Care UK EOE
OUT OF HOURS
TRAINING WORKBOOK
FOR GP SPECIALITY
TRAINEES

July 2015

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SECTION 1:

LOCAL ARRANGEMENTS IN THE CONTEXT OF DEANERY AND NATIONAL REQUIREMENT FOR OUT OF HOURS GP SPECIALITY TRAINING

Introduction to the OOH Workbook for GPStRs

Purpose

This workbook has been designed to help GPStRs in CARE UK to develop the necessary skills and competencies for competence in Out Of Hours (OOH) required for satisfactory completion of the OOH element of General Practice Trainee training. The document is designed to be used in conjunction with the GPStR's e-portfolio and the relevant OOH assessments within this document can be scanned and linked to relevant entries in that portfolio.

How to use this Workbook

For the Deanery this workbook is voluntary and is intended to encourage self-reflection and assessment. For CARE UK Ltd the completion of the shift reports in this document is a requirement of all GPStRs gaining their OOH experience within the CARE UK OOH Service. CARE UK requires GPStRs working in our OOH services to comply with CARE UK governance and behavioural policies, and to maintain adequate records in this workbook.

For this workbook, the OOH curriculum is condensed into six key competences. At intervals during the GPStR's training, the trainee's trainer will need to conduct an assessment of the trainee's competence for each area. This is useful to:

- Monitor the learners progress.
- Identify and address the learners ongoing development needs.
- Inform CARE UK, in a timely fashion, of the level of competency of the GPStR (Red, Amber or Green) so that CARE UK may ensure the appropriate and expected level of supervision during OOH activities.
- Identify when the learner has reached an acceptable amber level of autonomous working. Trainees approved as Amber competence or above can be supervised by a CARE UK OOH Clinical Supervisor who is concurrently supervising a second trainee. This increases the available OOH supervised shifts and opens up a greater opportunity for Trainees to access training shifts.

Trainers can choose to use the assessment materials in this workbook or an assessment form of their choice but they should update Care UK (tina.stannard@CareUK.com) of the level of competency of GPStRs by signing 'the Amendment form for GP registrar training level' in section 4 of this workbook. All GPStRs are considered as Red status at commencement of their OOHs training.

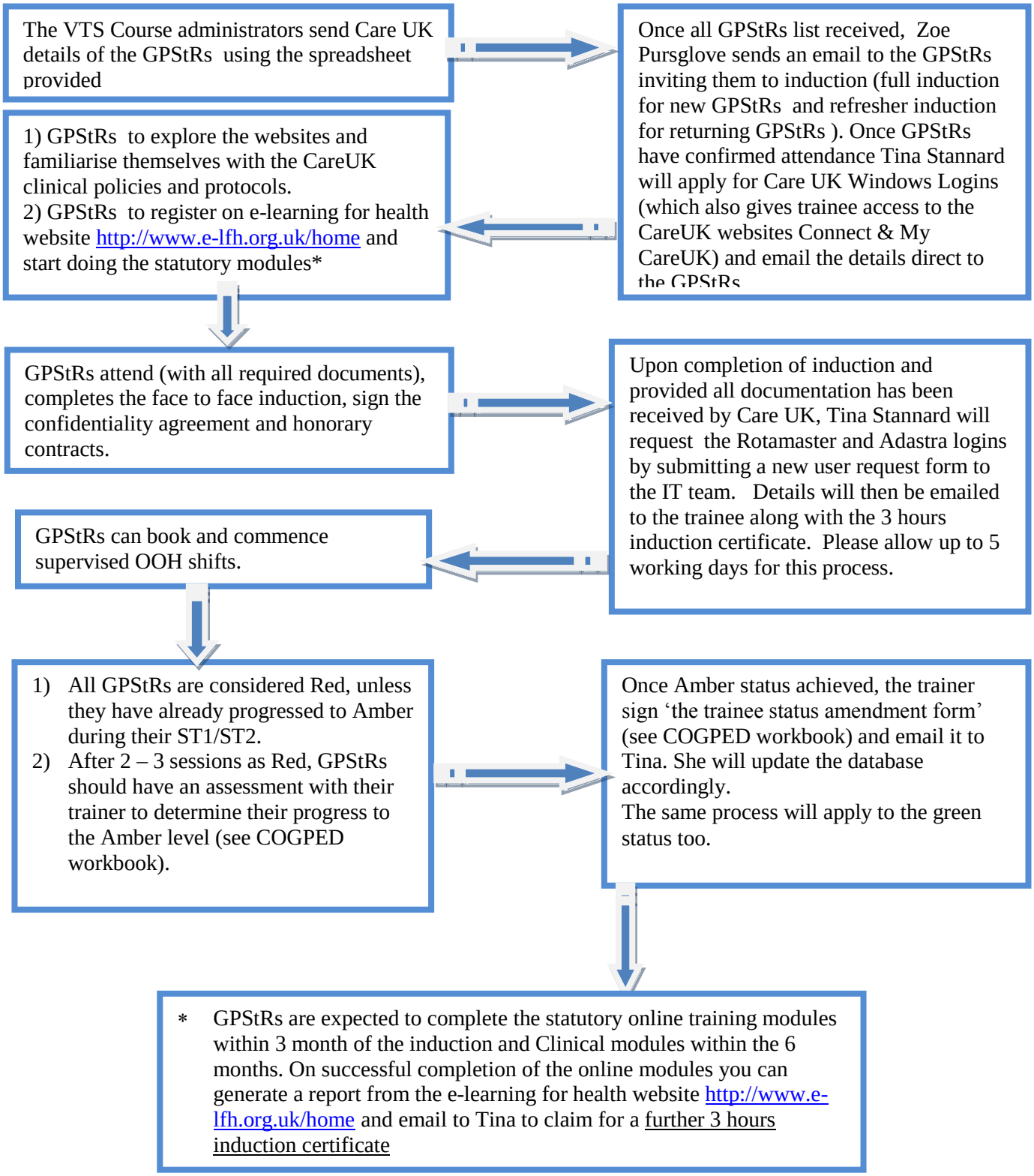
Care UK OOH Induction

All GPStRs new to General Practice are required to undertake induction training prior to undertaking any out of hours sessions at Care UK EoE OOH. This is to ensure that appropriate training and familiarisation has taken place, and also to ensure that supervision of the trainee takes place in a satisfactory way. Group induction training will be offered in August and February each year. If, for whatever reason, a GPStR misses induction training, individual induction may be offered (at additional cost) to ensure that basic requirements and familiarisation are undertaken. The availability of this individual induction will be limited and significant delays may occur if the group induction training is missed. Time spent on induction counts towards the Out of Hours sessions (3 hours once only). GPStR should make a log entry into their e-portfolio.

Prior to the induction session, all pre-induction online statutory modules need to be completed. This is required by Health & Safety Law. Mandatory online training must be successfully completed before undertaking your first Amber session, generally within 6 weeks after induction.

