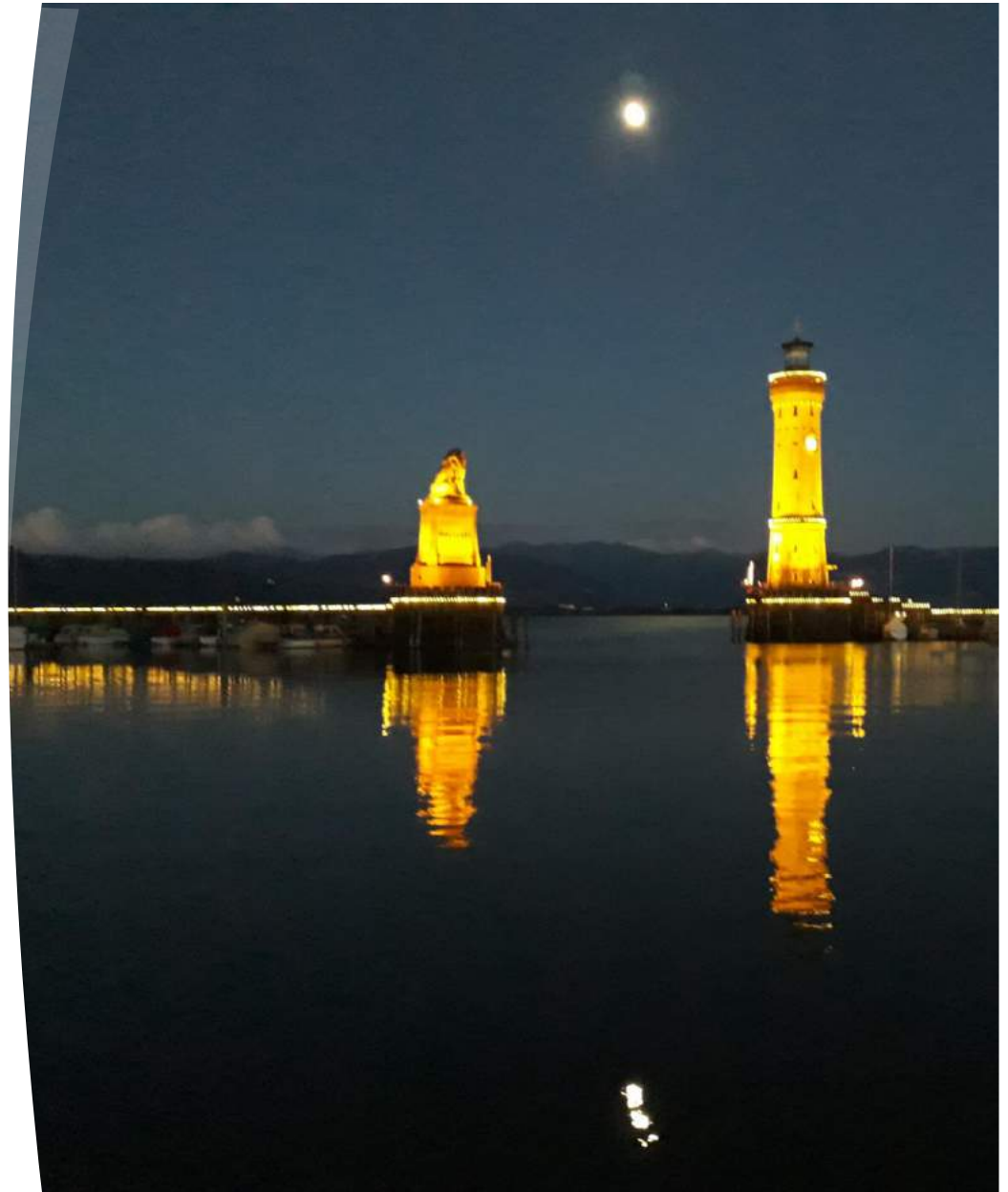


OUT OF HOURS

**REGISTRAR
INDUCTION**

**DR ROSEMARY
GINNS**



Programme

- ▶ OOH – competency-based training
- ▶ Do we still have to do OOH?
- ▶ How to demonstrate your OOH training competencies
- ▶ Organising registration and OOH Sessions with Care UK
- ▶ How OOH is organised locally

What are the key changes to OOH training?

