

WESSEX DEANERY OUT OF HOURS GUIDELINES (Aug 2014)

Introduction

1. Emergency and unscheduled work remains an essential part of Primary Health Care services and all General Practice Trainees must gain experience in this area, see the [RCGP Curriculum Statement, Care of the Acutely Ill patient](#)
2. This includes emergency and unscheduled work in normal GP working hours and in Out of Hours' (OOH) provision as appropriate in all Training posts.
3. The RCGP require confirmation in the Trainers Educational Supervisors Report (ESR) that the GP Trainee "Has meet Out of Hours Session requirements" before the ARCP panel can recommend that Certificate of Completion of Training (CCT) can be issued.
4. The GP trainer must confirm in the final ESR that the GP Trainee is competent to practice independently in all areas of General Medical Practice including OOH.
5. See the Deanery website for an electronic copy of the full [COGPED \(2010\)](#) Out of Hours Guidelines and documents.

BMA Framework for a written contract of employment;

8. Hours of Work

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| <p>(i) Out of hours: the GP trainer/educational supervisor will ensure that you have completed necessary out-of-hours experience in line with Chapter 7 of the RCGP Curriculum, 'Care of Acutely Ill People' and recorded this in your e-portfolio. This evidence will also be taken into account in the considering your progression (Annual Review of trainer/educational supervisors report. The trainer/educational supervisor should be able to facilitate the booking of out-of-hours sessions. Out-of-hours sessions should not normally be started before you have completed one month of employment at the practice, and should be completed in sufficient time for the enhanced trainer/educational supervisors report to be completed on time and a 'Recommendation for Completion of Training' (usually 6 weeks prior to completing training). It is your responsibility to book and attend the required out-of-hours sessions within this window.</p> <p>(ii) You will be required to undertake sufficient out of hours experience to gain and demonstrate the required competencies. This should include a benchmark 6-hours of out-of-hours training for each month of FTE placement in General Practice. An out-of-hours clinical supervisor will make themselves available at all times when you are undertaking out-of-hours duties.</p> |
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Out-of-hours competencies and their assessment

6. GP Trainees must demonstrate competency in the provision of OOH care. The overall responsibility for assessment of competency remains the responsibility of the GP Trainer but GP Trainees are required to document in their e-portfolio their experience, reflection and feedback across the competency domains.

7. The competencies expected to be gained in Out of Hours Training are embedded within the RCGP Curriculum Statement on 'Care of acutely ill people', see [Out of Hours Key Curriculum Statements](#) on the Deanery website.

The RCGP Curriculum

“GPs have a number of fundamental generic attributes which are the deeper features of being a generalist. These underpin the many behaviours that we see GPs demonstrating in the wide variety of contexts in which they work. The core competences which you will need to master in order to be a GP are grouped into six areas of competence and three essential features of you as a doctor. In the curriculum statements these are subdivided into specific learning outcomes.”

8. Assessment of the GP Trainee's competence will be judged against the criteria laid out in the RCGP Curriculum and **will not be simply a matter of completing the contracted minimum number of required training hours**
9. The GP Trainer should evaluate the e-portfolio evidence and formative feedback from clinical supervisors in the OOH organisation, validating competencies when satisfied that these have been achieved, and confirming that the GPStR has undertaken the required level of exposure commensurate with the length of the GP component of their training programme.

General Principles of Out of Hours Training in WESSEX

10. Out of Hours experience should be incorporated into the GP training programme as determined by a learning plan agreed with the Educational Supervisor.
11. **GP Trainees are responsible for organising their own sessions with the OOH Providers** and should ensure that the required training is achieved commensurate with the duration of the GP component of their training programme.
12. The GP Trainer or Educational Supervisor should facilitate and monitor the booking of out-of-hours sessions, though it remains the responsibility of the Trainee to book them.

ST1/2 GP Trainee posts

See ST1/2 OOH Document for specific requirements

13. GP Trainees in their ST1 or 2 GP training attachments should have exposure to the wide and varied range of allied services that work with and alongside the GP Emergency “Out of Hours Services”.
14. Sessions during the ST1/2 GP part of training should not include time in the “GP On-call Out of Hours Service”, which should only be undertaken during the ST3/GPStR post.
15. All GP ST1 and GP ST2 trainees are required to have completed at least 36 hours experience (**as stated in the BMA Contract**) by the end of their 6 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).
16. There should be **a minimum of at least 6 documented sessions** in the e-portfolio.