All GPStRs who are out of General Practice for more than 6 months would need a shorten induction (refresher) on their return.

GP Registrars Journey at a glance



PMETB Training Requirements

The requirement for trainees is 108 hours total of out of hours training over an 18 month period in General Practice (6 hours per month of full time training). The Deanery and the 2010 revised COGPED paper on OOH GP training recommend that approximately ten percent of the training could be done in non-GP settings in an observer role, in order to understand the organisational aspects of unscheduled care provided in other organisations, and how these inter-relate to GP training.

The following suggestions are made for how this observational 10-15 hours of training could be undertaken:

- Observation of work at NHS Direct
- Observation and accompanying a paramedic shift
- Observation and accompanying an out of hours district nurse shift.

The first session should be undertaken in September or March each year, as soon as possible after induction. Many trainees make the mistake of leaving out of hours training until later in GP training. This is a mistake, as training should be spread out over the period of time on General Practice, and availability of training shifts will be compromised if trainees expect availability of several shifts in a short space of time.

Clinical Governance

The GPStR undertaking OOH training sessions within CARE UK undertakes to abide by the clinical and operational policies, processes and procedures used within the CARE UK system. The Trainee is under the supervision of the CARE UK shift leadership team while they are active within the CARE UK service and must agree to be managed and supervised by their appointed CARE UK OOH Clinical Supervisor and the CARE UK shift management team. If the Trainee does not comply with CARE UK procedures and supervision then they will not be allowed to continue within the CARE UK service. CARE UK has ultimate responsibility for Patient Safety, Clinical Effectiveness, the Patient Experience and the governance of CARE UK OOH services and therefore the CARE UK systems have precedence within the CARE UK OOH service.

Progression of training towards Out Of Hours Independent Practice

Trainees are expected to progress through stages towards independent practice. Trainees should discuss their level of progression and their current status with the supervisor at the beginning and end of each shift.

Level 1: Direct Supervision (Status Red)

Trainees initially sit in and observe, or jointly consult with the supervisor. Trainees can also consult under observation by the supervisor. This is a good opportunity to ensure clinical note and computer use is sufficiently detailed and that any issues with computer use and note keeping are clarified. The clinical supervisor will ensure that decisions made are appropriate and safe.

Level 2: Close Supervision (Status Amber)

Trainees consult independently, but have the supervisor available nearby for advice and support with face to face consultations in the centre, or for telephone calls. On home visits the supervisor

may need to attend and observe, or be available in the car outside. Trainees may need frequent advice and discussion of cases, before during and after the consultation. It is expected during this period that many of these initial Amber shifts are on weekday evenings when the workload is lighter and there is more time for discussion with the supervisor.

Level 3: Distance Supervision (Status Green)

The supervisor is still available on site in the centre, but may not be needed as frequently, and does not need to actively discuss each case as it occurs. On home visits the trainee consults independently and remotely from the Clinical supervisor, who is available by telephone. It is expected during these later shifts that the trainee is doing mostly weekend day shifts, where there is a greater intensity of work and the trainee is able to develop towards being able to work this sort of busy shift independently on completion of training.

Format of shift supervision

Trainees are expected to arrive promptly for each session, and to stay until the session has finished.

Every session should include an introductory discussion **(5–10 minutes)** with the supervisor, detailing the objectives of the shift, and if necessary discussion of previous log sheets and the content of the Out of Hours Training Workbook competencies. There should always be a debrief of **15-30 minutes** at the end of the session, which includes the discussion of cases and completion of the 'Record of OOH session' from this training workbook. In the events that there would be no time within the shift for debriefing due to need for the patient care (urgent case, late arriving patients etc), clinical supervisor can claim extra time by informing the on-call co-ordinator. **The record sheet should be typed and later scanned to e-portfolio**. This should then be copied with one copy being kept by the supervisor and the Trainee, and a third copy sent to the Care UK Delta (tina.stannard@careuk.com). Trainees will be required to complete a feedback form on the quality of supervision for every session, which is sent, in confidence, to Tina Stannard at Care UK Delta, with a copy of the out of hours worksheet.

The trainee will need to also complete an e-portfolio entry for the session.

The log sheet record should include, as a minimum:

- The total number of patients (in each category) seen in the PCC, advised on the telephone and seen at home
- A list of the clinical presentations seen and significant events
- A description of the learning
- How the learning relates to the 6 areas of competence within the workbook
- Learning needs identified to discuss with trainer
- Debriefing notes from the supervisor
- An update on the current level of independent practice.

Supervision at Care UK EoE

Supervision at Care UK EoE is currently undertaken by OOH Clinical Supervisors (see definition below):

OOH Clinical Supervisors will receive anonymised summaries of GPStR feedback at the end of each 12 month period, and general issues relating to supervision are discussed, as required, at Trainers workshops.

Care UK EoE will enable sufficient number and type of out of hours training shifts to meet the demands of the local training schemes.

Subject to the availability of rooms, and the busyness of a shift, supervisors may, in some circumstances, supervise two trainees in the same shift.

Definition of various supervision roles

- **Educational Supervisor:** The clinical educationalist with lead responsibility for the GPStRs general practice training.
- **GP trainer:** GP with main responsibility to supervise trainee in general practice and monitor their progress in OOH. If a GP trainer / associate trainer work in OOH he/she will be automatically deemed to be an OOH clinical supervisor too.
- **OOH Clinical Supervisor:** Clinical Supervisors can be any suitably qualified health professional who has undertaken a Deanery approved Supervisors course and may include Deanery approved Nurse Practitioners. They are the OOH Clinician with responsibility for supervising the GPStR for clinical and educational purposes while the Trainee is undertaking an OOH shift.
- **Clinical Lead:** The senior clinician within the CARE UK system who has lead responsibility within CARE UK for patient safety and clinical governance related to GPStR training. The Lead CARE UK OOH Clinical Supervisor is the clinician to whom the trainee is ultimately accountable for their actions while within the CARE UK system.

The CARE UK OOH clinical supervisor attached to each Trainee shift will be identified to the GPStR in advance of each OOH clinical session. The identity of the OOH clinical supervisor responsible for supervising a training shift will normally be visible to the GPStR as the Trainee books their sessions on the Rotamaster rota management system.

Provision of equipment

Trainees/ training practices are expected to provide their own stethoscopes, auroscopes, ophthalmoscopes, tendon hammers, sphygmomanometers, thermometers, and any other diagnostic equipment you would need to examine patients.

Care UK will provide BNFs, tongue depressors, glucometer, urine pots, urinalysis, urine pregnancy kits, emergency drugs, gloves, paperwork and prescriptions. Full NHS net and internet access is available.

