

North Cumbria OOH Training Scheme Trainers Handbook

This is an updated (April 07) version of the Trainers Handbook. It incorporates changes made to the pattern of shifts worked after meetings with the schemes. Please re-read it and e-mail me if anything is not clear. The OOH workbook for GPRs is annexed.

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All GPRs in North Cumbria will have a **structured training programme in Out of Hours (OOH) Care**.

This will have 2 parts:

1. **Supervised shifts**
2. **OOH Training course of 5 days duration**

How many shifts?

All GPRs in the scheme will work a minimum of 12 shifts during their 12 months

Of these 12 shifts 4 will be solo night shifts.

Shifts will be of two types **accompanied** and **solo**.

Accompanied shifts:

This is when a trainer or nominated supervisor works alongside the GPR. Normally this will be **4 shifts**. The trainer will receive the shifts fee plus a small additional payment. Accompanied shifts should be daytime shifts.

Solo shifts:

The philosophy of this scheme is clear – we want to create GPRs who can stand on their own feet and work fully independently. An important part of this is working solo during the OOH period. Normally this will be **8 shifts**. At all times when working solo they would be supervised by a nominated doctor who is at the end of a telephone. A fee is paid for this telephone cover.

The GPRs can work a selection of shift types, Car shifts, Treatment Centre shifts, Night shifts.

The 2 schemes are organized differently.

In **West Cumbria** there are usually 2 x 6 month attachments in General Practice.

First 6 months: 6 shifts (4 accompanied and 2 solo – to include 1 solo night shift)

Final 6 months: 6 shifts (1 – 2 refresher shifts accompanied 4 or 5 solo shifts to include 3 solo night shifts)

The **East Cumbria** Scheme is usually split into a 4 month period and an 8 month period.

During the initial 4 month period the GPR should work 4 shifts (3 accompanied and 1 solo – this will depend on the Trainer’s assessment of competence to work solo).

During the 8 month period the GPR should work a *minimum* of 8 shifts (1 or 2 refresher shifts, followed by 6 or 7 solo shifts of which 4 should be solo night shifts).

Please note these are the **minimum** shift requirements. In agreement with the Deanery, schemes reserve the right to require GPRs to work additional shifts if further experience is deemed necessary for accreditation of competence.

Please Note: *There are certain shifts which Cuedoc does not allow GPRs to work. These are Saturday and Sunday mornings in the treatment centres – because the workload is heavy and supervision is difficult. Monday to Thursday evenings in Penrith are also normally not available for GPRs because of logistic problems with car changes.*

Gaps between General Practice placements:

If there is a gap between the two placements in General Practice the GPR will have one or two “refresher shifts” working with a trainer before working solo again.

Supervision of GPRs whilst doing an OOH shift.

The following people can supervise registrars on a shift working for CueDoc:

- Their trainer
- A partner of their trainer
- Another trainer from North Cumbria
- Other doctors who do not fit the above criteria may also be recognised as a supervisor for OOH sessions.

Anyone covering a GPR should of course have worked for CueDoc themselves or have undergone the necessary familiarisation.

If a shift already carries a premium (e.g. a Bank Holiday) it is fine to bring your GPR along but as a premium is already attached the additional fee will not normally be paid.

How to get shifts for your GPR

It is vital that this is planned in advance. Rita at CueDoc (01228 514830) is the contact to get shifts allocated. You will be asked what type of shift the GPR is working (solo or accompanied) to allow correct payment.

If partners in the practice already take regular shifts then these can be given to the GPR. If you do this Rita needs to know what type of shift is being worked to ensure correct payment and an updating of our tracking system.

Rita is now e-mailing around a “**preview**” of the next quarter’s up for grabs shifts. These can be used to plan ahead your GPR shifts. The preview can only be used to get shifts for your GPR and not shifts for yourself personally.

A plea from the CueDoc office – please make sure we know what type of shift your GPR is working! Tel Rita 01228 514830

All efforts will be made to give GPRs shifts in your area but night shifts are popular and go quickly if put up for grabs. If not enough notice is given GPRs may end up having to work their nights in other zones.

What if your GPR is ill on the shift or just before?

The trainer has to step in and do the shift but it will attract the extra payment the same as if the GPR worked alongside them.