17. The out of hours experience undertaken during the ST1 and ST2 GP slots will not count towards the out of hours ST3/GPStR experience

ST3/GPStRs

See ST3/GPStR OOH Document for specific requirements

18. All GP ST3 trainees are required to have completed at least 72 hours experience (**as stated in the BMA Contract**) by the end of their 12 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).
19. This should be a balanced programme across the range of the acute GP Out of Hours services and should include, Telephone Triage (additional specialised training/courses in this are essential), Emergency Clinics and Home visiting.
20. There should be **a minimum of at least 12 documented sessions** in the e-portfolio

Recording Sessions in E-portfolio

21. All GP Trainees are required to document training and learning in the e-portfolio and to enter relevant learning experiences from their OOH sessions in the Learning Log.
22. Each OOH session should be recorded using the OOH paper record and learning form. The clinical supervisor should sign off each session on the paper record which should then be scanned into the e-portfolio.

23. All OOH sessions (ST1/2 and ST3) must be documented, signed off by the Clinical supervisor and logged (scanned) into the e-portfolio using the OOH record form, this becomes the legal record and log of hours worked and will be subjected to probity checks.

Failure to fully document these sessions may lead to referral to the NHS Counter Fraud service.

Learning Log entries should include a “running Log” of the session number, length and total completed in the title line e.g. for an ST1/2 entry

- ST1/2 would be; **Session 3, Hours 6, Total 16/36, Twilight Nurses**

Or for an ST3 entry

- ST3 would be; **Session 11, Hours 8, Total 68/72, OOH mobile**

24. The ARCP panel requires the Trainee to complete and scan into the e-portfolio the completed **“ST1/2 or ST3 Summary Log” of OOH worked** at the end of each GP Placement, failure to do so may result in a delay in obtaining the CCT or a Satisfactory ARCP.

GP Surgery Hours

25. The current usual service provision per week for general practice is from 08.00 to 18.30, Monday to Friday (52.5 hours). Thus “Out of Hours” is defined as that work undertaken between 18.30-08.00 Monday to Friday, weekends and Bank holidays.
26. Additional [Extended Hours sessions](#) **do not count** towards the “Emergency On-Call” Out of hours Training (even if outside the Core Hours of the surgery).
27. The processes for providing general practice and primary care, both during the normal working day and outside that, have changed over the last decade and these processes provide different models of working, with the need for different knowledge, skills and competencies.
28. It is important to make clear that this does not just refer to the management of emergencies, but also to the experience of dealing with patient contacts in a different quantity and context to the general normal working day.

European Working Time Regulations

29. The Wessex Deanery recommends that all GPR training must be compliant with the EWTR of [a maximum 48 hours averaged across the training attachment](#). Therefore on occasion a Trainee may work more than 48 hours in a week.
30. Occasional variation from week to week may occur over a reasonable time period however the EWTR regulations must be complied with.

- Surgery Working week = 52.5hrs (GMS) plus Extended hours
- GPR Training week = 40 hrs (Wessex Deanery; 10 sessions see BMA Contract)
- Usual Session length; = 4 hours (This may on occasion vary to meet work or Educational needs)
- EWTR maximum = 48 hrs per week (averaged over a reference period)
- Continuous = 13 hrs per day (with 11hrs continuous rest in 24hrs)
= And 24 hrs continuous rest in 7 days
= And 20 minute break in work periods over 6 hrs
- Night workers = no more than 8hrs work in 24hrs

OOH Training over Attachment

Health Education Wessex

31. The number of hours worked per day or week needs to comply with the European Working Time Regulations for further information see “Wessex Deanery GP Trainee working week guidance”. The training should be planned in a pro-rata way across the GP attachment and is expected to be one session per month.
32. Trainees in Less Than Full Time Training posts need only to do the same total (pro-rata) of OOH work across their whole attachment.
33. All Trainees on Extensions (additional time above the 3 year programme and while in a GP post) will need to do additional OOH training (pro-rata) dependent upon the length of their extension.

Session Times

34. An OOH session length of 6 hours would mean a week night start of 6:30 pm with a finish time after 12:30am. This will have significant implications on both same day and next day education or work and is overlong for an educational activity.
35. The Deanery suggests that on week nights the OOH shift should preferably where possible be no longer than 4 - 5 hours to include the planned feedback time.
36. Where a session is longer than 6 hours in length this time will not normally be accepted for “educational credit” without [clear evidence in the Learning Log entry as to what additional learning has occurred](#).
37. The total hours worked by a GP Trainee must follow the EWTR of no longer than 13 hours “continuous work allowed”. The normal 8 hour training day (i.e. two sessions of 4 hours) is permitted with the addition of 5 hours OOH work provided it includes the required rest periods (or the Clinical working sessions may be reduced to allow a longer evening/night shift).
38. A finish time of no later than 11:30 pm will minimise the knock on effect on next day training or work activities and will cause less disruption to the overall training week for the GP Trainee.
39. ST3/GPStRs should be encouraged to work a variety of differing shifts such as a mix of shorter week evenings as well as some longer weekend sessions with in the EWTR.
40. Out of Hours work overnight (after midnight) should not be undertaken the night before any organised activity and trainers will need to be aware of the EWTR when planning the GP Trainee’s week.
41. Extended Hours provision by GP Practices does not count as Out of Hours training.

OOH Clinical Supervisors

42. Guidance on the Clinical Supervisors role, responsibilities, and training are set out in the COGPED guidance (March 2010) and reviewed by the Wessex Deanery ([see website](#)).

43. All OOH C/S must either have attended a Deanery Organised **Educational and Clinical Supervisors course** (provided free by the Deanery) and attend a refresher course every 3 years, or other Deanery approved equivalent training course.
44. All OOH C/S in the Wessex Deanery must register with the Deanery and hold an approved OOH C/S Deanery certificate which will need to be renewed by the GP-STC on a 3 yearly cycle.
45. The GP Registrar will work under the supervision of a Deanery approved Clinical Supervisor, (CS), and only undertake tasks to a level no greater than that to which the CS is personally responsible.
 - If the trainee is undertaking the roles and responsibilities of a doctor, the CS must be a qualified Medical Practitioner on the National Performers List (NPL)
 - If the trainee is undertaking the role and responsibilities of a Emergency Care Practitioner, the CS may be an appropriately qualified ECP, [but any decision that would normally require referral or advice from a doctor must still be referred to the Lead Medical Supervisor and not be a decision made independently by the ST3/GPStR](#)
46. Clinical Supervisors can be any suitably qualified health professional who has undertaken a Deanery approved Supervisors course unless they are already an **approved**
 - Nurse Practitioner Lecturer,
 - Retained Doctor Educational Supervisor,
 - Undergraduate Medical Student Teacher,
 - GP Trainer
47. The E-portfolio and log will form the core documentation of planning, monitoring and assessment of the ST3/GPStR by the GP Trainer and Clinical Supervisors.
48. In order to support this, the OOH clinical supervisors will receive appropriate training commissioned or provided by the GP Postgraduate Deaneries.

Suggested structure to ST3 training

49. As a guide, the 12 month year can be broken into "three stages":
 - **RED Session (Direct Supervision) First stage (months 1-2)**

GP Trainer (GPT) or Clinical Supervisor works an OOH session with the ST3 but the GPT/CS sees patients and ST3 remains supernumerary.

The ST3 should progressively take personal clinical responsibility for a caseload, initially under direct supervision of the GPT/CS, (as in a Joint Surgery format).

The ST3 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 ST3 both attend OOH sessions and both see patients. The ST3 should be able to manage most cases without direct reporting to their supervisor.

- **GREEN sessions (Remote Supervision) Third stage (months 6-12)**

The ST3 trainee works the OOH session with the GPT/CS being directly contactable, elsewhere. The GPT/CS must be able to give immediate advice on request, assess the situation and be available for joint consultation if necessary. More usually advice on process, necessity for admission or availability of other agencies can be given over the phone.

50. Please note all OOH must be completed by the final ARCP, if this occurs before the OOH training has been fully completed the GP Trainer must confirm in the ESR that it will be satisfactorily completed by Certification.
51. The GP Trainer or CS must assure themselves that the ST3/GPStR is able to undertake their role for the OOH service adequately.
52. The GP Trainer must be aware of the roles and duties being assigned to their ST3/GPStR and retains ultimate responsibility to ensure that the roles or sessions are appropriate to their level of competence.