Documenting OOH experience in the e-Portfolio

Trainees are asked to record each of their OOH sessions in the e-portfolio. The portfolio necessitates that each entry must be tagged before filing against, at least, one curriculum statement heading. Normally, in the case of an OOH session, this would be curriculum statement 7: Care of Acutely Ill People. The 'OOH session' learning log entry in the e-portfolio will prompt the GP StR with a number of set entry fields.

Clinical supervisors in OOH will complete a session feedback sheet (see Section 4) which the GPStR must share with the trainer/educational supervisor as evidence of attendance. This will allow the GP Trainer as an Educational Supervisor to validate the session.

All OOH sessions entered into the e-portfolio must be shared and discussed with the Educational Supervisor. In particular circumstances, the Educational Supervisor may choose to 'validate' some of these as contributing to workplace-based assessment. In this case, the entry will also be tagged against one of the 12 professional competency areas.

At the end of the training programme (i.e. towards the end of the ST3 year), the Educational

Supervisor will search for all OOH sessions in the 'shared entries' in the e-portfolio (there exists a filter facility for this) ensuring that the requisite number have been completed, or will be completed prior to the end of training. A declaration by the Educational Supervisor is then completed which will appear in the 'progress to CCT' section of the e-portfolio.

The Educational Supervisor should take into account any potential failure to complete the requisite number of sessions in the final assessment of the trainee for their report, particularly if there are concerns about the acquisitions of competencies. An unsatisfactory report may lead to the ARCP panel issuing an unsatisfactory outcome.

The Responsibilities of GPStRs

Trainees are responsible for organising their sessions with EoE Care UK and other organisations; and should ensure that the required number of hours are achieved commensurate with the duration of the GP component of their training programme. Care UK operates an online shift booking system that GPStRs can have access to, normally following their induction and the issuing of a password. This will allow the trainee to book directly. Care UK EoE has a nominated member of the administrative team to be the point of contact for GPStRs and to be able to deal with any queries related to shifts (Tina Stannard).

Trainees should work in Care UK EoE OOH service under supervision, in order to gain competence and confidence in the delivery of these services as a necessary part of becoming registered as GPs. The work of GPStRs in acquiring OOH competencies will be as part of their normal contract of employment.

It is part of any doctor's professional responsibility to attend any commitment they have organised, and any non-attendance by trainees for booked OOH sessions, or premature finishing (unless for appropriate and compelling reasons, and agreed with the clinical supervisor and the OOH provider organisation) will be treated as a severe breach of professional behaviour.

GPStRs are responsible for maintaining an e-portfolio of evidence. For OOH such evidence should include their own reflections on clinical encounters, professional conversations with their clinical supervisor, relevant courses or reading and other naturally occurring evidence. GPStRs may choose to use an OOH encounter to submit for formal case-based discussion.

The role of GP Trainers

The formal assessment of the GPStR remains the responsibility of the Trainer, supported by evidence supplied by the GPStR, documented systematically in their ePortfolio as well as feedback from the clinical supervisor. Such evidence should include their own reflections on clinical encounters, professional conversations with their clinical supervisor or other naturally occurring evidence.

The Trainer should discuss with the trainee and identify the OOH learning needs prior to the OOH sessions (Red assessment). They should ensure that the GP Registrar understands and is informed of the range of learning environments and opportunities locally that could deliver the required competencies. Examples might include:

- Working in an OOH PCC / Walk-in Centre
- Undertaking home visits in OOH
- Undertaking telephone triage in OOH
- Observation of work at NHS Direct or 111 Service
- Observation and accompanying a paramedic shift
- Observation and accompanying an out of hours district nurse shift.
- Updating CPR skills
- Participating in simulated emergency medical situation training provided by the Deanery.

GP Trainers should ensure that they debrief their GPStR following their OOH session as soon as possible, and assess not only the learning made, and further areas for development, but also the quality of the experience of the OOH session provided to the GPStR.

GP Trainers should regularly re-evaluate the level of supervision required by the GPStR and inform Care UK of their supervision status (Amber/Green).

GP trainers and OOH clinical Supervisors should meet with Care UK annually to discuss the issues around the registrars training.

We appreciate if GP trainers let Tina know once their GPStRs completed their GPVTS training.

The role of OOH Clinical Supervisors

At its most basic, clinical supervision is a clinical governance issue ensuring the quality of care and patients' safety. It is desirable for the clinical supervisor to have additional skills to that of being a proficient professional and these will include the ability to teach, observe, assess and feedback to learners.

Formal lines of communication between GP trainers, OOH clinical supervisors and others involved in clinical skills training are necessary to deliver continuity of information and feedback to ensure the validity of the trainer's assessment of each GPStR. Therefore Clinical supervisors must fill the OOH record sheet after each OOH shift and to contact GP trainers and Care UK Clinical Lead directly if there was any immediate or serious concern.

Clinical Supervisors in OOH should keep their skills up-to-date and get timely re-approval by the Deanery (2 – 3 yearly re-approvals). They should complete a session feedback sheet / OOH record sheet (see Section 4) which the GPStR must share with the trainer/educational supervisor as evidence of attendance. They should also make sure that the GPStR fill the feedback of their role (see section 4).

OOH Clinical Supervisors will receive anonymised summaries of GPStR feedback at the end of each 12 month period, and general issues relating to supervision are discussed, as required, at Trainers workshops.

This is a good practice for OOH clinical supervisor to give fill OOH declaration form at the end of the training period, provided that they supervised the trainee fairly regularly in OOH, it will help the GP trainer further for their final assessment.

European Working Time Directive and GP OOH Training

There is an average maximum working week of 48 hours. This average is taken over a reference period of 6 months, so it is possible to have some weeks busier than others as long as it works out over the 6 months to less than 48 hours per week.
Employees can only work a maximum 13 hours at a time – if you are working an evening shift at Care UK EoE OOH your practice needs to be aware so that you get a break at lunchtime, or in the early evening before the shifts starts.
There has to be a minimum of 11 hours rest between work periods. Trainees can sign a disclaimer to accept a break of less than 11 hours, if this suits their own personal circumstances (the employer is responsible for this).

SECTION 2:

OUT OF HOURS COMPETENCIES & RCGP CURRICULUM & OUT OF HOURS CARE

The key out-of-hours competencies:

Trainees should demonstrate competency in the provision of OOH care. The overall responsibility for assessment of competency is with the GP Trainer but trainees have a duty to keep the record of their experience, reflection and feedback in the competency domains.

The six generic competencies, embedded within the RCGP Curriculum Statement on 'Care of acutely ill people', are defined as the:

1. Ability to manage common medical, surgical and psychiatric emergencies in the out-of-hours setting.
2. Understanding of the organisational aspects of NHS out of hours care.
3. Ability to make appropriate referrals to hospitals and other professionals in the out-of-hours setting.
4. Demonstration of communication skills required for out-of-hours care.
5. Individual personal time and stress management.
6. Maintenance of personal security and awareness and management of the security risks to others.

