to undertake their mandatory health protection placement during ST2.

See Section 3 for further details on organising a placement with the Health Protection Team and the key elements of training a registrar can expect to achieve during their placement.

StRs wishing to pursue a specialist career in health protection are required to have undertaken at least 6 months WTE in a Health Protection Team. (see more info on HPT careers in section 4) **Out-of-hours Rota**

Participation on an out-of-hours rota as first on call is a requirement of the FPH 2015 Curriculum. Before an StR begins out-of-hours duty they are required to have the appropriate knowledge platform, typically achieved through the 3-month mandatory health protection placement, and to be certified safe to start on-call.

All StRs must achieve sign-off of ***LO6.9. This will be achieved by an StR providing a log book of out of hours on-call and keep in touch day activity spanning at a minimum a 12-month period with reflection through the use of an activity summary sheet signed by a CHP/ CCDC that the StR has demonstrated the ability to provide out of hours on-call unsupervised (i.e. at a consultant level). A StR can approach any CHP/CCDC they consider most appropriate to complete and sign off an activity summary sheet.*** ***The learning outcome should then be submitted via e-portfolio for sign off by the Educational Supervisor. Participating in on-calls is subject to conditions (see Section 3).***

A comprehensive overview of the Public Health training pathway can be viewed [here](https://heeoe.hee.nhs.uk/public_health)

## 1.3 Purpose of this policy

The purpose of this policy is to outline the expectations and requirements of the Lead Employer, Health Education East of England (HEEofE), The East of England Health Protection Team (HPT) and East of England StRs for undertaking mandatory health protection training and delivering a safe and effective out of hours service.

The rest of this document is divided into two sections;

* The Mandatory Health Protection Placement
* On-call

Flowcharts are provided in the appendices to give an overview of processes and the roles and responsibilities of the different agencies involved in health protection training and on-call processes in the East of England.

# The Mandatory Health Protection Placement

The mandatory 3+ month health protection attachment should be arranged during ST1 and undertaken during ST2 (See Appendix 1). Each HPT office can take a maximum of 2 StRs at a time, and one trainee on a KIT day.

## 2.1 Arranging the mandatory health protection placement

All mandatory health protection placements will go through the HEEofE placement panel process which takes place twice a year in April and October.

StRs joining the programme in August will need to apply to the placement panel in April of the following year.

Between 4-6 weeks before applying to placement panel StRs should have a pre-placement discussion (see Section 2.1.1).

At least one month before the start of the health protection placement the StR will be notified of their Clinical Supervisor (CS) whilst at the HPT. StRs and CS should arrange a meeting prior to the start of the placement. It is the joint responsibility of the two to ensure specific learning needs are identified prior to the commencement of the placement. StRs should contact the HPT to organise a meeting with their nominated CS in the month before starting the placement. This will ensure that an assessment of foundation knowledge and skills is undertaken as part of a discussion and a programme of learning agreed, based on their needs.

### 2.1.1 Pre-placement request discussion

In advance of requesting the first placement with the HPT through the placement panel process, the StR should arrange a pre-placement discussion.

The purpose of the pre-discussion is to agree the placement duration, learning outcomes and support required during the placement, as well as provisional dates for the placement to take place.

The discussion should involve the trainee, their educational and clinical supervisors, and either a HPT clinical supervisor or the training lead from the HPT.

Following this meeting the trainee should contact the HPT on [enquiries.eastofengland@phe.gov.uk](mailto:enquiries.eastofengland@phe.gov.uk) to confirm the availability of the proposed dates are available. If not, other suitable dates should be identified.

The trainee should submit a request for the identified dates via the placement panel process.

## Key elements of the training

### 2.2.1 Induction

As part of an introduction to the practice of health protection, the trainee will get acquainted with the training location, organisation structures, roles of PHE and roles of partner organisations.

