Newham
GP Co-operative


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# REGISTRAR TRAINING PACK

**Updated May 2018**

# NEWHAM GP CO-OPERATIVE LIMITED

# REGISTRAR TRAINING POLICY

## 1. Out of hours Deanery and Local Requirements

Each ST3 needs to attend 12 sessions of around 6 hours in their 12 month programs. Each ST1 or ST2 doing a GP or ITP post is required to do 6 sessions over 6 months, this is to cover the training requirements. It also allows the specific experience and skills of out of hours to occur and develop. All registrars must have their Adastra log-in and this should be used so that there is an audit trail of their work.

Each session should be supervised to a degree appropriate for the development of the learner, this is to ensure patient safety. Supervisors should be experienced in working in Out of Hours, and be comfortable supervising. Each session should be recorded on the proforma, and any issues raised, brought back to their practice trainer. If time allows, appropriate hot topic teaching can take place, but this is not expected. Advice on safe management is obviously essential.

With regard to training for out of hours care, it is recommended that:-

The five core competencies of out of hours experience are specifically addressed during the registrar year.

The necessity for out of hours experience should be addressed within the initial assessment of a registrar's learning needs and be revisited through formative assessment with the aim of developing confidence and competence in this area.

A log of all out of hours contacts should be maintained by the registrar.

Appropriate educational supervision must be available for all out of hours cover including Co-op sessions. Registrars must be aware at all times of how to access this provision. The patch Associate Director can advise on the appropriateness of such supervisions.

Trainers may also want to incorporate a specific clause relating to out of hours training into the registrar's Contract of Employment.

In signing the trainer's report and VTR1, trainers must be confident that the GP registrar is competent in the delivery of out of hours care.

Registrars will not receive additional payments for out of hours work as the salary of GP registrars includes a substantial out-of-hours component. Trainers may need to remind registrars of this fact.

**Registrars need to ensure that they have all medical equipment that is required for a session i.e. stethoscope, thermometer, sphygmomanometer, and otoscope etc.**

## 2. Out of hours Experience of GP Registrars

The requirement for out of hours experience for GP Registrars has been adapted over the years in response to changing patterns of out of hours provision. They have to balance the need for experience against the dangers of exploitation of registrars by their practices. The new GP contract makes a clear distinction between normal general practice and the out of hours care, which becomes the responsibility of Primary Care Trusts and the range of out of hours provision now available means that registrars need to gain sufficient experience of the different settings where it takes place. A flexible approach is also required to meet registrars' varying educational needs.

Out of hours is normally considered to mean medical care delivered at weekends, bank holidays and between 6.30 pm and 8.00 am on weekdays.

## The competencies of General Practice out of hours care

A number of core skills and competencies can be identified that are necessary for the performance of out of hours care. GP registrars should be equipped with these competencies on completing training regardless of their intentions relating to future provision of out of hours care. Out of hours experience during the registrar training period should be directed towards the attainment of these.

The five out of hours competencies are as follows:-

| | | |
|---|---|---|
| 1. | **The ability to deal with medical emergencies**. E.g. management of acute chest pain, diagnosis and management of dissecting aneurysm, sectioning an aggressive patient, suspected meningitis – the list is endless. | *Even caring for large numbers in a Co-op no registrar will ever see every possible emergency. The training process must address this knowledge base theoretically what ever the registrars out of hours experience.* |
| 2. | **The ability to use the "system" out of hours**. E.g. admitting patients at weekends, assessing support services, use of the ambulance service, etc. | *This competence is most effectively acquired through out of hours sessions, either for the practice or the local Co-op.* |
| 3. | **An understanding of the organisational aspects of NHS out of hours care**. E.g. different method of delivery (Co-op, deputising service practice), walk-in centres, NHS Direct. | *A variety of experiences will help equip the registrar to function in any future situation.* |

| 4. | **Effective communication skills for out of hours care.** E.g. use of telephone consultations, lack of medical records, communicating with other doctors. | *Telephone consultation is a difficult skill frequently practised out of hours.* |
|---|---|---|
| 5. | **Self-care in out of hours care.** E.g. time management, stress management | *Again, this is best accomplished by reflection on direct experience.* |

# 3. Clinical and Clinical Supervisors

3.1 The clinical supervisor is responsible to the Deanery via the trainer for:-

3.1.1 Supporting the GPST so that s/he can provide the appropriate standard of care.
3.1.2 Helping the GPST to gain appropriate educational benefits from each encounter.
3.1.3 Providing feedback on the GPST's performance and learning needs to the trainer.

3.2 Clinical supervisors must help GPSTs to take on the responsibilities of GPs, to make diagnostic and management decisions like GPs and to undertake all the medical and medico-legal roles of GPs. This can only be done if the clinical supervisor is a GP. This should normally be the case.

