

## OUT OF HOURS GP TRAINING: GUIDANCE FOR GP TRAINEES

### A. Introduction

Separate out of hours training for GP speciality trainees has been necessary since the change of the GP contract in 2004. The increasing diversity of type of care provided by GPs in the urgent and unscheduled care setting dictates the need for all GP trainees to develop skills and competencies in this area. It is likely in the future that an increasing range of care will be provided out of normal surgery hours with different models of care including Urgent Care Centres, Walk In Centres, 7 to 7 services provided across a range of practices.

COGPED has re-issued a statement confirming the need for separate out of hours training for GP trainees (appendix).

Six Out Of Hours competencies have been identified, and there are detailed descriptors of these competencies described here.

In order to complete Out of Hours training, GP trainees must **both** complete the **time requirement** (six hours per month full time equivalent), and **demonstrate** evidence to support that they have **achieved the six out of hours competencies**. The Educational Supervisor will sign off out of hours competence at the last Educational Supervision only if the trainee has provided both evidence of completing the hours required, and has demonstrated the six competencies. Health Education East of England recommends a tutorial discussion for at least an hour to discuss the signing off of Out of Hours training, prior to the final Educational Supervision.

Trainees need to ensure they undertake a range of type of out of hours sessions, that should include telephone triage and assessment, face to face consultations, and home visits. Towards the end of training the trainees should ensure that they have done both weekend day shifts and weekday evening shifts, and have experienced working with a range of staff.

***For the purposes of completing out of hours training trainees it is recommended that trainees spend up to a maximum 10% of the training time in induction training, or in observation roles with ambulance staff, in a 111 service, or with an out of hours district nurse. It is important for trainees to understand that when they are observing practitioners in another service they should not take responsibility for treating patients, as they may not be indemnified to act in this capacity without the supervision of an approved supervisor.***

***Up to 20% of training could also be completed in a training approved non-standard out of hours service such as a walk in centre, or an innovative seven day working solution in the out of hours period, but at least 70% should be with a commissioned and training approved out of hours GP service. The rationale for this breakdown is to allow sufficient time for a trainee to develop and consolidate the out of hours competencies.***

***Trainees should always be supervised by an approved OOH Clinical Supervisor, Associate Trainer or Trainer when providing patient care Out of Hours. This person would normally be a registered GP. If the OOH Clinical Supervisor is not a GP, there should always be a GP available in the OOH period to support the Supervisor.***

Trainees should 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; and to collect evidence in e-portfolio to support demonstration of the competencies.

The six generic competencies (T-SCORE), embedded within the RCGP Curriculum Statement on 'Care of acutely ill people', are defined as the:

1. Individual personal **T**ime and stress management.
2. Maintenance of personal **S**ecurity and awareness and management of the security risks to others
3. Demonstration of **C**ommunication skills required for out-of-hours care.
4. Understanding of the **O**rganisational aspects of NHS out of hours care.
5. Ability to make appropriate **R**eferrals to hospitals and other professionals in the out-of-hours setting.
6. Ability to manage common medical, surgical and psychiatric **E**mergencies in the out-of-hours setting.

## B. Out of hours competencies

### Individual personal **T**ime and stress management

- The GP trainee should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases and workload appropriately.
- GP trainees should be aware of both the challenges of working OOH (such as antisocial and long hours, sometimes with overnight shifts) and the attractions of working OOH (e.g. time off during office hours, shift style working, career development and portfolio working opportunities).
- They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of EWTD regulations and plan their OOH sessions with their practices to ensure they are fit and able to work after an OOH shift.
- 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 **S**ecurity and awareness and management of the security risks to others

- GP trainees should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. They also need to be insightful of patient safety.
- GP trainees should be aware of how to notify and escalate significant events, serious untoward incidents, and safeguarding concerns within and without the OOH provider.
- Patient safety concerns everyone in the NHS, and is equally important for general practitioners whether working as an independent contractor or for a Primary Care Organisation.
- Tackling patient safety collectively and in a systematic way can have a positive impact on the quality and efficiency of patient care.
- General practitioners are well placed to be active members of the healthcare team and positively influence the safety culture within the OOH environment
- The knowledge and application of risk assessment tools must become part of general practitioners' skills and, whatever change occurs in their environment; they should assess the effects of change and plan accordingly.
- Personal safety can be a particular issue when lone-working OOH/ at night/ in unfamiliar patients homes

### The demonstration of **C**ommunication and consultation skills required for out of hours care

- The GP trainee should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care.