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

GPStRs 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 below:

- 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
- 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

GPStRs 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.

GPStRs 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.

GPStRs should 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.

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

GPStRs should be aware of the policy framework that directs OOH care both locally and nationally. Trainees should consider:-

- The PCTs role in commissioning OOH care from Providers originating from the NHS, OOH Co-operatives, 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)
- Authoritative national quality assurance tools such as the Royal College of General Practitioners OOH Audit Toolkit and the independent Healthcare Inspection mechanisms operated by the health and social care regulator the Care Quality Commission.

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 (Darzi, Enhanced Access Centres etc)
- Unscheduled community care
- Addressing the needs of underserved populations &
- Redirection of patient demand from A&E units to OOH and minor injury units.

GPStRs 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.

They should be aware of the communication channels required for OOH care and the IT and telecommunications systems to support these communications

The ability to make appropriate referral to Hospitals and other Professionals:

The GPStR 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 GPStR 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.

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

The GPStR 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 centered 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 GPStR 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.

Individual personal time and stress management:

The GPStR should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases and workload appropriately.

GPStRs 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:

GPStRs 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.
- Safety in health care is a relatively young field internationally and is developing rapidly. It is likely that further training throughout a doctor's career will be required.
- 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.

RCCGP Curriculum and Out of Hours Care:

Primary care management

Recognise and evaluate acutely ill patients (RCGP Curriculum Statement Section 7).

- Describe how the presentation may be changed by age and other factors such as gender, ethnicity, pregnancy and previous health
- Recognise death
- Demonstrate an ability to make complex ethical decisions demonstrating sensitivity to a patient's wishes in the planning of care
- Provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives
- Coordinate care with other professionals in primary care and with other specialists
- Take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient.

The GP must be competent to provide out of hours care by demonstrating:

a) The six OOH Generic Competencies as above

b) Person-centred care

- Describe ways in which the acute illness itself and the anxiety caused by it can impair communication between doctor and patient, and make the patient's safety a priority.
- Demonstrate a person-centred approach, respecting patients' autonomy whilst recognising that acutely ill patients often have a diminished capacity for autonomy.
- Describe the challenges of maintaining continuity of care in acute illness and taking steps to minimise this by making suitable handover and follow-up arrangements.
- Describe the needs of carers involved at the time of the acutely ill person's presentation.
- Demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient.

c) Specific problem-solving skills

- Describe differential diagnoses for each presenting symptom.
- Decide whether urgent action is necessary, thus protecting patients with non-urgent and self-limiting problems from the potentially detrimental consequences of being over-investigated, over-treated or deprived of their liberty.
- Demonstrate an ability to deal sensitively and in line with professional codes of practice with people who may have a serious diagnosis and refuse admission.
- Demonstrate an ability to use telephone triage:

- to decide to use ambulance where speed of referral to secondary care or paramedic intervention is paramount
- to make appropriate arrangements to see the patient
- to give advice where appropriate.
- Demonstrate the use of time as a tool and to use iterative review and safety-netting as appropriate.

d) A comprehensive approach
- Recognise that an acute illness may be an acute exacerbation of a chronic disease.
- Describe the increased risk of acute events in patients with chronic and co-morbid disease.
- Identify co-morbid diseases.
- Describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness.
- Recognise patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help.

e) Community orientation
- Demonstrate an ability to use knowledge of patient and family, and the availability of specialist community resources, to decide whether a patient should be referred for acute care or less acute assessment or rehabilitation, thus using resources appropriately.
- Deal with situational crises and manipulative patients, avoiding the inappropriate use of healthcare resources.

f) A holistic approach
- Demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death.
- Demonstrate an awareness of cultural and other factors that might affect patient management.

g) Contextual aspects
- Demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and treatment.

- Demonstrate an awareness of the tensions between acute and routine care and impact of workload on the care given to the individual patients.
- Demonstrate an awareness of the impact of the doctor's working environment and resources on the care provided.

- Demonstrate an understanding of the local arrangements for the provision of out-of-hours care.

h) Attitudinal aspects

- Demonstrate an awareness of their personal values and attitudes to ensure that they do not influence their professional decisions or the equality of patients' access to acute care.
- Identify patients for whom resuscitation or intensive care might be inappropriate and take advice from carers and colleagues.
- Demonstrate a balanced view of benefits and harms of medical treatment.
- Demonstrate an awareness of the emotional and stressful aspects of providing acute care and an awareness that they need to have strategies for dealing with personal stress to ensure that it does not impair the provision of care to patients.

i) Scientific aspects

- Describe how to use decision support to make their interventions evidence-based, e.g. Cochrane, PRODIGY, etc.
- Demonstrate an understanding of written protocols that are available from national bodies and how these may be adapted to unusual circumstances.
- Evaluate their performance in regard to the care of the acutely ill person; including an ability to conduct significant event analyses & take appropriate action.

j) Psychomotor skills

- Performing and interpreting an electrocardiogram.
- Cardiopulmonary resuscitation of children and adults including use of a defibrillator.
- Controlling a haemorrhage and suturing a wound.
- Passing a urinary catheter.
- Using a nebuliser.

k) The knowledge base Symptoms

- Cardiovascular – chest pain, haemorrhage, shock.
- Respiratory – wheeze, breathlessness, stridor, choking.
- Central nervous system – convulsions, reduced conscious level, confusion.
- Mental health – threatened self-harm, delusional states, violent patients.
- Severe pain.

l) Common and/or important conditions

- Shock (including no cardiac output), acute coronary syndromes, haemorrhage (revealed or concealed), ischaemia, pulmonary embolus, asthma.
- Dangerous diagnoses.
- Common problems that may be expected with certain practice activities: anaphylaxis after

immunisation, local anaesthetic toxicity and vaso-vagal attacks with, for example, minor surgery or intra-uterine contraceptive device insertion.

- Parasuicide and suicide attempts.

m) Investigation

- Blood glucose.
- Other investigations are rare in primary care because acutely ill patients needing investigation are usually referred to secondary care

n) Treatment

- Pre-hospital management of convulsions and acute dyspnoea.

o) Emergency care

- The 'ABC' principles in initial management.
- Appreciate the response time required in order to optimise the outcome.
- Understand the organisational aspects of NHS out-of-hours care.
- Understand the importance of maintaining personal security and awareness and management of the security risks to others.

p) Resources

- Appropriate use of emergency services, including logistics of how to obtain an ambulance/paramedic crew.
- Familiarity with available equipment in own car/bag and that carried by emergency services.
- Selection and maintenance of appropriate equipment and un-expired drugs that should be carried by GPs.
- Being able to organise and lead a response when required, which may include participation by staff, members of the public or qualified responders.
- Knowledge of training required for practice staff and others as a team in the appropriate responses to an acutely ill person.

q) Prevention

- Advice to patients on prevention, e.g. with a patient with known heart disease, advice on how to manage ischaemic pain including use of glyceryl trinitrate (GTN), aspirin and appropriate first-line use of paramedic ambulance.