3.3 The clinical supervisor should be an experienced GP, with a minimum of 12 months experience post completion of their own training, and more would be usual.

3.4 All clinical supervisors must be able to teach although they will not necessarily require the educational expertise required of GP trainers. The following will generally be considered fit for purpose:-

3.4.1 GP trainers, GP associate directors and Speciality Training Programme Directors
3.4.2 Accredited FY2 supervisors
3.4.3 Holders of postgraduate certificates, diplomas or degrees in education.
3.4.4 Previous participants in the Deanery's clinical supervisor training.
3.4.5 Doctors with significant teaching experience (postgraduate or undergraduate) within the last five years, subject to the approval of the patch Associate GP Director.
3.4.6 Those GPs who have undertaken the Introduction to Teaching in Primary Care who from 2010 should in addition undertake an approved OOH supervision course.

3.5 The GP clinical supervisor must have the time and opportunity to discuss aspects of the case pertaining to general practice after the event.

3.6 Clinical supervisor will be re-approved every 3 years when evidence of regular updating and reflection will be assessed by the patch AD.

3.7 The OOH provider should also have a system of review, the purpose of which is to help clinical supervisors to reflect upon and develop their educational skills (*desirable).* Activities such as regular workshops for clinical supervisors and learner feedback should enable improvements in the provisions of training.

3.8 Instances of adverse feedback should be discussed with the OOH organisation's educational lead and patch AD in view of the responsibility of both their respective organisations involvement in providing the OOH training.

**Progressing in GP Training OOHs: Word Pictures for 'Traffic Light' Competencies**

This document supports the training of GPSTs in the OOH setting and should be read in conjunction with deanery documents 'GP Training in the OOH setting' (LINK) and 'GP Training Assessment Guide for OOHs' (LINK), the 2010 statement produced by UK GP Deans COGPED document (LINK), the GP Curriculum Guide (LINK) and documentation produced to support GP trainees by local OOH providers

The document provides guidance for Trainers, OOH Supervisors and Trainees regarding the learning outcomes offered by the OOH setting and also how these may be utilised to establish the level of supervision trainees require and to support WPBA judgements. The level of supervision, Red (direct), Amber (close) or Green (light) proposed in the COGPED document have been adopted by all deaneries, but there remains some uncertainty regarding the criteria for making these judgements. This documents attempts to address this through the assessment of learning goals. Some of these goals may be 'taught' and assessed in-hours creating a link for those trainers who do not work in the OOH setting. This is detailed further in the GP Training Assessment for OOHs document LINK.

This document will be reviewed in the light of feedback from users in 2014. Please e-mail your comments to Victoria.beckhurst@southwest.nhs.uk

## Level of supervision – RED

**Includes trainees attending their first or second shift. Most ST3s with previous recent experience may enter at Amber. Trainees undertaking a remedial training extension would start here. In practice, many supervisors supervising an unknown trainee will perform a brief session of observation at the beginning of a shift, before the trainee progresses to consult independently for the majority of the shift (amber or green)**
**Supervision- DIRECT (joint surgery format)**

1. Trainee observes Supervisor
2. Trainee progressively takes clinical responsibility for a caseload initially under direct observation (to include face-to-face consults and telephone triage)
3. Trainee consults separately reporting to Supervisor to agree a management plan prior to completing consult

### Leaning Goals: Clinical

1. Gain a basic understanding of the management of common medical / surgical / psychiatric conditions OOHs (see RCGP statement 3.03 Care of Acutely Ill People)
2. Understand the basic organisational aspects of NHS OOH care (From Induction)
3. Reflect on patient referrals and contacts with other health professionals and discuss with Supervisor/Trainer on case by case basis.
4. Strengthening communication skills with emphasis on effective telephone triage
5. Understand call priorities, to include local and national targets 20 minutes and 1 hour call back.
6. Awareness of personal time and stress management
7. Common sense approach to personal security and awareness of security risks to others OOHs

### Learning Goals: Logistical

- Login to OOH computer system using personal login
- Understand how to open, input clinical data, forward and result calls.
- Prescribe safely and appropriately using the OOH computer system
- Understands importance of using recorded telephone line
- Know where to seek advice re: systems( lost passwords / if forwarded case wrongly etc)

**Assessment: Going from RED to AMBER.**

The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer taking into account reports from the OOH Supervisor (recorded on the trainee OOH Record Sheet and focussed on the relevant learning goals), knowledge of the trainees previous experience, their exam performance and their own experiences working with the trainee in-hours. For a trainee to move from RED to AMBER there should be evidence that they have reached the above learning goals. This evidence may be obtained from a number of sources:

- ