

HEKSS GP School

Guide to Developing & Assessing OOH Competence

**For GP Trainees (GPStR)
&
GP Educational Supervisors (Trainers)**

(updated May 2014)

INTRODUCTION

This purpose of this document is to provide guidance to GP Specialty Trainees and their Educational Supervisors (GP Trainers) in relation to Out of Hours Training within the GP Specialty Training Framework.

The document is also shared with Out of Hours Service Providers and Out of Hours Clinical Supervisors with the aim of achieving a shared understanding of this aspect of GP Specialty Training.

This document should be read in conjunction with the following resources:

- COGPED Out of Hours Position Paper
- RCGP Curriculum Section 7: Care of Acutely Ill People;
- Appendix A GP Specialty Training programme – GPStR Self-Assessment Tool
- Appendix B GP Specialty Training Programme – OOH Care Short Answer Questionnaire
- Trainee guidance on the website <http://www.kssdeanery.org/general-practice/trainees/gp-specialty-training/out-hours-ooH>

BACKGROUND

The RCGP holds the opinion that Certificates of Completion of GP Training (CCT) licenses the holder to work in any capacity, unsupervised, in UK general practice and that GP training programmes should continue to be designed to equip GP Registrars to this end.

The opinion of the College is that GPStRs should continue to be trained in OOH work, as this remains a core part of the GP's role. This view is stated clearly in the COGPED Position Paper (2010)

A sometimes expressed view is that trainees can develop the competency required to deliver emergency care within hours but the challenges presented in Out of Hours whilst having some similarities are different, including; consulting with patients with little or no background information, likewise telephone consulting with little information, working with differing patterns of access to other NHS and Social Care Services and managing end of life care again in unfamiliar surroundings.

OUT OF HOURS COMPETENCIES

There are five generic OOH competencies, embedded within the revised 2012 RCGP Curriculum Statement on 'Care of acutely ill people'. These are defined as:

1. Ability to manage common medical, surgical and psychiatric emergencies
2. Understanding the organisational aspects of NHS out of hours care, nationally and at local level
3. The ability to make appropriate referral to hospitals and other professionals
4. The demonstration of communication and consultation skills required for out of hours care
5. Individual personal time and stress management

OOH REQUIREMENTS

Out of Hours is defined as care delivered between 18.30 – 8.00 on weekdays and weekends and public holidays. It does not include Extended Hours surgeries in general practice.

The current educational and contractual guidance is that a GPST must have completed 6 hours of OOH training for each month that they are in a GP training post during their training. Innovative training posts should include OOH training at a similar frequency.

ST1/ST2

- A full time trainee in a four month GP or GP Integrated Training Post (ITP) is required to complete six hours per month = 24 hours experience in OOH (pro rata for Less Than Full Time Trainees)
- Failure to fulfil the requirement without a good documented reason should be referred to the Annual Review of Competency progression (ARCP) by their Educational Supervisor

ST3

- A full time trainee in ST3 is required to complete 72 hours experience in OOH (for LTFT trainees they will take longer to complete the programme but would be expected to do the same total number of hours in their ST3 placement)
- Failure to fulfil the requirement without a good documented reason should be referred to the Annual Review of Competency progression (ARCP) by their Educational Supervisor.
- Trainees need to be aware to obtain a CCT they must meet the OOH competencies by the time their WPBA portfolio is submitted to the ARCP
- Trainees may have not completed their required commitment to OOH hours before submission of their e-portfolio for ARCP. The OOH component **MUST** be completed before the end of ST3 and failure to do so would represent a “fitness to practice issue” and could result in an Educational supervisor revising their overall assessment of a trainee.
- The above number of hours is the minimum time it would usually be expected for a trainee to gain competence in OOH. Where a ST3 is unable to demonstrate the required competencies additional sessions as agreed with their Educational Supervisor and the GP School may be required

ST3 Extensions

- GPST3s, who have been granted a remedial extension to training involving a GP placement may also be required to perform additional OOH sessions. The actual requirement will be detailed and shared with the trainee through the ARCP process.