*Induction to the office environment and acute response service* will cover:

* Security of information
* Record keeping and retention
* Health and safety in the office environment
* Workstation audit
* Familiarisation with the acute response service (a phased process covering observation and familiarisation, supervised practice, and independent practice with regular case review)
* **Completion of mandatory online training within the first two weeks of the placement** (aligned with mandatory training as required by the Lead Employer). This will include
  + Basic Fire training
  + Display Screen Equipment (DSE)
  + Information Governance/Responsible for Information (must be completed before starting in the duty room)
  + Safeguarding for adults and children Level 1 and 2 (must be completed before starting in the duty room)
  + Data Security Awareness (NHS training module)
* The training needs to be completed in line with current frequency i.e. Fire and Information Governance need to be completed annually, safeguarding all levels is every 3 years.
* Links to the training are contained in the PHE Mandatory Training Schedule.
* Completion of training will be monitored by the HPT and records will be maintained to ensure compliance.

*Induction to health protection practice* is an essential component of the on-call training to obtain an understanding of the control of communicable and non-communicable diseases. Appendix 2 outlines the key elements of a basic induction programme to provide an overview of the scope and practice of health protection. The programme can be tailored to the needs of the trainee based on their previous training and experience.

### 2.2.2 Day-to-day work at the HPT

StRs will be an integral part of the team and participate in the “acute response service” – answering calls and handling queries from the public, GPs, hospital staff and others – once they have completed the induction phase. **This “acute service” experience is the most important part of the attachment as it allows the trainee to develop an understanding of the principles and processes that underpin health protection work.**

It will also develop competencies and skills for undertaking supervised first on-call duties, as well as provide preparation for the on-call assessment. StRs should aim to spend the equivalent of 2-3 days a week participating in the acute response service during their placement.

StRs must maintain a reflective logbook of their acute response service activity during their placement to support ongoing development and sign-off of Key Area 6 learning outcomes.

In addition to duty work, there will also be opportunities to be involved in outbreak investigations, incident management, emergency planning work, strategic health protection work and academic health protection. It is up to the individual registrar to take advantage of opportunities as they arise and to discuss with their CS the types of work that they are particularly interested in.

### 2.2.3 Workstreams and projects

StRs will be supported in joining workstreams and taking on projects and pieces of work appropriate to their stage in training and learning needs. For example, local and regional audits, developing leaflets for health professionals and the public on common infectious diseases, updating on call packs, needs assessment, production of academic posters. The trainee will be supervised by the Consultant and/or Health Protection Nurse leading on that area of work.

### 2.2.4 Teaching and training

* + - * Participation in relevant clinical meetings and in regular case/incident review meetings.
      * Access to ongoing educational sessions organised by the HPT. These may be 1:1 or as part of the team.
      * Opportunities for shared learning through regional on-call teleconferences and study days.
      * Attendance at emergency planning exercises
      * PHE also run national courses, e.g. Introductory Course on the Epidemiology and Surveillance of Communicable Diseases (NB: course fees will not be met by PHE).

### 2.2.5 Expected outcomes of generalist HP training

Following the three-month attachment, **StRs would be expected to have developed an understanding of the principles of health protection work both in and out of hours**. In addition, the following topic areas should be covered (many of these are reflected in KA6 learning outcomes):

|  |  |
| --- | --- |
| **Topic area** | **Examples (not exhaustive)** |
| Communicable disease surveillance | Routine surveillance; COVER data; disease notification; laboratory reporting; enhanced disease surveillance (e.g. TB); non-routine surveillance (e.g. the use of syndromic surveillance) |
| Managing common public health problems | Meningitis; gastroenteritis (especially E. coli O157 / VTEC, norovirus), single cases and as outbreaks; tuberculosis; blood borne viruses; invasive group A streptococcus infection; PVL- Staphylococcus aureus; rash illness (e.g. measles), including in pregnancy; environmental issues (e.g. fire) |
| Managing less common but important problems | Legionella; rabies; diphtheria; botulism |
| Public Health Law | Application of Part 2A orders |
| Principles of infection control | Both in hospital / healthcare settings and in the community |
| Environmental hazards | Including chemical hazards, routes of exposure and basic toxicology |
| Outbreak management | Including the role of PHE in relation to other agencies, the role and nature of the IMT and principles of outbreak control |
| Emergency Planning | Knowledge of relevant planning and operational arrangements, and the principles of managing a major incident |
| Commissioning, delivery and organisation of health protection services | Sexual health; immunisations; tuberculosis |
| Partner agencies and their relationship with PHE | Including Directors of Public Health and other local authority PH staff, other sections of PHE, local authority EHDs, water companies, Food Standards Agency, Environment Agency |

## 2.3 Additional placement time and training for StRs wishing to specialise in HP

**It is essential that all aspiring health protection specialists should spend additional time (usually six months WTE) in a senior placement within a health protection team.** Placements in a microbiology laboratory and with the FES are also advisable; each of these placements would usually last for 4-6 months WTE. The remaining time may be spent in regional or national placements gaining experience in infection control, national infections surveillance and control or other areas of interest. There may also be opportunities to undertake national project work while based within the region

Specialist experience in health protection would provide a suitable background for applying to roles such as Consultant in Health Protection, Consultant Epidemiologist, Consultant in Public Health with a health protection portfolio (for example in a Local Authority), or roles in infection control, emergency planning and specialist health protection roles such as in chemical or radiological hazards services.

StRs may discuss longer or additional placements at the HPT when they arrange their first attachment or at a later stage in their training. Where a registrar wishes to arrange a longer placement in addition to their mandatory health protection placement these should be discussed with their ES and the HPT training lead and requested via the placement panel process.

# Out of Hours

Participation on an out-of-hours rota as first on call is a requirement of the FPH 2015 Curriculum. Before a specialty registrar (StR) begins out-of-hours duty they are required to have the appropriate knowledge platform and to be certified safe to start on-call.

StRs will continue to participate in an out-of-hours rota until they have, at a minimum, achieved the competence for participation in an unsupervised out-of-hours rota.

***To sign off LO6.9 a StR will need to provide a log book of out of hours on-call and keep in touch day activity with reflection through the use of an activity summary sheet signed by a CHP/ CCDC that the StR has demonstrated the ability to provide out of hours on-call unsupervised (i.e. at a consultant level). To accumulate sufficient evidence for LO6.9 a StR is likely to require at least 12 months providing out of hours on-call. A StR can approach any CHP/CCDC they consider most appropriate to complete and sign off an activity summary sheet. The learning outcome should then be submitted via e-portfolio for sign off by the Educational Supervisor.***

## 3.1 Mandatory requirements for joining the out-of-hours rota

All the steps below must be satisfactorily achieved before a Registrar can join the out-of-hour rota;

* + Attendance at ‘Introduction to on-call’ study day (see section 4.2)
  + A full pass of the Diplomate examination (Part A) to fulfil the knowledge requirements for health protection
  + Pass at the on-call assessment which will assess a StRs safe on-call practices (see section 4.3)
  + Evidence of competency of achievement in learning outcomes 1.2, 4.2, 6.1 - 6.6, 9.2
  + Agreement to maintain a reflective logbook (Appendix 3) of in and out-of-hours calls. Submission of a logbook to eportfolio is part of the ARCP requirements for StRs on the out-of-hours rota and is required for full sign-off of LO 6.9.
  + Agreement to attend 6 keep in touch days over a 26-week period (see **Section 4.5.2 Staying on the rota – Keep in touch days**)
  + Notification of competency to go on the out-of-hours rota sent to Health Education England via email **phschool.eoe@hee.nhs.uk** by the Health Protection Team

The Health Protection Team will then contact the StR to put them on the rota and provide them with relevant documents for working out of hours (see Appendix 4)

## 3.2 On-call training

On-call training is typically achieved during the **StRs 3-month mandatory health protection placement** (see Section 4). During the placement StRs should familiarise themselves with on-call procedures and guidelines. Time spent in the duty room during the placement will provide the Registrar with the knowledge and tools to be safe on-call.

