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| 1 | **All Trainees should have appropriate and structured induction before they start the OOH training** |
|  | *This should be no less than for a new OOH GP but can be done in groups.  This is ideally done in induction week for new GP trainees.* |
| 2 | **There should be adequate provision of training sessions and Deanery/ LETB approved Clinical Supervisors to cover 108 hours training per trainee over their 18 months in GP** |
|  | *Training and approval of OOH Clinical Supervisors could target the group who do regular OOH sessions and have accumulated years of practical experience* |
| 3 | **The Clinical Supervisors should maintain an up-to-date knowledge and skills in providing clinical and educational care and they should have regular appraisals as per the CCG and the Deanery/LETB requirements** |
|  | *This should form part of the annual GP appraisal. The Clinical Supervisor should comply with revalidation requirements of getting appraised on all the activities they provide with patient care. We recommend that the OOH service Provider appoints an Educational Lead who will liaise with clinicians for their educational needs.*  |
| 4 | **The training session should include adequate time for teaching, feedback and documentation** |
|  | *Clinical Supervisors could be paid a premium rate for their commitment. This would attract more CS to be engaged with OOH Training.*  |
| 5 | **Compliance with annual Deanery/ LETB monitoring visit recommendation**  |
|  | *The Deanery/ LETB visit should coincide with the CCG assessment visit so that recommendations are dovetailed into one action plan.  This will reduce unnecessary duplication of approval visits* |
| 6 | **Training should be in accordance with COGPED recommendation**  |
|  | *The COGPED position paper for OOH training includes the DoH & RCGP recommendations* |
| 7 | **Compliance with all employment legislation, in particular the working time directive**  |
|  | *This is mainly for the GP Trainer to monitor as they have a broader view of the trainees’ working patterns; however the OOH Provider has a duty to include in their contract with the learner and should monitor the recommendations.* |
| 8 | **Regular engagement with local GP Trainer Groups and the EoE Deanery/LETB**  |
|  | *It should be mandatory that the OOH provider is invited to the trainer’s groups at-least annually to discuss OOH training. This engagement might also encourage the GP Trainers to do OOH shifts themselves to maintain credibility and act as suitable role models.* |

**OOH Training for GP Trainee – Guidance for Commissioner/ Provider contract**