GUIDANCE ON EUROPEAN WORKING TIME REGULATIONS AND OOH

It is important that working arrangements (both in-hours and OOH) for trainees in GP placements are compliant with the EWTR and COGPED guidance on the “normal working week,” both to provide a fair working environment for the trainee and to ensure that the employer is properly fulfilling their statutory obligations.

The EWTR state that, within a 24-hour period, a trainee can work continuously for a maximum of 13 hours and that there should be 11 hours rest between work periods. They also state that the average working week maximum should not exceed 48 hours. This average is taken over a reference period of 6 months, so it is possible to have some weeks busier than others.

Below are some examples of how EWTR may require adjustment of the working week to meet the requirements:

A trainee working an evening week-day OOH session

- Add the day time commitment plus OOH shift (travel time is not included in the calculation)
- If this is over 13 hours the timing of the surgeries on the day of the OOH shift may need adjustment
- The following day the trainee may need to start later to ensure the 11 hour break is achieved
- If the trainee starts the "normal" working day at 1100 or 1200 and therefore misses a morning surgery they could be reasonably be expected to do a surgery at another time when they were not scheduled for one in order to fulfil the COGPED Working Week guidance or take some of this time as personal study

A trainee working an overnight session

- Such sessions are best worked on Saturdays, when a trainee would be able to work up to a 13 hour session with sufficient rest on either side of the session.
- A trainee who works a similar length shift in the week will be unlikely to be able to meet their practice responsibilities as they will need time off both on the day before and the day after their shift. They would need to:
 - Work up to 13.00 on the day before the shift
 - They cannot work until 19.00 on the post OOH day
 - The employer could offer an additional half-day in addition to the private study session or it be re-claimed at another point

It is the trainee's responsibility to ensure that they book their OOH sessions in good time and with consideration to keeping within the EWTR. If they organise their OOH care in such a way that such that there is significant impact on their daytime practice responsibilities, then this will need to be agreed with their trainer and the trainee will be expected to make up any practice sessions that are lost.

CLINICAL SUPERVISION OF TRAINEES IN OOH

GPSTs are supervised in OOH by OOH Clinical Supervisors. The Supervisor may be a GP Trainer or a non-trainer supervisor trained by HEKSS.

The role of a Clinical Supervisor includes:

- Understanding their responsibility to maintain patient safety
- Providing a level of supervision necessary to the competences and experience of the trainee
- Providing feedback to the trainee verbally and on the OOH Record Sheet

The level of supervision is decided by the GP Educational Supervisor (GP Trainer). This should be re-evaluated regularly and confirmed with the OOH provider.

The COGPED Position Paper has provided further guidance on the levels of supervision that a trainee in OOH should receive:

- RED** **Direct supervision of the trainee by the clinical supervisor: the trainee takes no clinical responsibility**

- Amber** **Close supervision of the trainee who consults independently but with the clinical supervisor close at hand (in the same building)**

- Green** **Remote supervision of the trainee who consults independently and remotely from the Clinical Supervisor who is available by telephone e.g a car session supervised from the Ooh base**

Whilst it is recognised that each trainee is unique and may have a different trajectory in developing their competence a “typical” trainee is likely to do:

- 3 red shifts at the beginning of their OOH experience. In practice ST1 placements in OOH are often all red shifts
- Amber is likely for a trainee in a ST2 GP / ITP placement where the doctor has had more general experience of specialties. The timing of moving between red and amber rests with the Educational Supervisor
- A typical trainee is likely to go green in ST3 and experience around 6 sessions working at this level
- Trainees do not have to have passed the CSA prior to being placed on green shifts
- Some trainees will be able to meet the six generic competencies embedded within the RCGP Curriculum Statement on ‘Care of acutely ill people’ without necessarily working a car shift but exposure to all aspects of OOH is recommended
- Trainees would be routinely expected to be on green shifts ahead of a CCT recommendation

Where a GP Trainer has concerns about a trainee’s progression in hours and feels the trainee is not in line with this trajectory this should be discussed with the trainee and an educational plan put in place to help them address OOH competencies. The OOH organisation would need to be made aware of the concerns – following a transparent discussion with the trainee so that the appropriate supervision to allow safe patient care to be delivered.