Full sign-off of learning outcomes 1.2, 4.2, 6.1- 6.6, 9.2 on eportfolio is a mandatory requirement for joining the out-of-hours rota. Typically, KA 6 learning outcomes are signed off during the 3-month mandatory health protection placement, but work undertaken in other placements can contribute towards sign-off.

Completion of the mandatory 3-month placement is not a requirement for undertaking any of the mandatory requirements for joining the on-call rota.

StRs are required to attend an **‘Introduction to On-call’ study day**; held twice a year prior to the on-call assessments. The study day will introduce StRs to the principles of starting on-call duties and help to prepare them for their on-call assessment.

A Registrar-led **on-call teleconference** is held bi-monthly which provides a forum for the discussion of on-call scenarios and reflection. StRs at all stages of training as well as Health Protection colleagues are invited and encouraged to dial into the teleconferences for ongoing learning and development.

## 3.3 On-call assessment

StRs must pass the on-call assessment, held twice a year, before they can join the out-of-hours rota.

The on-call assessment uses a scenario-based format to check the StRs understanding of basic on-call principles, including how and when to seek further information and expertise.

StRs will be given up to four scenario-based questions which they will need to answer in terms of immediate response to out-of-hours and short-term follow-through as a part of handover on the next working day.

The assessment criteria cover the following areas: information gathering; risk assessment; public health action required; systems/roles and responsibilities.

The assessment panel will consist of a minimum of three members; two Consultants in Health Protection and one other, who should be an accredited educational supervisor and will act as panel chair and provide oversight of the process (external to PHE).

The on-call assessment will take about half an hour and is intended to provide assurance that the StR is safe and confident to start on-call and has reached the minimum standard of practice. The marking criteria for the assessment covers the following areas: information gathering; interpretation of risk/risk assessment; public health action required; on-call systems/roles and responsibilities.

The panel will seek to gather all the information in the scenario either by directed questioning or by allowing the candidate to ‘free flow’. Candidates needing significant directed questioning will be deemed borderline or fail.

## 3.4 PHE Honorary Contract and Work Schedules

StRs are required to have an honorary contract with PHE needs to be in place before the StR commences their mandatory placement and for on call work. An honorary contract will be sent to the Registrar by the HPT with other paperwork and materials required for them to go on the out-of-hours rota once they have been deemed competent.

An additional supplement is payable for out-of-hours duties. The supplements are governed by relevant terms and conditions of service. Banding is only payable once the StR has been certified as competent to start on-call and been included in the on-call rota. The StR should notify HEE (phschool.eoe@hee.nhs.uk) that they have joined the out-of-hours rota, who will inform the lead employer (See flowchart)

In line with requirements under the European Working Time Regulation (EWTR), StRs will not be required to undertake more than 1:9 out-of-hours duties. StRs working less than full time will not be required to undertake more than 1:15 out-of-hours duties*.*

## 3.5 Joining and being on the out of hours rota (Appendix 1)

### 3.5.1 The rota and your availability

Trainees are required to provide their availability to the HPT rota coordinator to allow the out of hours rota to be planned effectively. Shifts for the out of hours rota are scheduled as fairly as possible given organisational and personal constraints based on principles below. If either the rota coordinator or trainee is unable to comply with these principles, they are required to notify the other party with immediate effect and make best efforts to reach an amicable arrangement.