- ▶ A move away from counting the number of hours worked OOH, to an approach that looks at the number of competencies trainees have reached whilst working in a variety of OOH locations

How many hours of UUSC do ST3 trainees now need to complete during their training?

- ▶ There is no longer a minimum or maximum required number of hours
- ▶ The emphasis in the new guidance is on achieving competence with quality evidence
- ▶ Some evidence could be demonstrated during unscheduled work 'in hours'.

How many hours of UUSC do ST3 trainees now need to complete during their training?

- ▶ There is clear national guidance that Deanery cannot stipulate a minimum number of hours worked outside the practice setting
- ▶ We do know that it used to take most trainees around 72 hours in ST3 to achieve competence in all aspects of UUSC.

Do I still need to do OOH?

- ▶ Absolutely. All trainees still have to complete OOH training.
- ▶ Trainees still need to use the OOH setting to sign off appropriate competencies and all trainees must have the opportunity to experience delivery of OOH primary care in settings away from their usual place of practice.
- ▶ See <http://www.primarycare.severndeanery.nhs.uk/training/trainees/urgent-and-unscheduled-care-uusc/>

Reminder to Trainees and Trainers about Trainee Contract and EWTR

- ▶ When organising OOH shifts trainees are reminded about the European Working Time Regulations and the new Junior Doctors Contract and need to be compliant with these. The main features are:
 - ▶ a minimum of 11 hours continuous rest in 24 hours
 - ▶ You need to claim back the OOH time from your GP surgery.

Reminder to Trainees and Trainers about OOH work and EWTR

- ▶ So, if you work one evening 18.30 to 23.00 then shouldn't start seeing patients next working day until 10.00. You will need to claim back 4.5 hours from the surgery. If it is not possible or trainees do not wish to organise a late start, then an evening OOH shift could start at 19.00 or end at 22.00 as an alternative.
- ▶ If trainees plan to work an overnight shift these should only be booked for a Friday or Saturday night unless the trainee has arranged to take the following day off and if working on a Friday night they should ensure an adequate break between daytime work and starting an overnight shift.

Reminder to Trainees and Trainers about OOH work and EWTR

- ▶ It is the responsibility of trainees to let their practices know if they need to adjust their daytime practice working hours to be compliant. However, trainees still need to do their usual 40 hour working week so if starting late will need to make up the time elsewhere in the week or at a later date.
- ▶ Trainees need to remember that practices usually need at least a month's notice and ideally 6 weeks or more to re-organise surgeries as most will have surgeries open for booking at least a month in advance so re-organising surgeries at short notice is very time consuming.

Do ST1/2s need to do UUSC work?

- ▶ The new guidance does not make a formal stipulation as to what should happen over each of the three years of training but expects all trainees to have achieved competence by the end of ST3.

Achieving Competency in OOH – ST1 and 2

- ▶ Start to familiarize yourself with the breadth of UUSC in the area during GP placements in ST1 or 2.
- ▶ This could include observation of others (counts towards weekly educational time - see next slide) or experience working with urgent care providers (which may count towards weekly clinical time).

Achieving Competency in OOH – educational time ST1 and 2

Additional Approved OOH experiences as educational time

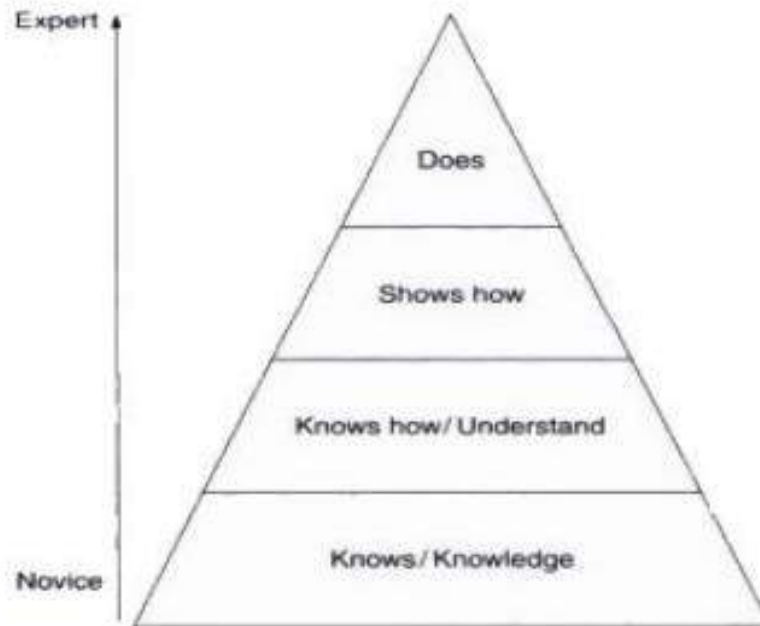
- ▶ Walk in Centre – with an approved clinical supervisor
- ▶ Ambulance-1 shift with paramedic crew
- ▶ NHS Direct – 1 shift observing
- ▶ Mental Health Crisis Team – 1 shift
- ▶ Telephone Triage Course – 1 session
- ▶ As provision and services continue to evolve trainees can apply to their local OOH Deanery Lead for prospective approval for specific OOH opportunities that might arise

Achieving Competency in OOH ST1 and 2

- ▶ By the end of ST1/2 you should be able to turn up to OOH, log in, know how to use OOH computer, telephone recording and be confident to start seeing patients at a level of supervision to be agreed with your supervisors

How to demonstrate your OOH training competences e.g. Miller's Pyramid

Developing Capabilities – A Guide



COT

CBD

Reflection

Lecture

Levels of supervision

- ▶ Progression through:
- ▶ Observation (Mainly ST1-2) *[educational time]*
- ▶ Direct supervision (**ST1/2** – early ST3) *[clinical time]*
- ▶ Indirect supervision (ST1/2-**ST3**)
- ▶ Remote supervision (**ST3**)

- How to demonstrate your OOH training

- **How does a supervisor and their trainee decide what level of supervision they should be working at on each shift?**

- At the start of each shift the supervisor and trainee should sit down to discuss the supervision level they both feel is appropriate.

- It is expected that the trainee will provide the supervisor with an updated copy of their training passport preferably before but at the latest at the start of each shift to support this conversation.

How to demonstrate your OOH training

- ▶ **How does a supervisor and their trainee decide what level of supervision they should be working at on each shift?**
- ▶ Factors to consider are previous UUSC experience, level of supervision at in hours work at that time, familiarity with the provider set up/shift type/IT etc.
- ▶ NB Workload should not directly impact the decision regarding level of supervision.
- ▶ I.e. it is NOT a reason to relax supervision if it would not otherwise have been felt to be appropriate for that trainee.

- How to demonstrate your OOH training

If there is any discrepancy between registrar/supervisor opinion regarding supervision level, it would generally be expected that they would start the shift at the highest level of supervision requested, but then consider progressing to less supervision if both parties were happy following further discussions.

How to demonstrate your OOH training

- ▶ If a trainee did not have a passport to share with their supervisor before or at the start of the shift it is possible that this could lead to a compromise in the quality and level of training provided.
- ▶ In the absence of an updated passport the supervisor/provider reserves the right to alter the shift to enable them to feel comfortable with the trainee and their capabilities.

6 UUSC competencies that to be achieved (with evidence) by end of ST3

- Ability to manage common medical, surgical and psychiatric emergencies
- Understanding the organisational aspects of NHS out of hours care, nationally and at local level
- The ability to make appropriate referral to hospitals and other professionals
- The demonstration of communication and consultation skills required for out of hours care
- Individual personal time and stress management
- Maintenance of personal security, and awareness and management of security risks to others

Practical Tips

- The UUSC log sheet should be completed by a trainee at the end of each UUSC shift.
- This form should then be signed by the UUSC clinical supervisor. The completed form should then be uploaded to the e-portfolio as an OOH log entry.
- Reflections can be written on this form or in the e-portfolio entry.

How to demonstrate your OOH training

- ▶ The OOH log entry section of the e-portfolio should then be linked to the UUSC passport.
- ▶ **CBDs, COTs and audio COTs can be completed during an UUSC shift:**
Workplace based assessments should reflect the full scope of training. As a result, we would encourage trainees to complete a proportion of these assessment in the UUSC setting.

Type of session (e.g. base doctor (including walk-in centre), visiting doctor, telephone triage, minor injuries centre) PCC 12/8/2019 0800 - 1300

Type of cases seen and significant events

Admitted 55 yrs patient with chest pain

Gave advice to nurse practitioner who asked about a patient with a rash

Spoke to cancer patient with Special Patient notes

This session provides evidence for which UUSC competencies. (please refer to the competency record for competencies and circle all that are relevant making brief, anonymous, notes to support this) 1, 2, 3, 4, 5, 6.

Use of IT (general Competency); Working with Colleagues (OOH competency); Ability to make appropriate referrals to hospitals and other professionals in the out-of-hours setting (OOH Competency_

Learning areas and needs identified (to be discussed with trainer)

Look up NICE guidelines on chest pain; Please see e-portfolio for further evidence of completion.

Debriefing notes from Clinical Supervisor. Good use of Adastr. I think now competent to work face to face without direct supervision. I agree with competences shown

Signature of Clinical Supervisor

R Ginns

Date 12/8/2019

- Example of passport which you should maintain and maybe save in an email

Competency	1. Ability to manage common medical, surgical and psychiatric emergencies in urgent or unscheduled care setting <small>(At least three items of evidence required - one for each category)</small>		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	
Evidence	Type	Date	Type	Date	Type	Date
1	CBD	6/2/2016	Learning Log - Urgent/Unscheduled Care Log	7/2/2017	Learning Log - Urgent/Unscheduled Care Log	5/3/2017
2	Learning Log - Urgent/Unscheduled Care Log	4/5/2017	Learning Log - Significant Event	6/2/2018	Learning Log - Urgent/Unscheduled Care Log	8/25/2018
3	Learning Log - Urgent/Unscheduled Care Log	6/14/2017	Learning Log - Urgent/Unscheduled Care Log	10/2/2018	Learning Log - Urgent/Unscheduled Care Log	9/1/2018

- How to demonstrate your OOH training

4. The demonstration of communication and consultation skills required for urgent, unscheduled or out of hours care		5. Individual personal time and stress management		6. Maintenance of personal security, and awareness and management of security risk to others	
Type	Date	Type	Date	Type	Date
Learning Log - Urgent/Unscheduled Care Log	5/1/2017	Learning Log - Urgent/Unscheduled Care Log	5/1/2017	CSR	4/1/2016
Learning Log - Urgent/Unscheduled Care Log	6/1/2017	Learning Log - Urgent/Unscheduled Care Log	9/1/2018	Learning Log - Professional Conversation	7/3/2016
CSR	6/3/2019	Learning Log - Urgent/Unscheduled Care Log	10/3/2018	Learning Log - Urgent/Unscheduled Care Log	5/3/2019

EXAMPLE OF OOH WORKBOOK

- ▶ Recognised blood in stool could be potentially harmful but when seeing the child communicated effectively that not ill. Arranged appropriate follow up with own GP by asking to take sample in and wrote this in the summary. Made use of time and resources appropriately. Ref
- ▶ Recognised child green on the NICE fever child protocol. Offered empathy and understanding to mum. Explained why safe to be at home and safety netted. Comm
- ▶ Made appropriate diagnosis of fungal rash. Acted professionally by supporting the patient's own GP's actions which had been very appropriate. Communicated well the plan and suggestions for skin scraping and continuing fungal cream after rash gone.

EXAMPLE OF OOH WORKBOOK

- ▶ Made appropriate assessment of the ear. Made an appropriate referral to ENT for follow up via sho on call. Communicated plan to patient.
- ▶ Recognised that the patient was after reassurance rather than a review. Communicated empathically over the phone why the breast lump should be seen by own GP.
- ▶ Recognised the symptom of chest infection in a patient with co morbidities is potentially serious. Recognised that adequate communication and info gathering not possible on the phone due to learning difficulties. Made use of home visit appropriately. Made the decision in a timely fashion and met the patient's expectations.

Current Selections

- Professional Competences 1 Communication and consultation skills
- Professional Competences 3 Data gathering and interpretation
- Professional Competences 4 Making a diagnosis/decisions
- Professional Competences 5 Clinical management
- Professional Competences 8 Working with colleagues and in teams
- Curriculum Statement Headings 3.2 Patient Safety
- Curriculum Statement Headings 4.2 Information Management and Technology
- Curriculum Statement Headings 8 Care of Children and Young People
- Curriculum Statement Headings 15.2 Digestive problems
- Curriculum Statement Headings 15.4 ENT and facial problems
- Curriculum Statement Headings 15.10 Skin problems

EXAMPLE OF E-Portfolio OOH log

Date	20/01/2011	GREEN
Type of OOH session	5 hours Dilk memorial hospital	
Name of Supervisor	Dr T Iench	
What did you learn?	See attachment	
What will you do differently in future?	see attachment	
What further learning needs did you identify	see attachment	
How will you address these in future	see attachment	
Shared? :	Yes	
Record created	24/01/2011 22:44:22	
Comments	Dr Jonathan Layzell (GP Trainer) [31/01/2011 21:58:20] Good	

Organising CARE UK Registration and OOH Sessions.

