Out of Hours Training in ST1/2 GP Attachments

Please read the full OOH guidance on the Deanery website

1. 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”.

2. 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.

3. This experience is expected to take place only when in a GP post in the first 2 years. If some or none of the expected sessions have been completed then they should be completed during the GPStR post in ST3 and will be in addition to the expected Deanery minimum of 72 hours OOH experience for this year.

4. In exceptional circumstances and only with prior agreement by the Deanery can this experience be undertaken during a Hospital Speciality post.

5. This Out of Hours experience should be documented in the learning plan with your GP Educational Supervisor, usually your GP Trainer.

6. Trainees are expected to complete 6 sessions of no more than 6 hours in length every month. Where a session is longer than 6 hours in length this time will not normally be accepted without clear documentation as to the reasons why and what additional learning has occurred because of this.

7. All GP ST1 and GP ST2 trainees are required to have completed at least 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) in usually 6 sessions.

8. The Deanery sees this as an opportunity to have a wider and richer learning experience of OOH provision and to learn from the allied services that trainees will work with in their future role as a GP.

   Appropriate learning situations for ST1/2 GP Trainees should include

   - Ambulance or Police attachments
   - On-call with duty Psychiatrists, Community Psychiatric Nurses and teams
   - OOH and Terminal Care Nursing services to include Macmillan services
   - Community Midwives
   - Social Workers and Social Care Services
   - Darzi centres/ Walk in clinics etc.
   - Specific local provision e.g. Community Paediatric Admission Prevention services, etc.

9. On occasion where the Trainee has limited experience in a Hospital speciality one session with the acute on-call team might be appropriate (i.e. Paediatric, O&G etc), but this should be agreed with the educational supervisor and must occur out of hours.

10. It is expected that the trainee will normally have experience across several of the allied OOH areas or services.

11. These experiences must be documented in the e-portfolio as part of the learning process and will be subject to ARCP review.
12. “Out of Hours” is defined as that training or experience undertaken between 18.30-08.00 Monday to Friday, weekends and Bank holidays and does not include “Extended Hours Surgeries”.

13. The number of hours worked per day or week needs to comply with the European Working Time Regulations.

14. Trainee’s who are unable to meet with the above requirements or who are having difficulty organising sessions should review this with their Educational Supervisor and inform their Programme Director as soon as possible.

15. Any variation with the above guidance must be discussed and agreed with the Patch Associate Dean or Programme Director and documented in the e-portfolio.

16. All OOHs session must be written up as reflective Learning Log entries. A scanned image of the OOH record sheet, showing your name and signed by the session supervisor, must be attached to the Learning Log entry.

17. The Deanery OOH record form acts as the legal record and log of hours worked and will be subjected to probity checks.

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

18. The out of hours experience undertaken during the ST1 and ST2 GP slots will not count towards the expected minimum out of hours ST3/GPStR (72 hours) experience required by the Training Guidance published by COGPED, RCGP and the GMC.

19. **GP Trainees are responsible for organising their own sessions with the OOH services** and should ensure that the required number of hours are achieved commensurate with the duration of the GP component of their training programme.

20. The GP Trainer or Educational Supervisor should facilitate and monitor the booking of out-of-hours sessions, thought it remains the responsibly of the Trainee to organise them.

21. The GP trainer should give feedback and validate the competencies of the OOH sessions in the e-portfolio.

22. Any outstanding OOHs experience not undertaken in ST1/2 will need to be performed in GP ST3 year. The deficit is added onto the 72 hours of ST3 OOH requirement. These outstanding ST1/2 hours should be in the “Appropriate Learning situations” as defined above, even though they are being performed in ST3. However the 72 hours of ST3 OOHs must be within appropriate medical GP OOH sessions.

23. There must be no extra financial gains from OOH experience (e.g. qualified paramedic doing a shift or working in ED OOH as a locum)

**RCGP Curriculum Statements**

**Learning with other healthcare professionals**

Teamwork is essential for the effective management of acutely ill patients in primary and secondary care. In primary care, it is vital that all members of the primary healthcare team understand their roles in managing acutely ill patients and contribute to the development of practice guidelines.
Acute events are an important source of material for significant event analyses and team members should be encouraged to participate in these and learn from them at both the individual and team level. Working in the out-of-hours environment will help the specialty registrar gain valuable experience of working and learning in multi-professional settings, which will include GPs, nurses, paramedics, accident and emergency staff, etc.

**Community orientation**

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Know the factors that may determine patient responses to the acute presentation of illness within the community/communities that you will be responsible for, both in and out of hours (e.g. rural/urban, ethnic variation, presence of immigrant communities, mobile population, social demographics).

5.2 Know the type of healthcare resources available, both in the community and in secondary care, in order to organise effective care in the most appropriate location for patients who present with urgent healthcare needs.

5.3 Know which other resources for help and care within the community are accessible to patients, and their relatives or carers, in order to manage the presentation of an urgent situation.

5.4 Know how to communicate effectively with patients, relatives and carers, who may make inappropriate and frequent demands on the health service, and what strategies to use to allow them to manage their problems more effectively.

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