Principles for setting the out-of-hours rota

* The out of hours rota will cover a 26-week period from January 2020.
* As per the work schedule full-time StRs are scheduled for up to 20 shifts, less than full time StRs for up to 12 shifts.
* All StRs can be scheduled to cover all geographical areas.
* Shifts are rostered a single day at a time, including weekends.
* Weekend days are those that start on a Saturday or a Sunday.
* A maximum of 3 weekends will be scheduled in a 26-week period.
* If a trainee is rostered to work on a bank holiday the time can be claimed back in lieu.
* At week 10 of the rota cycle StRs will be asked to provide dates of any **booked annual leave** they have during the next 26-week rota period or dates they **would have booked as annual leave** if a trainee’s work pattern was not Monday-Friday i.e. to attend a significant family/life event. Returns should be provided to the HPT by week 11
* It will be assumed that StRs are available to be slotted into the rota at all other times in accordance with professional accountability of being on an out of hours rota.
* StRs will receive the 26-week rota by week 14 of the rota cycle
* If a trainee is required to swap any shift they have been allocated it is their responsibility to find someone to swap their shift with and notify the HPT by emailing [Enquiries.EastofEngland@phe.gov.uk](mailto:Enquiries.EastofEngland@phe.gov.uk" \t "_blank)
* In the case of illness or unexpected circumstances where a trainee cannot fulfil on-call responsibilities they must let the rota administrator know as soon as possible by emailing [Enquiries.EastofEngland@phe.gov.uk](mailto:Enquiries.EastofEngland@phe.gov.uk). If the StRs is unable to do this, then they should ask their manager or equivalent to inform the rota administrator/HPT.
* In case of illness whilst on call, the trainee must alert the CCDC on-call, so that they can consider whether alternative arrangements are needed.

The ‘Introduction to on-call’ study days and on-call assessments will be scheduled to fit in with the 26-week rota planning processes. However new StRs or those returning to the rota will be able to be slotted into an existing rota if required to facilitate changes needed or reduce on-call commitment of those already on the rota.

### 3.5.2 Staying on the rota – Keep in touch days

Maintaining competence and therefore patient safety is the priority of everyone working on the on-call rota. **To support ongoing competence, StRs on the on-call rota must undertake 6 full days in the HPT duty room for every 26-week rota period.**

This is the equivalent of one day per month and **should usually be undertaken as one day per calendar month**. However, StRs may wish to **group up to a maximum of three days together once per 26-week period** for continuity of experience and/or convenience around leave, or to catch up days missed at short notice e.g. due to sickness. If an StR works less than 7.5 hours per day this should be notified to the HPT when booking the KIT day to ensure continuity can be maintained on the acute service desk.

**StRs working less than full time are required to undertake 6 full days per 26-week period** **as the principle of maintaining competence applies equally regardless of work pattern.**

**Failure of any Registrar to attend 6 days of duty room work in a 26-week period**, **will be escalated to the Head of School and may result in removal from the on-call rota.** They will not be permitted to re-join the rota until they have satisfactorily passed the on-call assessment a second time. It will not be possible for any Registrar to have their on-call competency signed-off during this time.

Calls taken during keep in touch days should be recorded in the StRs logbook and will be recognised as contributory evidence for sign-off of LO 6.9.

StRs on the on-call rota are expected to:

* Call in to the HPT for a handover when on call that evening
* Dial into Friday review and handover when on call on a Friday evening, or the Saturday or Sunday of that weekend

It is also strongly recommended that StRs on the on-call rota

* Dial into HPT educational sessions and case reviews
* Dial into the On-Call Teleconference, a registrar led bimonthly meeting to share learning and best practice

### 3.5.3 Leaving and returning to the out of hours rota (Appendix 1)

StRs who formally leave the training programme to gain an out of programme experience (OOPE), Out of Programme Research (OOPR**),** Out of Programme Training (OOPT) or Out of Programme Career Break (OOPC) are not able to remain on the East of England out of hours rota. Definitions of these out of programme activities can be found on the [HEE EOE website](https://heeoe.hee.nhs.uk/faculty-educators/out-programme-oop#targetText=For%20any%20trainee%20requesting%20OOPT,with%20their%20OOP%20application%20form.)

StRs who undertake placements outside of the East of England and where it is considered to be logistically feasible (e.g. they remain employed by StHK) can remain on the East of England out of hours rota if they continue to undertake 6 full keep in touch days in the HPT duty room for every 26-week rota period. This would apply to StRs doing placements with National PHE teams or National Treasure Placements.