SECTION 3:

ASSESSMENT OF OUT OF HOURS

COMPETENCIES A GUIDE FOR GPStRs AND TRAINERS

A guide for ssessment of OOH Competencies:

Trainees need to demonstrate competency in the provision of OOH care. The overall responsibility for assessment of competency is with the Educational Supervisor but Trainees have a duty to keep the record of their experience, reflection and feedback in the competency domains. This record should be kept within the e-Portfolio, and OOH log sheets should also be scanned and uploaded as attachments.

The assessment of OOH Competence should be triangulated from several sources of evidence.

This may include:

1. An initial trainee self-assessment against GP Curriculum learning outcomes
2. An assessment of knowledge of common OOH and important emergency scenarios
3. An audio-COT assessment
4. An OOH CbD assessment
5. 1% audit of Clinical activities
6. An OOH COT assessment
7. OOH record sheets
8. Training records.

An Educational Supervisor may also use additional evidence from in-hours practice that may demonstrate competence of learning outcomes from the RCGP Curriculum Statement on 'Care of acutely ill people'.

1) Trainee self-assessment

GPStRs should be encouraged to complete the OOH Self-Assessment Tool (section 5) prior to starting their OOH sessions. This will not only familiarise them with the learning outcomes from the GP Curriculum, but also allow them to set specific learning objectives which they may wish to record on their PDP.

The Self-Assessment Tool may be re-visited at intervals throughout the training programme and prior to the final review to assess progress or the Red/Green/Amber assessment tool can be used (Section 5).

2) Assessment of knowledge of common OOH and important emergency scenarios

Trainees need to be able to manage both common conditions and recognise important medical emergencies with which they may be faced whilst doing OOH clinical practice. This can be assessed using the OOH Care Short Answer Questionnaire (section 5).

3) Audio-COT Assessment

An audio recording of a telephone consultation that the trainee has performed whilst doing an OOH shift at Care UK can be made available to the trainer and trainee, to be used to undertake an assessment of the trainee's performance. This should be fed back to the trainee and should

be recorded in the trainee's e-Portfolio in the same way as one would record a video-COT, using the same assessment framework. If you would like to obtain a copy of the telephone consultation please email to clinical lead (ehsan.ahmadi@careuk.com) with the Adastra call number and the date of the consultation.

4) OOH CbD Assessment

A CbD assessment can be done using cases from the trainee's OOH practice. Care UK can provide a print out of the OOH clinical records for the purpose of this assessment. The Educational Supervisor may wish to focus the discussion around relevant learning outcomes from the RCGP Curriculum Statement on 'Care of acutely ill people'. The assessment would be recorded in the GPStR's e-Portfolio.

5) 1% audit of clinical activities

The process of clinical performance audit is a national requirement and is carried out by all Out of Hours (OOHs) providers. The Royal College of General Practitioners (RCGP) audit toolkit is a screening tool which allows Care UK to review all key spectrums of practice. It can be also be used as a tool to improve clinical standards and provides a key metric during clinical supervision sessions. (An example of the audit toolkit available on section 4).

Audit results are feedback quarterly to all clinicians including GP registrars. GPStRs should record their result in their e-portfolio and discuss the outcome with their Educational Supervisor/Trainer.

6) OOH COT assessment

GP Trainer or Educational supervisor can suggest to their GPStR to have a COT assessment done with the OOH Clinical Supervisor. This would be feasible to be done at Red status as the GPStR at Red status are supposed to be directly observed by the clinical supervisor throughout the shift. The evidence can then be recorded in the Trainee ePortfolio. The Patient used for assessment must give consent in accordance with the guidelines for consenting patients. A copy of the patient consent and abbreviated COT marking sheet can be found at section 4.

7) OOH record sheet

At the end of each shift an OOH record sheet (An example can be found in section 4) is completed both by GPStR and the OOH Clinical supervisor. Trainees are asked to record each of their OOH sessions in the e-portfolio. The portfolio necessitates that each entry must be tagged before filing against, at least, one curriculum statement heading. Normally, in the case of an OOH session, this would be curriculum statement 7: Care of Acutely Ill People. The 'OOH session' learning log entry in the e-portfolio will prompt the GPStR with a number of set entry fields. All OOH sessions entered into the e-portfolio must be shared and discussed with the Educational Supervisor.

8) Training Records

All GPStRs as part of their training with Care UK EoE OOH would be required to complete a set of statutory and mandatory training modules which can be used to supplement the Trainer's report. A copy of the Training records can be found in section 4.

Whatever method is used the educational supervisor / trainer mus keep the OOH in the loop with their trainee's progress, Amber or Green. On each sucssful assessment the trainers should sign 'the amendment form for GPStR training level – see page 40' and send it to Tina Stannard Care UK Delta. All GPStRs are considered as Red Status at commencement of their OOHs training.

SECTION 4:

TRAINEE SELF ASSESSMENT TOOL

AND OTHER RELEVANT FORMS

GP Specialty Training Programme OOH GPStR Self-Assessment Tool

How to use this tool
To help you identify your learning needs in relation to the GP Curriculum we have attached a list of learning outcomes and the knowledge base taken from section 7 in the form of a confidence rating scale. You will then be able to use it to help you identify areas that require development.

WHAT learning needs identified? (where rated as less confident)	**HOW may this be addressed?** **Learning objective**	**How will you ASSESS your learning?** **e.g. CbD / COT / DOP**

WHAT learning needs identified? (where rated as less confident)	HOW may this be addressed? Learning objective	How will you ASSESS your learning? e.g. CbD / COT / DOP

Please rate your confidence in your knowledge of the following areas	Not Confident	Slightly Confident	Confident	Very Confident
Symptoms				
➢ Cardiovascular – chest pain, haemorrhage, shock.	☐	☐	☐	☐
➢ Respiratory – wheeze, breathlessness, stridor, choking.	☐	☐	☐	☐
➢ Central nervous system – convulsions, reduced conscious level, confusion.	☐	☐	☐	☐
➢ Mental health – threatened self-harm, delusional states, violent patients.	☐	☐	☐	☐
➢ Severe pain.	☐	☐	☐	☐
Common and/or Important conditions				
➢ Shock (including no cardiac output), acute coronary syndromes, haemorrhage (revealed or concealed), ischaemia, pulmonary embolus, asthma.	☐	☐	☐	☐
➢ Dangerous diagnoses: e.g. MI, PE, SAH, appendicitis, limb ischaemia, intestinal obstruction, meningitis, AAA, ectopic pregnancy, acute psychosis, visual problems that can lead to blindness.	☐	☐	☐	☐
➢ Common problems that may be expected with certain practice activities: anaphylaxis after immunisation, local anaesthetic toxicity and vaso-vagal attacks with, for example, minor surgery or intra-uterine contraceptive device insertion.	☐	☐	☐	☐