What if your GPR is struggling to cope?

If a registrar is struggling to cope then the trainer may be called in to help or decide himself to go in and help. If this happens the trainer will be paid the full shift fee plus the additional fee. This should not be abused.

GPRs in Innovative posts

These GPRs are still receiving a significant part of their salary for working Out of Hours. **GPRs in innovative posts are expected to do a minimum of 6 shifts in the 6 months (usually 1 -2 refresher shifts accompanied then 4 - 5 solo shifts of which 3 should be night shifts).** The only exception to this is if they have to work on-call during the other half of their innovative post and then their CueDoc commitment is pro rata.

Examples:

6 month innovative post, no on call during the other part = 6 shifts for CueDoc

6 month innovative post with on call in other part – pro rata negotiated with your local course organiser)

GPRs working in Scotland but on the East Cumbria Scheme

Firstly these registrars are **very** welcome to take part in the structured training scheme.

GPRs are paid for their OOH work within their salary so every shift worked solo generates money. Trainers are paid the shift fee plus an additional amount when they work alongside their GPR but when they supervise on the phone they get less than the full shift fee. The net effect of this is to generate money for the training.

If Scottish GPRs don't work for CueDoc there is no financial contribution to the scheme. I would therefore like to encourage all GPRs in Scottish practices who are part of the East Cumbria VTS to join **all** aspects of the CueDoc OOH training.

I recognise there are difficulties so we have agreed that for now Scottish registrars are welcome on the 5 day course even if they get their OOH experience in Dumfries. However GPRs cannot just do a few shifts with CueDoc and a few in Dumfries. They need to commit to the 12 sessions over the years training.

Struggling GPRs

If a GPR is struggling and likely to need more than 6 shifts accompanied then please contact me and we can agree an individual package. It may be that the GPR will need to work more than 12 shifts in total (On the day release programme we always refer to the 12 shifts as the “minimum” to be worked).

Documentation

A GPR held OOH workbook is issued to all GPRs on the first day of the OOH course. This document can be used by the GP trainer to help confirm the competency in OOH care and as part of the overall documentation of the training year. The GPR can use it in their appraisal files alongside certificates of attendance at the OOH course.

Finance

The bottom line is that this scheme has to break even. This requires the GPRs to work 8 shifts solo and to work all the night shifts solo. It is not a perfect situation – there should be funding for this part of the GPR training. There isn't and there is not likely to be in the future. The scheme is a partnership between Schemes, Trainers and Cuedoc and relies on co-operation and support.

The Intensive 5 day OOH Training course

These courses will be held twice a year in March and October to coincide with new starters in both schemes. It is **expected that all GPRs will complete this course during their training**. If they miss any part of it they can attend that part of the next course.

If they attend during their GP attachments the schemes have decided that it will not count as study leave. If they attend during any hospital post they will have to take it as study leave. The course is broken up into individual days.

Trainers are welcome on all or part of the course. There is no charge for the course to trainers or GPRs.

Certificates of attendance are issued after each day. Each GPR receives a course manual.

Many topics are covered in a structured and systematic way.

Trainers and course organizers can take into consideration the issues covered when planning their own teaching.

CHECK LIST FOR GPRs working Out of Hours

| Task | Confirmed |
|--|-----------|
| Discuss shift arrangements with Trainer | |
| Obtain copy of list of Cuedoc shifts available and agree timetable with Trainer/Supervisor | |
| Check your Training Practice notifies Cuedoc Office of your shifts | |
| Obtain copies of the documentation you will need to record clinical details of your experience | |
| Check your own medical bag | |
| Turn up on time for your shift! | |
| If you are unable to work on an arranged shift, notify the CUEDOC Office immediately (Office hours 0800 to 1700) | |
| Following your agreed supervised shifts, make sure your Trainer/Supervisor has completed the form for "Going Solo" | |
| At the end of your GPR period, obtain Certificate of Satisfactory completion of your OOH training. | |

North Cumbria Out Of Hours Training Scheme
Out of Hours Workbook for GP Registrars

Aims

- To document experience and clinical cases encountered during Out Of Hours (OOH) sessions
- To promote reflection on clinical practice
- To aid identification of learning needs and help plan future learning
- To provide information to Trainers to aid completion of the Structured Trainers Report

Name:

Workbook compiled by Dr Kirsti Harnor
How to use this work book

It is very simple to use!