A trainee undertaking a placement outside of the East of England can request to be removed from the out of hours rota if they do not think it will be possible for them to complete the 6 keep in touch days in a 26-week period. However, the below would apply for them returning to the out of hours rota.

StRs who have been out of programme and off the rota for six months or longer (for example for maternity leave, a placement out of area or academic work), **must undertake a 10-day refresher placement with the HPT before they can return to the on-call rota.** During this period, ***a StR can*** *approach any CHP/CCDC they consider most appropriate to* assess their competency to re-join the on-call rota through CBDs and DOPS. Longer periods of refamiliarisation may be requested. Any registrar is welcome to organise a period of refamiliarisation with the HPT following any period of absence from the rota.

**In line with the policy for keep in touch days**, because the principle of maintaining competence applies equally regardless of work pattern, **a minimum of 10-days must be undertaken by all StRs regardless of their working pattern in order to re-join the on-call rota.** StRs wishing to undertake a 10-day placement with the HPT to return to the on-call rota will be **prioritised over non-STRs arranging to spend time at the HPT** and their **refamiliarisation will not have any impact on StRs undertaking their mandatory HPT placements.**

## 3.6 Being on call

### 3.6.1 Indemnity

StRs are strongly advised to secure personal indemnity before their first on-call shift. This can be arranged through organisations such as the Medical Defence Union or another appropriate indemnity provider.

### 3.6.2 On-call expectations and principles

StRs are expected to have remote access to HPZone via Citrix before their first on-call shift (see Appendix 4)

StRs are expected to be available for the whole duration of their on-call period and must be contactable by phone at all times

StRs have a responsibility to respond to any call Medicom receive within 30 minutes so must consider where they will be, how they can stop what they are doing to answer a call, undertake the relevant risk assessment and take notes.

StRs on-call are expected to undertake an appropriate risk assessment for the call and determine appropriate actions based on their risk assessment. Incidents should be discussed and escalated as required with CHP/CCDC on-call.

StRs are expected to document all conversations, risk assessments, decisions and actions in HPZone. If HPZone is not available for any reason during the on-call period, then StRs must securely email their documentation to the HPT via the [EastofEnglandhpt@gov.uk](mailto:EastofEnglandhpt@gov.uk) or [phe.eoehpt@nhs.net](mailto:phe.eoehpt@nhs.net) email addresses.

**Handover**

StRs are expected to call the HPT at 4:30pm before going on call to get details of any ongoing health protection issues, they need to be aware of.

StRs on call on weekend days or bank holidays are expected to contact the next on call for a one to one handover including nil reports

StRs on call on Fridays and weekend days or bank holidays are expected to call into Friday clinical review meetings where possible. Any specific details of actions that need to be followed up out of hours will be handed over individually to the relevant people.

Following a weeknight shift, it is expected, in line with best practice to either email the HPT a nil return or provide a verbal handover as required.

**Feedback and ongoing professional development**

Following on call, CHPs as supervisors (CHP on call or duty CHP) on the training programme, feedback 121 to StRs according to principles of good feedback to support acknowledgment of good practice and learning points·

Feedback may also be provided by other health protection staff

On call teleconference

Patient safety concerns regarding the on-call shift should in the first instance be discussed with the StR by the CCDC on-call in an appropriate timescale.

# Insert Appendix 1 Process Flowcharts

# Appendix 2 Outline Induction Program for Health Protection

**Induction**

An induction in health protection is an essential component of the on-call training to obtain an understanding of the control of communicable and non-communicable diseases. The programme can be tailored to the needs of the trainee based on their previous training and experience. The induction can be undertaken pre-Diplomate examination (may be beneficial) or at the start of the HP attachment, recognising that the individual components are likely to be spread out over a period of time.

**Aims of the induction program**

* To provide an overview of the scope and practice of health protection

**Suggested areas to be covered (based on the learning needs of the StR)**

**1. Managing communicable and non-communicable disease cases and incidents**

**Learning aim:** To acquire background knowledge on the control of infectious diseases and non-infectious environmental incidents.