- You have the option of linking with Care UK or BrisDoc for
- Severn GP School would normally expect a majority of this work to be undertaken in the patch that the trainee is based for their training.
- This talk is going to be about working for Care UK but the principles should be the same for BrisDoc work.

Organising CARE UK Registration and OOH Sessions.

- ▶ Care UK holds the OOH contract

- ▶ England's largest independent provider of NHS services, delivering more than 70 different healthcare services throughout the UK.

- ▶ **Secondary care services...**

- ▶ Hospitals

- ▶ Clinical Assessment and Treatment Services (CATS)

- ▶ Diagnostics

- ▶ **Primary Care services...**

- ▶ GP services

- ▶ Health in justice - prisons, sexual assault referral centres and youth offender establishments.

- ▶ NHS 111

- ▶ Out-of-hours

- ▶ Urgent care

- ▶ Integrated urgent care

Organising CARE UK Registration and OOH Sessions.

- You need to fill out the following forms to be registered to attend Care UK OOH sessions:
 - Honorary Contract
 - Registrar contact details
- These forms should be forwarded to Care UK:
 - Gloucestershire.RotaTeam@Careuk.com

Organising CARE UK Registration and OOH Sessions.

- ▶ You should receive an email confirming your Care UK login/password and your Adastra login/password.
- ▶ Your Smartcard should have been updated to allow access via an additional role (Gloucester health access). With this you can access summary care records and log on to Adastra (instead of using your password, if you wish)
- ▶ CARE UK will also send you a login/password to access the GP online rota which is how you choose shifts

Organising CARE UK Registration and OOH Sessions.

- ▶ If you are not sent the three logins and passwords (see previous slide) within 2 weeks, contact the local Gloucestershire team: lisa.divito@careuk.com
- ▶ Copy the email to Jeevan.kulkarni@CareUK.com

Organising CARE UK Registration and OOH Sessions.

- ▶ With the Rotamaster website you can choose and request shifts up to 2 months in advance with a Clinical Supervisor. However you need to wait for an email to confirm you chosen shifts.
- ▶ <https://careuk.rotamasterweb.co.uk>
- ▶ You will also be able to check on booked shifts and cancel shifts.
- ▶ If problems e.g. no reply to a request or problems using Rotamaster, email gloucestershire.RotaTeam@Careuk.com

Organising CARE UK Registration and OOH Sessions.

- ▶ When you have booked a shift, do make contact with the clinical supervisor
 - ▶ Courtesy
 - ▶ Practicalities
 - ▶ Provide contact details, passport
- ▶ If you subsequently find yourself unable to attend:
 - ▶ Cancel the shift for the sake of your registrar colleagues
 - ▶ Let the clinical supervisor know
 - ▶ Otherwise they are supposed to inform your educational supervisor
 - ▶ Short notice cancellations should have a good reason!