- For each OOH session you attend complete a 'Record of OOH session' form
- The initial table is for basic factual information regarding the session
- The second table relates to clinical cases seen
- Complete columns A, B and C of the table during the session as you see each patient.
- Column A: brief working diagnosis
- Column B: your management
- Column C: what you did well. This could include points from the key competencies described in the Attribute Guide
- *Brief notes only are expected*
- Columns D, E and F can be used as an aid to future learning. *They do not have to be completed for all cases.*
- Column D: what you could do better/what didn't go so well. What is your learning need?
- Column E: what you will actually do to meet this learning need
- Column F: the date you carry out that task. This documents progress in learning.
- Allow time at the end of the session for discussion with your Clinical Supervisor and for completion of the debriefing notes and signature (if this is an accompanied session)

- There is a separate document at the front of this file to record the date you deal with certain emergencies/serious problems

- You should arrange to discuss the contents of the workbook with your Trainer at regular intervals during your attachment

Checklist of Emergencies Encountered During Your OOH Sessions

GPR Name:.....

- Complete this table after each OOH session
- It provides a basic record of serious cases seen
- It may illustrate areas where further experience would be of benefit (depending on your experiences in previous jobs/planned SHO posts etc)
- Your trainer may ask to see this in order to complete your Structured Trainer's Report

| Problem | | Date 1 | Date 2 | Date 3 | Date 4 |
|---|----------------------|---------------|---------------|---------------|---------------|
| Cardiovascular & circulatory | Angina | | | | |
| | MI | | | | |
| | Heart failure | | | | |
| | Sudden collapse | | | | |
| | Suspected arrhythmia | | | | |
| | Acute ischaemic limb | | | | |
| | Hypovolaemic shock | | | | |
| Cerebrovascular | Stroke | | | | |
| | TIA | | | | |
| Respiratory | Acute asthma | | | | |
| | COPD exacerbation | | | | |
| | Pneumonia | | | | |
| Abdominal | GI bleed-upper | | | | |
| | GI bleed - lower | | | | |
| | Acute abdomen | | | | |
| Renal | Renal colic | | | | |
| | Pyelonephritis | | | | |
| | Urinary retention | | | | |

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|----------------------|---|--|--|--|--|
| Gynaecology | Ectopic pregnancy | | | | |
| | PID | | | | |
| | Bleeding in early pregnancy | | | | |
| Obstetric | APH | | | | |
| | PPH | | | | |
| | Pre-eclampsia | | | | |
| | Reduced fetal movements | | | | |
| Psychiatry | Acute psychosis | | | | |
| | Suicidal ideation | | | | |
| Infection | Meningitis | | | | |
| | Septicaemia | | | | |
| Paediatric | Bronchiolitis | | | | |
| | Croup | | | | |
| | Acute asthma | | | | |
| | Febrile convulsion | | | | |
| | 'Ill child' | | | | |
| Orthopaedic | Severe back pain | | | | |
| | Cord compression | | | | |
| Ophthalmology | Acute eye pain | | | | |
| | Acute loss of vision | | | | |
| Neurology | Epileptic seizure | | | | |
| | Severe migraine | | | | |
| Death | Unexpected | | | | |
| Miscellaneous | Acute allergy | | | | |
| | Anaphylaxis | | | | |
| | Acute confusion | | | | |
| Others | (please add any other emergencies you encounter) | | | | |
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The Key Competences for Out of Hours Care

COGPED, the national committee for GP Education, produced a comprehensive OOH workbook in January 2004. They described an attribute guide summarizing core elements of 5 key competencies for OOH care. We have taken on board the principles of the COGPED document when developing our own workbook. We have tried to develop a document which will not intrude too much into the OOH session and which can be completed easily at the time.

The COGPED Attribute Guide is copied below:

The attribute list is meant only as a guide. It is not intended to be comprehensive but summarizes the core elements of each competency, along with some examples of how that might be demonstrated. The RCGP is in the process of developing a definitive GP training curriculum within the context of *Good Medical Practice*, which will encompass the competences and attributes required for training in OOH care.