**Objectives**

* + Understanding of the basic principles of infectious disease control and the public health response to non-infectious environmental incidents
  + Familiarise with common on-call infections/ hazards

**How met**

* + Recommended reading

(Good introductory book is: Hawker J, Begg N, Blair I et al. Communicable Disease Control and Health Protection Handbook)

**2. Structure and functions of Public Health England (PHE)**

**Learning aim:** To understand the organisation and functions of PHE and the Centre, the role of the Health Protection Team (HPT) and the Field Epidemiology Service (FES).

**Objectives**

* + Understand how PHE functions
  + Understand the relation with different local stakeholders, e.g. DPH, local authorities
  + Understand the statutory notifiable diseases and surveillance systems
  + Understand role of the HPT in:
    - undertaking surveillance and monitoring communicable diseases
    - developing guidelines to ensure effective management of communicable diseases
    - public health management of communicable diseases and non-infectious hazards
    - outbreak investigation
  + Understand the role of the FES in:
    - co-ordinating surveillance of disease
    - providing expert advice and support to the HPT

**How met**

* + Meet with individual HPT staff to understand their role and lead areas
  + Shadow individual team members in their day to day practice
  + Participation in the HPT duty service
  + Meet with FES staff to gain an understanding of their work
  + Use PHE website

**3. Role of microbiology in control of infection and communicable disease**

**Learning aim:** Understand how the microbiology service works

**Objectives**

* + Understand the role (including public health role) of the microbiologist
  + Understand role of microbiology in:
    - analysing routine samples
    - microbiological investigation of communicable diseases outbreak, food and drink products
  + Gain basic understanding of microbiological tests used in investigation of communicable diseases and recognise time scales to yield results
  + Familiarise with modern diagnostic microbiological techniques and follow new developments in medical microbiology, including molecular typing
  + Know interpretation of microbiological results and appreciate test limitations
  + Understand the flow of data to HPT/FES

**How met**

* + Short attachment to microbiology lab to understand how the lab operates: from specimen reception, processing, reading, and reporting of results
  + Handbook of basic microbiological tests (indication, incubation time, reliability, and validity)

**4. Infection Prevention and Control**

**Learning aim:** To understand the role of Provider Infection Prevention and Control (IPC) Committees and Infection Control Nurses in control of infection.

**Objectives**

* + Understand the organisation of local IPC Committees
  + Understand the role of these committees in Health Care Associated Infection (HCAI)
  + Understand the role and responsibilities of hospital and community IPC Nurses
  + Understand the role of the TB Nurse in prevention, control, and treatment of TB

**How met**

* + Short attachment to hospital/ community IPC team and TB Nurse to follow their day-to-day work
  + Attendance at IPC meetings

**5. Immunisation**

**Learning aims:** To understand the principles of immunisation and implementation and management of immunisation programs

**Objectives**

* + Familiarise with the national immunisation schedule
  + Know where to find relevant references
  + Understand the role of the NHS England Screening and Immunisation Team (SIT)
  + Familiarise with systems for monitoring vaccine uptake and adverse events
  + Familiarise with different approaches to running immunisations campaigns such as childhood immunisation program and influenza immunisation campaign

**How met**

* ‘Green book’

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

* Meet with the SIT

**6. Emergency planning and response to major incidents**

**Learning aim:** To understand the principles of emergency planning and the networks involved in the emergency planning process

**Objectives**

* + Understand local emergency planning structures
  + Learn about the operation of the emergency services (fire, police, and ambulance)
  + Understand the functions of expert organisations such as Environment Agency, Animal and Plant Health Agency (APHA), etc
  + Understand the roles and responsibilities of NHS organisations and the Department of Health and local authorities in planning for and responding to major incidents

**How met**

* + Discussion with the EP lead
  + Attend relevant emergency planning meetings

**7. Local Authority Environmental Health**

**Learning aim:** To understand the duties of environmental health services of local authority relevant to communicable disease control