TRAINEE ROLE IN OOH

The following is a brief summary of expectations relating to arranging and undertaking OOH sessions and should be read in conjunction with the COGPED Position Paper

- Trainees need to be registered on the National Performers List
- Trainees should discuss their levels of experience with managing acutely ill patients, undertaking telephone consultations and their readiness for OOH with their Educational Supervisor
- Trainees need to contact the OOH provider well in advance of booking shifts
- Trainees are required to undertake Mandatory Induction training with the OOH provider
 - This may include mandatory on line learning modules which does not count towards time spent in developing OOH competencies

- Trainees should download a copy of the OOH record sheet ahead of an OOH session and take this with them
- Trainees should reflect on their OOH session and share this with the OOH Clinical supervisor for completion prior to leaving the OOH setting
- The OOH record sheet should be shared with the GP Trainer
- A log entry of the OOH session should be made which should include a summary of the length of the session, the current level of supervision, the OOH Clinical supervisor comments and the trainee reflections
- Trainees need to discuss their level of supervision regularly
- Trainees are required to provide a signed letter from the GP trainer to formally record when they go **green** to be shared with the OOH provider

TRAINER ROLE IN OOH

The following is a brief summary of expectations relating to arranging and undertaking OOH sessions and should be read in conjunction with the COGPED Position Paper

- Trainers should ensure trainees have sufficient details to establish contact with the OOH provider
- The Trainer should undertake an initial evaluation of the trainee's level of skill and competency with reference to managing the acutely ill patient. HEKSS OOH Appendix B GP Specialty Training Programme – OOH Care Short Answer Questionnaire is a resource to assist in determining this
- The Trainer should conduct a debrief following a trainee's OOH session and provide feedback on the e-portfolio log entry. Feedback may include:
 - Reflection in relation to trainee progress in the 6 OOH competency areas
 - Identification of learning needs in relation to OOH competencies
 - Guidance on action plans to help the trainee address their needs
- The Trainer should review progress and regularly advise the trainee in relation to the level of supervision the Trainer believes they should be working at within the OOH organisation (see below for guidance on sources of information to support this decision)
- Make a judgement in the final ESR as to whether the trainee has met the six OOH competencies needed for the awarding of a CCT (see below for guidance on sources of information to support this decision)

ASSESSMENT OF OOH COMPETENCIES

Formal assessment of the trainee remains the responsibility of Trainers however many Trainers do not directly supervise their GPStRs in OOH practice.

Trainers have a number of sources of information from which they can form a judgement on their trainee's progression towards achieving a standard for licensing in the six OOH competency areas:

1. Educational History

Trainers are encouraged to review all the experience the trainee has gathered prior to appointment as a GP Speciality Trainee. Whilst trainees are unlikely to have worked towards the specific OOH learning outcomes experience in telephone consulting, managing the acutely ill patient, decision making and risk management in other contexts may provide generic indicators of performance

2. Trainee self-assessment

The Self-Assessment Tool may be re-visited at intervals throughout the training programme and prior to the final review to assess progress.

3. Assessment of knowledge of common OOH and important emergency scenarios

GPStRs 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 B).

4. Trainee E portfolio log entry record of OOH sessions

GPStRs should record all OOH sessions in their e-portfolio including a record of the OOH clinical supervisor comments and reflect on these.