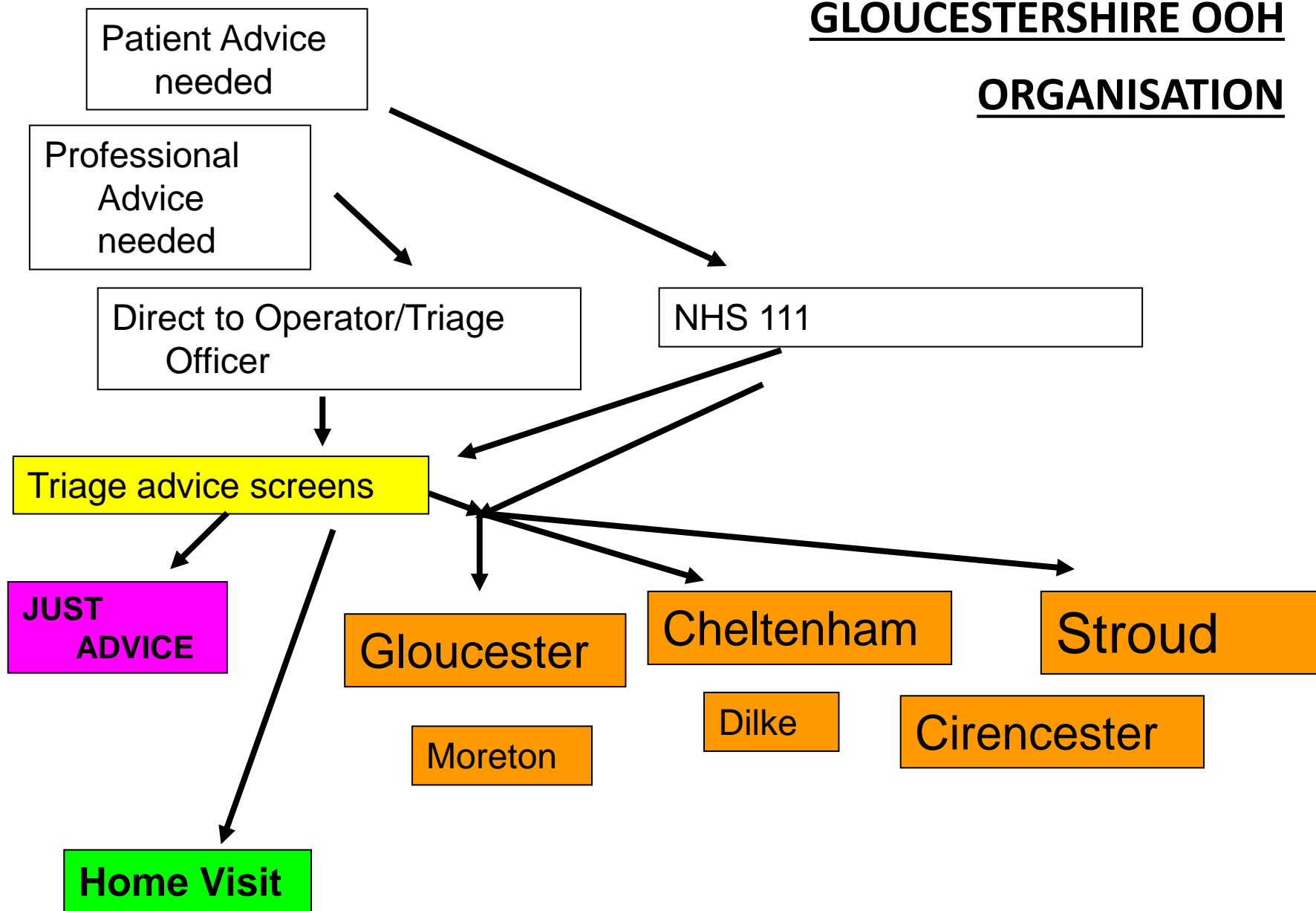
Organising CARE UK Registration and OOH Sessions.