Service Role

53. The ST3/GPStR is a fully qualified doctor undergoing training to become a General Practitioner. They are not able to undertake an unsupervised or unsupported role at any time.
54. The GP Trainer must advise the designated manager in the OOH Service of any ST3/GPStR that plans to attend or work within the OOH service.
55. The GP Trainer/GPStR must inform the OOH service of the experience level that the GPStR has attained when booking any sessions.

Payments/Costs

56. ST3/GPStRs will work in the OOH services, under supervision, in order to gain competence and confidence in delivery of these services, as a necessary part of becoming registered GPs.
57. ST3/GPStRs will work in the OOH services as part of their normal [contract of employment](#) (BMA). In the majority of cases, the proportion of clinical service by the ST3/GPStRs will expand with their length of experience.
58. Where ST3s are being provided with support and supervision by Clinical Supervisors working within the OOH service, an enhanced payment should be made for this additional service provision to the CS. This cost will need to be met from within the OOH service's budget as negotiated with the contractor (see separate DH guidance)

Medical Defence Insurance

59. In the context of OOH training medical indemnity organisations have indicated that a GP Trainee's standard membership will provide cover for the work they undertake as part of OOH training.

Using the E-Portfolio and documenting OOH training

60. It is mandatory that all GP Registrars (ST1, 2 and 3) maintain a portfolio of evidence of achieved competencies. Therefore, Registrars need to record each of their OOH sessions in the e-portfolio which has replaced the paper work-book.

61. The 'OOH session' learning log entry in the e-portfolio will prompt the GPStR with a number of set entry fields.

62. The portfolio requires that each entry must be tagged before it is filed against one or more of the curriculum headings.

63. During each OOH session record the session on the attached paper "Record of Out of Hours Session". These must be up-loaded or scanned onto the e-portfolio. (see OOH Worksheet template)

64. The Clinical Supervisor in OOH will complete a session feedback sheet which the GPR must share with the GP Trainer / Educational Supervisor.

65. All OOH sessions entered on the e-portfolio must be shared with the GP Trainer who should 'validate' the sessions that contribute to workplace-based assessment. Again, the entry will be tagged to the 12 professional competency areas.

66. GP trainers will be required to sign off the e-portfolio and provide the assessment of their ST3/GPStRs in the competencies that have been recorded with the help of OOH clinical supervisors.

67. At the end of the training programme, the educational supervisor will confirm that the OOH sessions training has been completed satisfactorily or will be completed through additional booked sessions by the end of the training programme.

68. The ARCP panel requires the Trainee to complete and scan into the e-portfolio the completed "Summary Log" of OOH worked for each GP Placement, failure to do so may result in a delay in obtaining the CCT or a Satisfactory ARCP.

Feedback by Clinical Supervisor

69. Sufficient protected time must be planned and set aside after each shift for discussion and feedback by the CS to the ST3/GPStR of work undertaken and cases seen.

70. This is an additional responsibility for the CS and requires protected time outside the normal working shift as well as additional training and skills.

Professionalism

71. As a doctor, Trainees are required to adhere to the standards of professional and personal conduct and probity laid down by the General Medical Council. All doctors at the Practice are bound by these standards and expected to act at all times in a professional manner towards colleagues, employers and patients.

Arranging Sessions

72. The GP Trainer is contracted by the Deanery to manage and monitor all aspects of GP training and will be responsible for overseeing the OOH training session arrangements.
73. The GP Trainer/GPStR must inform the OOH service of the experience level (Red, Amber or Green) that the GPStR has attained when booking any sessions.
74. The hosting organisation must have agreed to any attachment, provide an appropriate Induction and the Trainee should sign an honorary contact with the OOH provider and inform their defence organisation.
75. The OOH service should plan to offer a range of specific CS shifts appropriate to ST3/GPStR training during a normal working week and weekend, across the whole OOH area.
76. ST3/GPStR will be required to plan with their GP Trainer their OOH training and book sessions with the OOH service, which will be able to advise on suitable sessions, locations and the number of places available.
77. All GP ST1/2 trainees are required to have completed **at least 6 documented sessions** and a minimum of 36 hours experience by the end of their 6 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).
78. All GP ST3 trainees are required to have completed **at least 12 documented sessions** and a minimum of 72 hours experience by the end of their 12 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).
79. The GP Trainee will be responsible for informing the OOH service at the earliest opportunity of any prearranged bookings that they are unable to keep.
80. **Non-attendance on a recurrent basis or without adequate reason will result in the GP Trainer being asked to investigate and the Associate Dean will be informed.**

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