5. OOH Record Sheets including OOH Clinical Supervisor comments

GPStRs should present every OOH record sheet to the Trainer including their own reflections with reference to the OOH competencies and should have sought feedback from the OOH CS

5. Audio-COT Assessment

An assessment of the GPStR's performance can be made using an audio recording of a telephone consultation that the GPStR has performed whilst doing an OOH shift. This should be recorded in the GPStR's e-Portfolio in the same way as one would record a video-COT, using the same assessment framework.

The OOH provider would need to provide the audio recording for the purpose of this assessment. Alternatively the assessment could be done "live" using a training headset or in a observed OOH surgery if the opportunity arises.

6. OOH CbD Assessment

A CbD assessment can be done using cases from the GPStR's OOH practice. The OOH provider would need to provide a print out of the OOH clinical records for the purpose of this assessment. The Trainer 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.

7. Tutorials, Debriefs on OOH Sessions and Hot Topic Discussion

FURTHER GUIDANCE ON INTERPRETING THE RAG RATING

Level of supervision - RED

Direct supervision of the trainee by the clinical supervisor: the trainee takes no clinical responsibility

The model for direct supervision is based on graded experience based on the joint surgery format:

- Trainee observes OOH Clinical Supervisor
- Trainee progressively takes clinical responsibility for a caseload initially under direct observation (to include face-to-face consults and telephone triage)
- Trainee consults separately reporting to Supervisor to agree a management plan prior to completing the consultation
- End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee

Best practice would include a similar but accelerated process at the beginning of a shift where a Clinical Supervisor is supervising unknown amber (green) trainee

Learning Outcomes to be achieved for moving from RED to AMBER

1. Demonstrate an understanding of the basic organisational aspects of NHS OOH care
2. Show familiarity in working with OOH IT systems, including recording facilities and sources of IT help
3. Demonstrate safe and appropriate standards of data entry
4. Prescribe safely and appropriately using the OOH IT system
5. Demonstrate a basic understanding of the management of common medical / surgical / psychiatric conditions in OOH setting
6. Demonstrate a basic understanding of the provision of services available in OOH
7. Demonstrate telephone triage skills with emphasis on patient safety
8. Show Reflection on patient referrals and contacts with other health professionals and discuss with Supervisor/Trainer on case by case basis.
9. Show reflection on personal response to stresses of working in OOH setting
10. Demonstrate an appropriate approach to personal security and awareness of security risks to others

Trainer Guidance for assessing going from RED to AMBER

The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer.

For a trainee to move from RED to AMBER there should be evidence that they have met the learning outcomes

Trainers should discuss the RAG rating with the trainee and should record this discussion and judgement in the educator notes of the trainee's e-portfolio.

Where a trainer has concerns regarding trainee progression towards amber the specific concerns should be shared with the trainee and an action plan developed (and recorded in the e-portfolio) to clarify what steps the trainee should take and how evidence of progression will be measured.

Level of supervision- AMBER

Close supervision of the trainee who consults independently but with the clinical supervisor close at hand (in the same building)

The model for amber supervision is based on graded experience:

- OOH CS undertakes an initial review with trainee to review experience
- An accelerated process of direct observation of the trainee may take place at the start of the session
- Trainee routinely consults separately, with supervisor immediately available for discussion of cases
- Joint consultation where appropriate
- Trainee is offered opportunity for observed practice to gain feedback on performance
- End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee

Learning Outcomes to be achieved for moving from AMBER to GREEN

1. Demonstrate a working knowledge of the OOH organisation and infrastructure
2. Demonstrate a good working knowledge of OOH IT systems
3. Demonstrate safe prescribing to include use of opiates and drugs of abuse
4. Demonstrate a good understanding of the management of common medical / surgical / psychiatric conditions in OOH setting
5. Demonstrate enhanced consulting skills in telephone triage, to include:
 - Establishing rapport, eliciting patient's 'ICE', use of appropriate language
 - Appropriately managing communication with third party
 - Exercise communication skills for assessing the 'urgency' of a presentation
 - Recognition and management of clinical red flag symptoms and signs
 - Performing 'safety netting', and show awareness of telephone triage 'risk' and its management
 - What to do when a call is going 'wrong'
 - Managing failed calls- patient engaged or not answering
 - Effectively forward patients to other appropriate sources of OOH help
6. Demonstrate awareness of the factors that influence referrals in OOH setting
7. Show level of reflection to include impact of experience of learning on future patient care
8. Demonstrate evidence of effective collaborative working with colleagues providing OOH clinical, social and other services
9. Demonstrate an appropriate approach to personal security and awareness of security risks to others

Trainer Guidance for assessing going from AMBER to GREEN

The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer

For a trainee to move from AMBER to GREEN there should be evidence that they have met the learning outcomes

Trainers should discuss the RAG rating with the trainee and should record this discussion and judgement in the educator notes of the trainee's e-portfolio.

Where a trainer has concerns regarding trainee progression towards green the specific concerns should be shared with the trainee and an action plan developed (and recorded in the e-portfolio) to clarify what steps the trainee should take and how evidence of progression will be measured.

Level of supervision – GREEN

Remote supervision of the trainee

The model for direct supervision is based on:

- Trainee manages caseload independently
- Supervisor readily available for discussion of problem cases (remotely or rarely by joint consultations)
- Trainee generally able to operate all the organisational aspects of care
- Trainee may perform visits 'solo', with remote supervision
- End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee

Learning Outcomes for achieving OOH competencies for CCT

1. Demonstrates comprehensive understanding of logistics of delivering OOH and the organisational infrastructure required to support this
2. Demonstrates competent and confident in using OOH computer system to include wide range of functions and applications
3. Competent in managing common medical, surgical, paediatric, obstetric and psychiatric emergencies in OOH, including:
 - Developing competence in the management of patients with Palliative care needs (RCGP curriculum statement 3.09 – End of Life Care)
 - Verification of expected and unexpected deaths
4. Competent in telephone triage and to include:
 - Negotiation of type of contact offered
 - Managing patient expectations and reaching a shared agreement
 - Handling frequent callers appropriately
 - Triage out of area – establishing who and what's available
 - Management of telephoned pathology results
 - Managing logistical issues such as when a patient cannot be contacted
5. Consult competently under pressure with awareness of own limits of competence and seeks help accordingly
6. Demonstrate awareness of situations where security may be threatened for self and others and takes appropriate actions to minimise risk:
 - Managing the angry patient
 - Knowledge of (and exercising of when appropriate), systems covering the abusive patient
10. Demonstrate a comprehensive knowledge of colleagues providing OOH clinical, social and other services and evidence to demonstrate effective collaboration
11. Demonstration of comprehensive reflection including critical self-reflection

Trainer Evaluation: Gaining competency in WPBA through OOH experiences

The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer

Using evidence to support that they have met the learning outcomes and OOH competencies

If a Trainer doesn't think that sufficient evidence is available to make a judgement concerning WPBA and that additional OOH sessions are required to generate this evidence, then the Trainee may be required to complete additional sessions. In these circumstances the WPBA requirements would need to be clearly stated and the number of additional sessions appropriate. In all such circumstances the Patch Associate GP Dean and head of the GP School would be consulted.

GLOSSARY OF ABBREVIATIONS

ARCP	Annual Review of Competency Progression
CbD	Case Based Discussion
CCT	Certificate of Completion of Training
COGPED	Committee of General Practice Education Directors
COT	Consultation Observation Tool
EWTR	European Working Time Regulations
GPStR	GP Specialist training Registrar
HEKSS	Health Education Kent Surrey Sussex
ITP	Integrated Training Placement (post)
LTFT	less Than Full Time Trainee
OOH	Out of Hours
RCGP	Royal College of General Practitioners
WPBA	Work place based Assessment

This document has drawn on work from others in its development:

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