**Objectives**

* + Understand the structure and organisation of LA
  + Understand the roles of district and county council
  + Understand the role of LA in control of notifiable diseases and working relations with the proper officer
  + Be aware of Public Health Law
  + Understand the divisions and responsibilities of Environmental Health Services
    - Food team
    - Pollution team
    - Safety team

**How met**

* Short attachment to the different teams of Environmental Health Services
* Discussions with the team leaders
* See day to day operation of EH department in responding to enquiries from the public, registration, inspection, monitoring and dealing with other environmental hazards, etc
* Participation in inspection of food premises

Suggested time scales (pre-Diplomate examination would be beneficial)

|  |  |
| --- | --- |
| **Areas to be covered** | **Minimum time periods** |
| Introduction to CDC and non-CDC | Own time reading |
| PHE structure and functions | 3 days |
| Microbiology services | 2 days |
| Infection prevention and control | 2 days |
| Immunisation | 1 day |
| Emergency planning | 1 day |
| EH department | 1 day |
| **Total** | **10 days** |

**Appendix 3 Health Protection On-call Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Health Protection query**  (HPZone number) | **Your initial action (brief details)**  Include whether observed (O), acted under supervision  (S) or acted independently (I) | **Your further action**  Include whether observed (O), acted under supervision (S) or acted independently (I) Did this experience include new (N) or consolidated (C) learning | **Registrar** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**Appendix 4 – Process for Accessing Remote Access**

All StRs who do not have a PHE laptop will need to set up remote access on their personal or work laptop (where appropriate) to enable them to access HP Zone and other resources (shared drive/email) when carrying out on call work. PHE use 2 factor authentication to support remote access. This will require you to download Citrix receiver and obtain a ‘pinsafe’ PIN number.

For detailed information on how to set up remote access please access the following information from a PHE laptop[**http://phenet.phe.gov.uk/Resources/IT/Pages/Accessing-IT-systems-remotely.aspx**](https://indigo.phe.gov.uk/owa/redir.aspx?REF=WeGpznBt0p4zhBsddto2QR45ov7cRmpm73fSEqxRWqeO0BVx60fXCAFodHRwOi8vcGhlbmV0LnBoZS5nb3YudWsvUmVzb3VyY2VzL0lUL1BhZ2VzL0FjY2Vzc2luZy1JVC1zeXN0ZW1zLXJlbW90ZWx5LmFzcHg.)

The following documents, which are accessible from this website will support the remote access set up and use

* **Remote Access User Registration**
* **Access Over N3 using Citrix Client**
* **Pinsafe User Instructions**

General guidance on setting up remote access is provided below. If you are having difficulty in obtaining access, please make the StR health protection reps aware.

* Call the PHE Service desk number to log that you need pinsafe access **Service Desk: +44 (0) 208 327 7777** ​ (Monday to Friday 0800 to 1800) and obtain a **log number for your request**
* Complete Box 1 of the **'Remote Access User Registration'** form requesting access, to **word/outlook mail/excel/PDF, HP Zone, and explore app** in the corporate applications section
* Return the form to the HPT training lead requesting that they complete Box 2 and forward to the Deputy Director HPT who will need to complete and sign Box 3 and return to you.
* Once returned the completed form should be sent to the Service Desk via the self-service portal quoting the log number on the form. Please note that the Portal is only accessible from a PHE laptop. If you do not have access to a PHE laptop, please contact the service desk to request an email address.
* Once you have received a pinsafe the instructions in the document **Access Over N3 using Citrix Client** should be followed.

# Appendix 5 Feedback Guidance

Insert guidance on providing feedback – Pendleton’s rules

1. Clarify any points of information/fact
2. Ask the learner what s/he did well – ensure that they identify the strengths of the performance and do not stray into weaknesses.
3. Discuss what went well, adding your own observations, keep them to the strengths.
4. Ask the learner to say what went less well and what they would do differently next time.
5. Discuss what went less well, adding your own observations and recommendations