OUT OF HOURS (OOH) GUIDANCE AUGUST 2017

Out of Hours (OOH) work is a core component of primary care. To achieve membership of the Royal College of General Practitioners (MRCGP) General Practice Specialty Trainees (GPSTs) must be judged competent in this setting in the following:

1. Ability to manage common medical, surgical and psychiatric emergencies.

2. Understand 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.

6. Maintenance of personal security and awareness and management of security risks to others.

A full description is available in this [RCGP document](http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~/media/Files/GP-training-and-exams/Certification%20files/Mapping-of-Out-of-Hours-competencies.ashx)

Currently in Scotland GPSTs in a GP post are contractually required to complete a minimum of 36 hours working in OOH services during their first 6-month attachment to General Practice and a 72-hour minimum during GPST3. This work must entail unscheduled patient contact within a different context from the working day and excludes *extended hours* surgeries. Trainees currently receive a salary uplift to allow for this commitment.

OOH provision varies throughout Scotland encompassing different delivery structures with triage provided regionally via NHS24. Organisations that provide GPSTs with OOH experience must provide an effective learning environment as well as appropriate supervision as per General Medical Council standards.

The Scotland Deanery has a responsibility for quality management of any location in which trainees are based to ensure that the standards for postgraduate training, as set out in the [GMC document Promoting excellence: standards for medical education and training](http://www.gmc-uk.org/education/standards.asp) are met.

OOH providers and NHS Education for Scotland (NES) work in partnership to develop training opportunities for GPSTs. There are significant learning opportunities in the OOH setting and trainees are encouraged to utilise these to best advantage. Trainees must attend arranged induction.

***Trainees have responsibilities with regards to OOH training.*  *Trainees must take a professional attitude to OOH work, fulfilling their contractual obligations and honour shifts allocated. Trainees must alert the service/make alternative arrangements when allocated hours cannot be fulfilled due to unexpected external factors e.g. sick leave.***

Trainees can significantly contribute to service provision within OOH, the level of this being tailored to their stage in training and performance ability. Integral working within the OOH team enables trainees to develop the skills required in unscheduled care, contributing towards obtaining a certificate of completion of training.

**GPSTs will record sessions as a learning log entry, including educational reflection in e-portfolio. A feedback form for each session should be uploaded as an attachment. GPSTs will regularly discuss OOH experience with their ES to allow the ES to make decisions regarding competency progression.**

GPSTs must inform the OOH provider of any occupational health recommendations that may impact on the workplace setting or allocation of duties.

**Suggested structure to training**

As a guide GPST OOH can be broken into “three stages”: If placements in general practice are contiguous, these stages will occur over that greater period of time. GPSTs who undertake a GP placement in ST1 and ST2 years would not normally be expected to move beyond Amber sessions in that time.

**RED Session (Direct Supervision) First stage**

Supervising Clinician works an OOH session with the GPST but the GP supervisor sees patients and GPST remains supernumerary.

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

The GPST may then, with agreement of their ES/supervising clinician, independently see and report back after each consultation to agree a management plan.

**AMBER session (Close Supervision) Second stage**

Supervising Clinician and GPST both attend sessions and both see patients. The GPST should be able to manage most cases without direct reporting to their supervisor. Advice and support must be available when required.

**GREEN sessions (Reduced Supervision) Third stage**

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

The ST3 trainee works the OOH session with the supervising clinician being directly contactable, elsewhere on-site, at home or in a `roving’ car.

The supervisor 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 by telephone

**Remote Supervision**

Trainees may be offered opportunities to experience working with remote supervision whilst still in training as preparation for independent practice, but it is not a requirement prior to CCT. It is recognised that in some remote areas this type of supervision may be all that is available but support from a GP should always be readily accessible.

The Scotland Deanery – OOH Feedback Form

**GPST Name:**

**GP ES Name:**

**Contact Details for Practice:**

|  |  |  |
| --- | --- | --- |
| **Curriculum Headings Chosen:** | | |
| **Date of session:** | **Time: Daytime 🞎 Evening 🞎 Overnight 🞎**  **Weekday 🞎 Weekend 🞎** | |
| **Session activities: (Tick all that apply)**  **Primary Care Centre 🞎 Visiting Doctor 🞎 Telephone Triage 🞎**  **Minor Injuries Centre 🞎 Other:** | | |
| **Name of Supervising Clinician:** | | |
| **Level of supervision:**  **All patients reviewed by Supervising Clinician or joint consulting 🞎**  **Close supervision, case management discussed when required 🞎**  **Mainly consulting independently with end debrief 🞎**  **Remote (telephone) supervision 🞎** | | |
| **Debriefing notes from Supervising Clinician:**  **Signature of Clinical Supervisor ………………………….. Date ……………..** | | |
| **Communication Box: Educational Supervisor <> Supervising Clinician** | | |
| **Cumulative OOH completed by the end of this session:** | |  |
| **What did you learn?**  **Include relevant cases seen and/or significant events (these may or may not be medical) and what you learned from these.**  **State which of the 6 OOH Competencies have been demonstrated (see below).** | | |
| **What will you do differently in future?** | | |
| What future learning needs did you identify? | | |
| How will you address these? | | |

**The Six Key Competencies for Out of Hours Care:**

1. Ability to manage common medical, surgical, psychiatric and social 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.
6. Maintenance of personal security and awareness and management of security risks to others.