

DERBY GP SPECIALTY TRAINING PROGRAMME

OUT OF HOURS COMPETENCY FORM

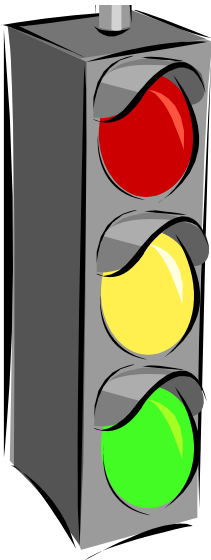
GP REGISTRAR
Full name

GRADE
Please indicate

ST1 / ST2 / ST3

Please ask your Trainer to sign this form and take it with you **every time** you attend an Out of Hours session to show your Clinical Supervisor.

It is your responsibility to book the relevant session and provide DHU with this evidence of your competency.



Direct Supervision:
The GP Trainer feels that the Registrar needs direct supervision and should be supervised directly by the clinical supervisor and takes no clinical responsibility for patients.

Signed
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GP TRAINER

Close Supervision:
The GP Trainer is happy that the Registrar can consult independently but there needs to be a Clinical Supervisor close at hand (i.e. in the same building).

Signed
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GP TRAINER

Remote Supervision:
The GP Trainer is happy that the Registrar can consult independently and remotely from the Clinical Supervisor who is available by telephone. Furthermore, the GP Trainer is happy that the Registrar can usually consultant safely ay 10-15 minute intervals.

Signed
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GP TRAINER