There are five key competences for OOH care.

1. Ability to manage common medical, surgical and psychiatric emergencies.
2. Understanding the organizational 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.

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

GP registrars should be able to manage common medical, psychiatric and social emergencies they are likely to encounter during OOH experience. They should be able to recognise and manage critical situations using available resources and facilities. Examples are listed below.

- Chest pain & MI
- Heart failure
- CVA
- Sudden collapse
- Fits/faints & funny turns
- Acute asthma or COPD exacerbation
- GI bleed – upper & lower
- The acute abdomen
- Vascular emergencies including hypovolaemic shock
- Renal colic, pyelonephritis and urinary retention
- Ectopic pregnancy/PID/ bleeding in early pregnancy, (including miscarriage)
- Obstetric emergencies – APH/PPH/ pre eclampsia, reduced fetal movements etc.
- Acute confusion state and psychoses
- Allergy & anaphylaxis
- The ill child
- Infection such as septicaemia and meningitis
- Orthopaedic emergencies e.g. cord compression injuries/back pain

GP registrars should be able to recognise the ill child and manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.

GP registrars should be able 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 registrars 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.

2. Understanding the organizational aspects of NHS out of hours care, nationally and at local level.

GP registrars should be aware of the processes that are in place both locally and nationally and understand the context of the provision of OOH care in the Primary Care setting. They should understand the relationship between GP practices, OOH providers and PCTs, their roles and responsibilities.

GP registrars should have an understanding of how emergencies and health initiatives can impact on OOH care providers and be aware of procedures and policies in place to deal with them, for example, the CMO cascade system for national drug/infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemics and managing a winter bed crisis.

They should be aware of the communication channels required for OOH care and the IT systems to support them.

3. The ability to make appropriate referral to hospitals and other professionals.

The GP registrar should be aware of the range of referral facilities and professionals available to patients out of hours. 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 registrar should respect the roles and skills of others, and can engage effectively and refer to other sources of care, such as ambulance and paramedic services, and those in secondary care (hospital where appropriate).

4. The demonstration of communication and consultation skills required for out of hours care.

The GP registrar should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care e.g. telephone consultations and triage skills. They should be patient centered and should demonstrate understanding of consultation models and their relevance to OOH care, such as breaking bad news, the limitations of telephone consultations and the absence of non verbal communication.

The GP registrar should have some understanding of teamwork, be aware of the roles and responsibilities of the OOH team and be able to work and communicate with them effectively.

5. Individual personal time and stress management.

The GP registrar should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritize cases appropriately.

GP registrars should be aware of the difficulties working OOH, working antisocial and long hours and sometimes with overnight shifts. They should recognize when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. 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.

GP registrars should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues.

Reference: COGPED Out of Hours Training Workbook 2004

**North Cumbria OOH Training Scheme
GPR OOH Logbook**

Record of OOH Session

The GPR must complete this for each OOH session worked

| | |
|---|--|
| Name | |
| Supervisor | |
| Type of session (Centre/car/overnight) | |
| Start time & date | |
| Duration | |
| Session number (1-20) | |

- Complete the table to provide both a record and a guide to your future learning.
- BRIEF NOTES ONLY ARE REQUIRED
- Complete columns A, B and C for all clinical cases.
- Document any significant events.
- Columns D, E and F can aid future learning and provide a record of progress.
- The boxes are deliberately small as a brief summary only is required.
- Your Trainer will need to see this record in order to complete your Structured Trainer's Report.

| A | B | C | D | E | F |
|--|---|--|---|--|---------------|
| List cases seen | Management | What went well (► competencies demonstrated) | What could I do better (► learning need) | How will I meet this learning need (► plan for future learning) | Date achieved |
| Example 11y ? acute appendicitis | Admit paed Explained to mum & pt | Recognised 'ill child' with acute abdomen suggestive of appendicitis & managed appropriately | Mum unhappy about advice received earlier. I struggled to deal with her anger & anxiety | Arrange tutorial with Trainer on communication skills for difficult situations | xx.xx.05 |
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| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

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| 12 | | | | | |
| 13 | | | | | |

Debriefing notes from Clinical Supervisor for this session