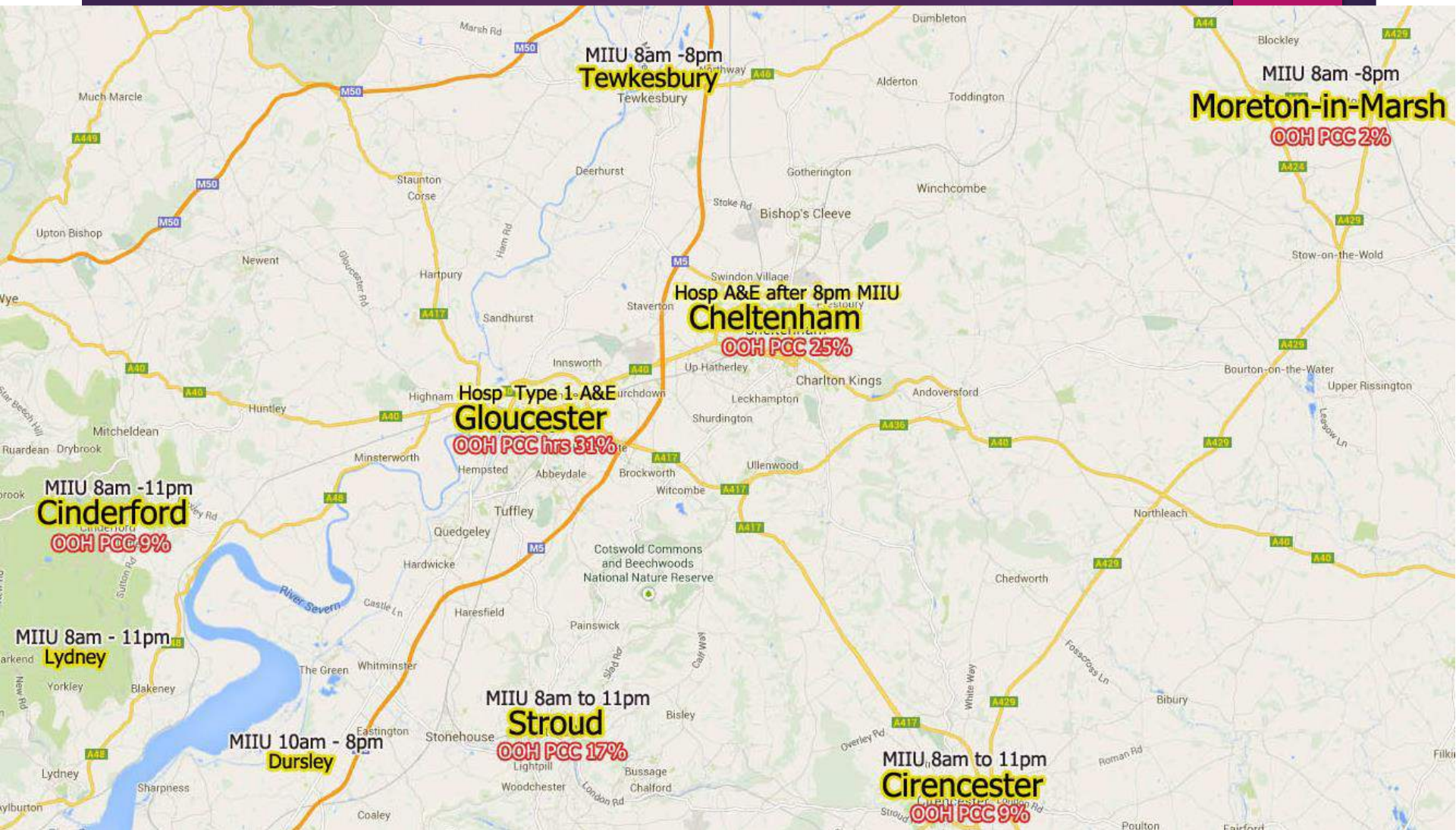
Mobile doctor shifts

- ▶ In Gloucestershire it is difficult to get a large number of mobile sessions. On a typical 5 hours session you may only see 4 patients
- ▶ You should try to do at least one
- ▶ Jeevan Kulkarni is the Medical Lead for OOH and does frequent sessions at the weekend. Choose sessions via Rotamaster.

GLOUCESTERSHIRE OOH

ORGANISATION





National targets

The main ones for OOH are:

1. Paramedic calls (they are waiting at patient's house) have to be assessed by clinician within 20 mins.
2. Palliative Care patients have to be assessed within 20 mins.
3. NHS 111 calls have to be assessed within 1/2/6/12/24 hours.
4. Walk-ins have to be assessed within 20 mins- send to ED.
5. Routine triaged patients have to have face to face consultations (home visit or treatment centre) within 6 hours, and urgent patients within 2 hours.

GMC Good Medical Practice

Duties of a Doctor

- ▶ You must recognise and work within the limits of your competence.
- ▶ You must provide a good standard of practice and care
- ▶ You must report adverse incidents
- ▶ You are responsible for the prescriptions you sign and your decisions and actions when you supply and administer medicines and devices or authorise or instruct others to do so.
- ▶ And more...!