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

### Understanding the **O**rganisational aspects of NHS out of hours care, locally and at national level

- GP trainees should be aware of the policy framework that directs OOH care both locally and nationally. Trainees should consider:-
  - The CCGs role in commissioning OOH care from Providers originating from the NHS, Social Enterprise, the Voluntary Sector and the Independent Healthcare Sector
  - The Department of Health / NHS national standards for OOH care and how providers apply these standards (National Quality Requirements for OOH, Standards for Better Health, and Care Quality Commission Registration)
  - National quality assurance tools such as the RCGP OOH Audit Toolkit and the independent Healthcare Inspection by CQC
- They should also set OOH General Practice within the broader policy context of improving access and equity for primary care patients. This broad policy initiative covers:-
  - Expanding Out Of Hours Care from urgent reactive care into extended opening hours delivering proactive primary care (WICs, Enhanced Access
  - Unscheduled community care
  - Addressing the needs of underserved populations & Redirection of patient demand from A&E units to OOH and minor injury units
- They should be aware of the communication channels required for OOH care and the IT and telecommunications systems to support these communications
- GP trainees should have an understanding of how healthcare policy and evolving use of healthcare by the population is changing the demands on OOH care.
- Trainees should also be familiar with the role of OOH care in healthcare system emergencies or crises where OOH is a major contributor to delivering healthcare during crises, for example, the CMO cascade system for national drug / infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemic plans and managing a winter bed crisis.

### The ability to make appropriate **R**eferrals to hospitals and other professionals

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

**Ability to manage common medical, surgical and psychiatric conditions and common Emergencies**

- GP trainees should be able to manage common medical, psychiatric and social conditions they are likely to encounter during OOH experience. These include minor illnesses and injuries, chronic disease and major emergency clinical conditions.
- The trainee should be able to differentiate between those milder or moderate conditions that can be managed by the patient or the OOH team and serious conditions or emergencies requiring additional assistance or expertise.
- The trainee must demonstrate understanding of how to manage critical situations by appropriate and timely use of available resources and facilities.
- Examples (not an exhaustive list) of emergencies are listed below:
  1. Chest pain & MI
  2. Heart failure
  3. CVA
  4. Sudden collapse
  5. Fits faints & funny turns
  6. Stroke / CVA / TIA
  7. Epilepsy and epileptic episodes
  8. Acute asthma or COPD exacerbation
  9. GI bleed – upper & lower
  10. The acute abdomen
  11. Vascular emergencies including hypovolaemic shock and DVT
  12. Gall bladder disease (cholelithiasis, cholecystitis)
  13. Renal colic, pyelonephritis and urinary retention
  14. Ectopic pregnancy / PID / bleeding in early pregnancy, (including miscarriage)
  15. Obstetric emergencies – APH/PPH/ pre eclampsia, reduced foetal movements
  16. Acute confusion state and psychoses
  17. Allergy & anaphylaxis
  18. The ill child and infant
  19. Infection such as septicaemia and meningitis
  20. Orthopaedic emergencies e.g. cord compression injuries/back pain
  21. Acute eye pain / loss of vision
  22. Acute psychosis or dementia or severe depression / self harm
- GP trainees should be able to recognise the ill child, differentiate between mild, moderate and severe illness in children and know how to manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.
- GP trainees should be able to differentiate between mild, moderate and severe mental illness, understand the interaction between mental, physical and environmental aspects of health and know how to manage such mental health problems as often present as a crisis during OOH. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining /admitting patients under the Mental Health Act.
- GP trainees should be competent in basic life support. They should be aware of the need for maintenance of any emergency drugs and equipment they use during OOH and be competent in the use and monitoring of such drugs and equipment

**Linked to the six OOH competencies:**

**RCGP Curriculum statement (section 7) Recognise and evaluate acutely ill patients**

- 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.

**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.

**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.

**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.

## 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.

## 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.

## 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.

## 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.

## 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 and take appropriate action.

## 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.

## 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.

## 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.

## Investigation

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

## Treatment

- Pre-hospital management of convulsions and acute dyspnoea.

## 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.

## 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.

### C. Demonstrating Out of Hours Competency

#### Trainer's role in OOH competency assessment

- The trainee has to gather the evidence
- The educational supervisor makes the decision about competency, based on this evidence

#### What evidence supports decision making about OOH competence?

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. A declaration by the OOH supervisor
4. An audio-COT assessment
5. An OOH CbD assessment

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 (Appendix) 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.

#### 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 (Appendix).

#### 3. Declaration by OOH Supervisor

Before the trainee can progress from doing closely supervised (Amber) shifts to more remotely supervised (Green) within the OOH organisation it is good practice for the OOH Supervisor who has been supervising the trainee to sign a declaration that they have no concerns with the trainee's performance. This could ideally be on the OOH logsheet. Such a declaration will be based on observed practice whilst under supervision.

#### 4. Audio-COT Assessment

An audio recording of a telephone consultation that the trainee has performed whilst doing an OOH shift at many OOH providers 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. Audio COTs can also be undertaken in the live situation if there is equipment enabling the supervisor to listen into the call



## 5. OOH CbD Assessment

A CbD assessment can be done using cases from the trainee's OOH practice. Trainees would need permission to provide an anonymised print out of the OOH clinical records for the purpose of this assessment by their own trainer; or it could be done by the OOH supervisor. 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.

### **Other Evidence for OOH competence**

Self assessment by trainee in OOH workbook

Other evidence about management of emergencies (could be gathered in hours)

OOH session worksheets with feedback about progression of competencies

E-portfolio entries with reflections

Tutorials related to OOH training feedback and case review within the practice

Summary of evidence against competency document provided by trainee (Appendix)

## D. Competency progression and the traffic light system

COGPED guideline:

### **RED Session (Direct Supervision) First stage (months 1-2 of GP posts – first 1-2 centre/base shifts, first 1-2 visit shifts)**

GP Trainer (GPT) or Clinical Supervisor works an OOH session with the GP trainee but the GPT/CS sees patients and trainee remains supernumerary in an observation role, or learning to use the clinical system during the joint consultation.

The trainee should progressively take personal clinical responsibility for a caseload, initially under direct supervision of the GPT/CS, (as in a Joint Surgery format).

The trainee may then, with agreement of their GPT/CS, independently see and report back after each consultation to agree a management plan.

### **AMBER session (Close Supervision) Second stage (months 3-5)**

GP Trainer or Clinical Supervisor and trainee both attend sessions and both see patients. The trainee should be able to manage most cases without direct reporting to their supervisor about every case, but the supervisor is available throughout, and will debrief at the end.

### **GREEN sessions (Remote Supervision) Third stage (months 6-18)**








Please note all OOH must be completed by the final ARCP.

The trainee works the OoH session with the GPT/CS being directly contactable, elsewhere on-site, at home or in a 'roving' car.

The GPT/CS must be able to give advice on request, assess the situation and in very rare circumstances be available for joint consultation. More usually advice on process, necessity for admission or availability of other agencies can be given over the phone.

The determination as to the progression along the Red - Amber – Green Pathway should be either the clinical supervisor or the trainer depending on local arrangements.

**APPENDIX: RESOURCES**

| DESCRIPTION                                       | EMBEDDED FILE   | WEB LINK  |
|---|---|---|
| <b>COGPED POSITION PAPER OOH TRAINING 2010</b>    | <br>COGPED Out Of Hours Position Paper 2010.pr | <a href="http://www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html">http://www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html</a>   |
| <b>TRAINEE OOH SELF ASSESSMENT TOOL</b>           | <br>Trainee OOH self assessment tool.docx      | <b>Contained within COGPED statement</b><br><a href="http://www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html">http://www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html</a>                       |
| <b>OOH CARE SHORT ANSWER QUESTIONNAIRE</b>        | <br>Trainee OOH case histories.docx            | <b>Contained within COGPED statement</b><br><a href="http://www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html">http://www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html</a>                       |
| <b>OOH CLINICAL SUPERVISOR FEEDBACK FORM</b>      | <br>OOH2_trainee_feedback_on_OOH_supe          |   |
| <b>TRAINEE COMPETENCY SELF ASSESSMENT</b>         | <br>trainee self assessment compet             | <a href="https://heeoee.hee.nhs.uk/sites/default/files/1396441481_wrkp_eoe-ooh_competency_assessemnt_for_final_esr.docx">https://heeoee.hee.nhs.uk/sites/default/files/1396441481_wrkp_eoe-ooh_competency_assessemnt_for_final_esr.docx</a> |
| <b>OOH LOGSHEET</b>                               | <br>1396439851_pGqb_ooh_recording_form_      | <a href="https://heeoee.hee.nhs.uk/sites/default/files/1396439851_pgqb_ooh_recording_form_.docx">https://heeoee.hee.nhs.uk/sites/default/files/1396439851_pgqb_ooh_recording_form_.docx</a>   |
| <b>EUROPEAN WORKING TIME DIRECTIVE GUIDELINES</b> | <br>1397046303_Bjl_ewtd_ooh_training_guid    | <a href="https://heeoee.hee.nhs.uk/sites/default/files/1397046303_bjl_ewtd_ooh_training_guidance.doc">https://heeoee.hee.nhs.uk/sites/default/files/1397046303_bjl_ewtd_ooh_training_guidance.doc</a>                                       |

- Deanery OOH Training page contains other important resources

[https://heeoee.hee.nhs.uk/gp\\_out\\_of\\_hours](https://heeoee.hee.nhs.uk/gp_out_of_hours)