Please rate your confidence in your knowledge of the following areas	Not Confident	Slightly Confident	Confident	Very Confident
➢ Parasuicide and suicide attempts.	☐	☐	☐	☐
Treatment				
➢ Pre-hospital management of convulsions and acute dyspnoea.	☐	☐	☐	☐
Investigation				
➢ Blood glucose.	☐	☐	☐	☐
➢ Other investigations are rare in primary care because acutely ill patients needing investigation are usually referred to secondary care.	☐	☐	☐	☐
Emergency Care				
➢ The 'ABC' principles in initial management.	☐	☐	☐	☐
➢ Appreciate the response time required in order to optimise the outcome.	☐	☐	☐	☐
➢ Understand the organisational aspects of NHS out-of-hours care.	☐	☐	☐	☐
➢ Understand the importance of maintaining personal security and awareness and management of the security risks to others.	☐	☐	☐	☐

Please rate your confidence in your knowledge of the following areas	Not Confident	Slightly Confident	Confident	Very Confident
Resources				
➢ Appropriate use of emergency services, including logistics of how to obtain an ambulance/paramedic crew.	☐	☐	☐	☐
➢ Familiarity with available equipment in own car/bag and that carried by emergency services.	☐	☐	☐	☐
➢ Selection and maintenance of appropriate equipment and un-expired drugs that should be carried by GPs.	☐	☐	☐	☐
➢ Being able to organise and lead a response when required, which may include participation by staff, members of the public or qualified responders.	☐	☐	☐	☐
➢ Knowledge of training required for practice staff and others as a team in the appropriate responses to an acutely ill person.	☐	☐	☐	☐
Prevention				
➢ Advice to patients on prevention, e.g. with a patient with known heart disease, advice on how to manage ischaemic pain including use of glyceryl trinitrate (GTN), aspirin and appropriate first-line use of paramedic ambulance	☐	☐	☐	☐

7 CARE OF THE ACUTELY ILL PATIENT –LEARNING OUTCOMES

OOH

Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum	Strongly disagree	Disagree	Agree	Strongly Agree

Primary Care management				
I can recognise and evaluate acutely ill patients	☐	☐	☐	☐
I can describe how the presentation may be changed by age and other factors such as gender, ethnicity, pregnancy and previous health	☐	☐	☐	☐
I can recognise death	☐	☐	☐	☐
I can demonstrate an ability to make complex ethical decisions demonstrating sensitivity to a patient's wishes in the planning of care	☐	☐	☐	☐
I can provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives	☐	☐	☐	☐
I can take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient	☐	☐	☐	☐
I can coordinate care with other professionals in primary care and with other specialists.	☐	☐	☐	☐
Person-centred care				
I can describe ways in which the acute illness itself and the anxiety caused by it can impair communication between doctor and patient, and make the patient's safety a priority.	☐	☐	☐	☐
Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum	Strongly disagree	Disagree	Agree	Strongly Agree
I can demonstrate a person-centred approach, respecting patients' autonomy whilst recognising that acutely ill patients often have a diminished capacity for autonomy.	☐	☐	☐	☐

I can describe the challenges of maintaining continuity of care in acute illness and taking steps to minimise this by making suitable handover and follow-up arrangements.	☐	☐	☐	☐
I can describe the needs of carers involved at the time of the acutely ill person's presentation.	☐	☐	☐	☐
I can demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient.	☐	☐	☐	☐
Specific problem-solving skills				
I can describe differential diagnoses for each presenting symptom.	☐	☐	☐	☐
I can decide whether urgent action is necessary, thus protecting patients with non-urgent and self-limiting problems from the potentially detrimental consequences of being over-investigated, over-treated or deprived of their liberty.	☐	☐	☐	☐
I can demonstrate an ability to deal sensitively and in line with professional codes of practice with people who may have a serious diagnosis and refuse admission	☐	☐	☐	☐
I can demonstrate an ability to use telephone triage	☐	☐	☐	☐
I can demonstrate the use of time as a tool and to use iterative review and safety-netting as appropriate	☐	☐	☐	☐

Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum	Strongly disagree	Disagree	Agree	Strongly Agree
A comprehensive approach				
I can recognise that an acute illness may be an acute exacerbation of a chronic disease.	☐	☐	☐	☐
I can describe the increased risk of acute events in patients with chronic and co-morbid disease.	☐	☐	☐	☐
I can identify co-morbid diseases.	☐	☐	☐	☐
I can describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness	☐	☐	☐	☐
I can recognise patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help	☐	☐	☐	☐
Community orientation				
I can demonstrate an ability to use knowledge of patient and family, and the availability of specialist community resources, to decide whether a patient should be referred for acute care or less acute assessment or rehabilitation. Thus using resources appropriately.	☐	☐	☐	☐
I can deal with situational crises and manipulative patients, avoiding the inappropriate use of healthcare resources.	☐	☐	☐	☐
A holistic approach				

I can demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death.	☐ ☐ ☐ ☐
Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum	Strongly disagree Disagree Agree Strongly Agree
I can demonstrate an awareness of cultural and other factors that might affect management of an acutely ill patient.	☐ ☐ ☐ ☐
Contextual aspects	
I can demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and treatment.	☐ ☐ ☐ ☐
I can demonstrate an awareness of the tensions between acute and routine care and impact of workload on the care given to the individual patients.	☐ ☐ ☐ ☐
I can demonstrate an understanding of the local arrangements for the provision of out-of-hours care.	☐ ☐ ☐ ☐
Attitudinal aspects	
I can demonstrate an awareness of my personal values and attitudes to ensure that they do not influence my professional decisions or the equality of patients' access to acute care.	☐ ☐ ☐ ☐
I can identify patients for whom resuscitation or intensive care might be inappropriate and take advice from carers and colleagues.	☐ ☐ ☐ ☐
I can demonstrate a balanced view of benefits and harms of medical treatment.	☐ ☐ ☐ ☐
I can demonstrate an awareness of the emotional and stressful aspects of providing acute care and an awareness that I need to have strategies for dealing with personal stress to ensure that it does not impair the provision of care to patients.	☐ ☐ ☐ ☐

Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum	Strongly disagree	Disagree	Agree	Strongly Agree
Scientific aspects				
I can describe how to use decision support to make their emergency interventions evidence-based, e.g. Cochrane, Clinical Knowledge Summaries (PRODIGY), etc..	☐	☐	☐	☐
I can demonstrate an understanding of written protocols that are available from national bodies and how these may be adapted to unusual circumstances.	☐	☐	☐	☐
I can evaluate my performance in regard to the care of the acutely ill person; including an ability to conduct significant event analyses and take appropriate action.	☐	☐	☐	☐
Psychomotor skills				
I can perform and interpret an electrocardiogram.	☐	☐	☐	☐
I can perform cardiopulmonary resuscitation of children and adults including use of a defibrillator.	☐	☐	☐	☐
I can control a haemorrhage and suture a wound.	☐	☐	☐	☐
I can pass a urinary catheter.	☐	☐	☐	☐
I can use a nebuliser	☐	☐	☐	☐

This short answer questionnaire has been adapted from the Canbury Emergencies in General Practice Questionnaire. It can be used to assess knowledge of both common conditions and medical emergencies that may present in OOH clinical practice. The questionnaire can be conducted either as an oral or written assessment.