Using Adastra

- ▶ You will be shown how to use Adastra at your first shift
- ▶ The important thing to do is type quickly and accurately.
- ▶ The next slide shows an example of how text might look in Adastra after a patient has spoke to a call operator, failed to answer telephone calls, has been triaged and finally assessed by a triage GP

►CONSULTATION EXAMPLE

►“PATIENT HAS MANAGED TO GET HIS NORMAL PHONE SO PLEASE RING ON THE LISTED NUMBER - THANK YOU

►patient unable to get to his land line, has called on his mobile but cannot remember the number

►currently lying on the bed, unable to

►has been vomiting

►has taken an 'ace' drug with nurofen and thinks this has caused him to feel so unwell

►is a physiotherapist and would like to discuss pharmacology with GP please

►triage by XYZ

► been on ramipril 3m for bp, 2.5mg. felt dizzy when taken earlier than at night. was on nsaid -nurofen. had nsaid, beer on saturday. felt dizzy since.stopped ramipril saturday. today took nurofen again. started spinning-vertigo like symptoms along with urti like symptoms. worried it may be medication related

►symptoms sound like viral labyrinthitis, not medication

►adv otc buccastem.when able to restart ramipril do so at night as 1st dose effect may cause probs.”

Working in OOH

- ▶ IT competence
- ▶ Guidelines – which to use, when to follow guidelines
- ▶ Store useful guidelines for future use.
- ▶ Consider the competence of nurse practitioners, ECPs and Paramedics.

Store Useful
photos in your
mobile phone

		HIGH	MODERATE to HIGH	LOW	
RESPIRATORY					
Resp rate (breaths per minute)	<1y	60+	50-59	No higher risk criteria met	
	1-2y	50+	40-49		
	3-4y	40+	35-39		
	5y	29+	24-28		
	6-7y	27+	24-26		
	8-11y	25+	22-24		
	12y+ and adults	25+	21-24		
O2 sats	<5y	<90%	<91% air		
	5-11y	<90%	<92%		
	12y+ and adults	New need for O2 to maintain sats >92% (or 88% in COPD)	-		
Other	<5y	Grunting, apnoea	Nasal flaring		
CARDIAC					
Heart rate (beats per minute)	<1y	160+ (or <60)	150 – 159	No higher risk criteria met	
	1-2y	150+ (or <60)	140 – 149		
	3-4y	140+ (or <60)	130 – 139		
	5y	130+ (or <60)	120 – 129		
	6-7y	120+ (or <60)	110 - 119		
	8-11y	115+ (or <60)	105 - 114		
	12y+ and adults	>130 (or <60)	91 - 130		
	Pregnancy	-	100 - 130		
Blood pressure	12y+ and adults	SBP <90 or >40mmHg below normal	SBP 91 - 110mmHg		
	≤11y	No recommendations			
Cap Refill Time	≤11y	No higher risk criterion	3sec+	-	
	12y+ and adults	No recommendations			
Urine Output	≤11y	-	Reduced urine output	-	
	12y+ and adults	No PU in 18hrs, or <0.5ml/kg/hr if catheter	No PU in 12-18hrs, or 0.5-1ml/kg/hr if catheter	-	
TEMPERATURE					
	<3m	38°C+	<36°C	-	
	3-6m	39°C+	<36°C		
	>6m	No higher temp	<36°C		
SKIN					
	All ages	Mottled or ashen	Signs of potential infection	Normal colour	

Store Useful links in your mobile phone

Upper Respiratory Tract

Lower Respiratory Tract

Urinary Tract

Meningitis

Gastrointestinal Tract

Genital Tract

Skin & Soft Tissue

Eye

Dental

Big 6 – G-Care

Why do OOH? Cons

- ▶ May not want to do OOH long-term
- ▶ It's a bit like ED and I hated working there
- ▶ No previous knowledge of patients
- ▶ Evenings and weekends

Why do OOH? Pros

- ▶ Useful alternative view of general practice with a different case mix
- ▶ Extensive kit, well supported
- ▶ No paperwork – do the shift then go home!
- ▶ No continuity!
- ▶ Broad opportunities for learning and gaining UUSC competencies and COTS, audio COTS etc
- ▶ Reliable source of flexible income in future
- ▶ Also useful for those who will be locuming – similar lack of previous knowledge of patients

PROBLEMS???

- ▶ **If you don't tell us we can't help...**
- ▶ Care UK Contacts:
- ▶ Rosemary Ginns (educational lead)
 - ▶ rosemaryginns@btinternet.com
- ▶ Jeevan Kulkarni (medical lead)
 - ▶ Jeevan.Kulkarni@careuk.com
- ▶ Lisa Divito (for organisational issues)
 - ▶ Lisa.Divito@careuk.com
- ▶ Gloucestershire.RotaTeam@Careuk.com (for rota questions)

Thanks for listening!
Any questions?