For each scenario the following questions should be asked:

1. What is your diagnosis
2. What is your differential diagnosis
3. How would you manage this scenario in an OOH situation

Cardiovascular system

- 78yr man SOB at night in winter
- Middle-aged man, central chest pain and refers to left arm
- 27yr woman with sudden onset of pleuritic pain and haemoptysis
- 58yr sudden onset painful, cold pale leg
- Faintness, abdominal and back pain in 81yr man
- 41 yr woman with sudden onset of occipital headache
- 21 yr woman unilaterally painful swollen lower leg
- 33yr man sudden onset unilateral headache
- 61yr female increasingly severe chest pain and shortness of breath over a few days
- 66yr female palpitations and breathless

Ophthalmology

- 30 yr old man with sore eye after changing car exhaust
- Severe painful eye with vomiting in 50yr old woman

Gastrointestinal

- 28 yr old man with haematemesis after stag night
- Worsening abdominal pain in a 46yr old man with history of dyspepsia
- Vomiting in a 6 week baby boy
- Blood stained diarrhoea in 70 year old
- Severe bleeding PR in 51yr old woman
- Abdominal pain after minor RTA in 33yr old
- 44 year old woman with right upper quadrant abdominal pain and fever
- 14 yr old boy with severe abdominal pain and vomiting
- Diarrhoea and vomiting 26yr old woman for 48hrs
- Diarrhoea and vomiting 6yr old boy with fever

Orthopaedics

- 18 month old refusing to walk
- 14 year old with painful hip
- 75 year old lady unable to move one leg
- 49 yr man with back pain and unable to pass urine
- 3yr old girl with painful arm and not moving her elbow
- 22yr old footballer with tender swollen ankle

Respiratory

- 3yr old feels hot, looks ill, breathing sounds chesty, quiet
- Chest pain in 33yr man, sudden onset of breathlessness
- Hot, sweaty child, sore throat and dribbling, unable to swallow
- 5yr old boy with fever and earache
- Acute shortness of breath in 78yr woman known to have COPD
- 4yr old girl has just woken up struggling to breathe and barking cough
- Cough and chest pain with haemoptysis

Obstetrics and Gynaecology

- 28 week pregnancy with slight pv bleed
- 36 week pregnant with headache & oedema
- 15 year old with heavy and painful blood loss
- 28 week pregnant with chest pain
- IUD fitted today, now has abdominal pains
- 32yrs iliac fossa pain, period late
- 17yr brown PV discharge and pelvic pain
- 21yr foul smelling PV discharge, feeling faint & fever

Miscellaneous

- Expected death of a 90 yr old woman in a nursing home

- Unexpected death of 67 yr old man at home, history of angina

Neurological

- 39yr woman sudden onset of severe occipital headache
- Unexpectedly confused 80yr lady, more than a week after a fall
- A pyrexial twitching child
- Pyrexial child with mottled rash
- 59 year old woman 1 hr history of weak right arm

Urological

- 39yr man with agonising loin pain
- 28 yr cyclist with pain in left testicle for past hour
- Elderly man has not passed urine for 12 hours
- Child with vomiting and rigors
- 18 yr man swollen penis for 6 hours

Psychological

- Agitated, excited young man talking nonsense
- Withdrawn morose nurse with access to insulin
- 34yr old man who split up with girlfriend, has been drinking & now threatening suicide
- 42yr schizophrenic man increasingly agitated & aggressive

EoE Multiprofessional Deanery - Record of OOH training session

(Amended version from Bedoc OOH Training providers)

OOH training provider: CareUK EoE **Name of Registrar:**

Type of session (e.g. base doctor (including walk-in centre), visiting doctor, telephone triage, minor injuries centre):	
Date of session:	
Time of session and length (hours):	Total hours completed to date (including this session):
Type of cases seen and significant events	
Learning areas and needs identified (to be discussed with GP Trainer):	**Competencies demonstrated:** *1. Managing emergencies* ☐ *2. Organisation of OOH Care* ☐ *3. Appropriate referrals* ☐ *4. Communication skills – pts/ professionals* ☐ *5. Time mx/ personal stress management* ☐ *6. Personal security and safety and other staff* ☐
Debriefing notes from Clinical Supervisor	
Progress towards competency in independent out of hours General Practice:	
Current status: Red/ Amber/ Green	Clinical supervisor recommended status: Red/ Amber/ Green
Name of OOH Supervisor:	
Signature of OOH Supervisor:	
Signature of GP Registrar:	
For GP Registrar: Please complete the evaluation sheet on Survey Monkey: https://www.surveymonkey.com/r/EoETrainingfeedback	

Amendment form for GP registrar training level

Registrar Name:

Contact Details:

I confirm that the above Registrar, who is currently working at:

Red Amber Green

Level for Out of Hours Experience (Please tick, see description below)

Is now competent to work at:

Amber Green

Level for Out of Hours Experience (please tick)

GP Trainer name:..... **Signature:.....**

Contact details:..... **Date:.....**

Email to: tina.stannard@careuk.com
F: +44 (0) 1473 713698

A Traffic Light Classification of Sessions:

Red sessions(direct supervision)

The trainee is supervised directly by the clinical supervisor and takes no clinical responsibility.

Amber sessions(close supervision)

The trainee consults independently but with the supervisor close at hand e.g. in the same building.

Green sessions(remote supervision)

The trainee may consult independently and remotely from the clinical supervisor, who is available by phone.

Consultation Observation Tool (COT) - abbreviated mark sheet

Please tick referring to the descriptors in the detailed guide to the performance criteria for the COT	**Insufficient evidence**	**Needs further development**	**Competent**	**Excellent**
1. Encourages the patient's contribution				
2. Responds to cues				
3. Places complaint in appropriate psychosocial contexts				
4. Explores patient's health understanding				
5. Includes or excludes likely relevant significant condition				
6. Appropriate physical or mental state examination				
7. Makes an appropriate working diagnosis				
8. Explains the problem in appropriate language				
9. Seeks to confirm patient's understanding				
10. Appropriate management plan				
11. Patient is given the opportunity to be involved in significant management decisions				
12. Makes effective use of resources				
13. Conditions and interval for follow up are specified				

Overall Assessment: Please tick				**Feedback and recommendations for further development:**
I	**N**	**C**	**E**	

Suffolk Out of Hours (OOH) Education Evaluation Sheet
VTS OOH Induction

Please indicate on the scale your opinion of the value of this session with 1 being strongly disagree and 5 being strongly agree. Thank you.

Q1. The pre- induction communication was useful in preparing myself for the induction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q2. The session was appropriate to my learning needs in relation to OOH

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q3. It helped me understand how Care UK works

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q4. It helped me understand how NHS 111 Care works

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q5. I feel comfortable completing the amber mandatory modules (where relevant)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q6. The training was beneficial

Clinical induction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Adastra training

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Rotamaster training

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please feel free to add any comments: _____

_____

_____

_____

_____

_____

_____

_____

Please feel free to comment further if you wish:

Suffolk Out of Hours (OOH) Education Evaluation Sheet
GPR OOH Supervision

Please indicate on the scale your opinion of the value of this session with 1 being strongly disagree and 5 being strongly agree. Please fax back to Tina Stannard on 01473 713698. Thank you.

Supervisor name: _____ Date of training: _____

Q1. I fulfilled my learning needs in OOH care today

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q2. I received appropriate clinical supervision (red–direct, amber–close, green–distant)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q3. I feel more confident in approaching future OOH work

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q4. Was the feedback constructive and relevant to the COGPED recommended competency area?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q5. Were the identified learning needs SMART?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Q6. Overall what would you rate the Clinical Supervisor?

☐	☐	☐	☐	☐
1	2	3	4	5

Q7. What, if anything, would you change about the training session?

_____

_____

Please feel free to add any comments: _____

_____

_____

An example of 1% audit results

	Audit Criteria	Jan	Feb	March
1	Identifies the main reason for contact	No record	2	2
2	Asks appropriate questions to exclude such situations inc. red flags	No record available	2	2
3	Records history of presenting complaint	No record available	0	2
4	Records past medical history	No record available	1	2
5	Records regular medication	No record available	0	2
6	Records allergies (or none)	No record available	0	2
7	Records medication for current condition (inc. OTC)	No record available	2	2
8	Targeted method of information gathering or algorithm use	No record available	2	2
9	Records appropriate diagnosis or differential diagnosis	No record available	2	2
10	Treatment appropriate to diagnosis	No record available	2	2
11	Appropriate disposition (treatment or onward referral	No record available	n/a	2
12	Correct priority given	No record available	2	2
13	Appropriate prescribing	No record available	2	2
14	Prescribing module used	No record available	2	2
15	Handwritten Prescription recorded correctly	No record available	n/a	2
16	Advice when to call back including worsening instructions	No record available	2	2
Total	• 2 points is given if the question is asked fully • 1 point is given if question is asked partially • 0 point is given if question not asked at all • If a question is no applicable it would be marked as N/A and not counted towards the overall results.		**21/28 75%**	**32/32 100%**

Training requirement for GP Registrars

I CQC Statutory and Regulatory Training

In order to ensure complaint with CQC requirements GP registrars must complete the following modules / courses within first 3 months of working for Care UK OOH service. This is a regulatory and statutory training requirement when working within an NHS service:

1. Equality and Diversity (E&D)
2. Fire Safety (FSF)
3. Health & Safety (HSF)
4. Health Informatics (Inform-ed)
5. Infection Control (IFC)
6. Information Security (INS)
7. Manual Handling (MHD)
8. Mental Capacity and Consent (MCC)
9. Safeguarding Adults (SGA)
10. Safeguarding children level 3 (SGC –level 3)*

II Clinical Training modules

In order to safely practice in OOH environment, it is important that all registrars complete the following modules within 6 months of their training in OOH. The modules must be completed prior to the green level.

1. Meningitis in Children
2. Viral Exanthem in Children
3. Acute Abdominal Pain in Children
4. Urinary Tract Infection in Children
5. End of Life Care
6. Basic Life Support in the Primary Care environment **
7. Management of Transient Ischaemic Attacks (EM module)
8. CVA (EM module)
9. Chest Pain Syndromes (EM module)
10. Anaphylaxis (EM module)

There are two ways that you can ensure that you are compliant with statutory and clinical training modules.

1. Recognition of prior learning

If you have completed any of the above training externally to Care UK, we will be able to recognise learning compliance if the following criteria are met:

1.1 The course was presented by an accredited / recognised training provider.

1.2 The course is equivalent in level and content to that of the Care UK module / course.

1.3 You have a valid certificate / statement of result which is dated within the required refresher / validity period of the specific course or module.

1.4 You have submitted proof of course completion to the relevant Primary or Secondary Care Clinical Education, Training and Development Administrator, who will upload your results onto the Care UK Academy of Excellence LMS.

2. Completion of the modules via NHS eLearning for Health (*e-LfH*)

This will require you to register for the modules using your NHS.net email address. These modules are provided free of charge to all clinical / medical professionals working within NHS services.

Please click to link below to start process of registration with *e-LfH*:
http://portal.e-lfh.org.uk/Register
Complete the registration form- remember to use your NHS.net email address. As part of the registration process, you will be asked to select the desired learning modules, please select the following modules by ticking the boxes.

- ☐ General Practice 2012 Curriculum (e-GP)
- ☐ Emergency Medicine (EMD)
- ☐ Equality and Diversity (E&D)
- ☐ Fire Safety (FSF)
- ☐ Health & Safety (HSF)
- ☐ Health Informatics (Inform-ed)
- ☐ Infection Control (IFC)
- ☐ Information Security (INS)
- ☐ Manual Handling (MHD)
- ☐ Mental Capacity and Consent (MCC)
- ☐ Safeguarding Adults (SGA)

Once you submit your application, the registration will take 24 to 48 hours. You will receive login details in your NHS.net account.

If you already have an account with e-LfH and wish to gain access to any of the Workforce Development modules, please do not register again. Log in to the e-LfH Portal using your existing username and password, select the 'My Account' menu option and then 'My Programmes' from the e-LfH Learning Portal menu and make sure all the above programmes are selected. See the help page for more information.

Once you completed all the required learning modules, you should generate a report by clicking on My Activities and selecting the Report option. Please email the report to Tina (Tina.stannard@careuk.com) and she will provide you with 3 hours distance learning certificate which you can use towards your OOH requirement.

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* The SGC level 3 is compulsory - evidence must be provided before you are able to fully register, an online level 3 certificate is valid for a year and a face to face SGC certificate is valid for 3 years.
** A BLS certificate is compulsory - evidence must be provided before you are able to fully register, an online certificate (including the e-learning for health BLS module) only valid for 3 and months and face to face certificate is valid for a year.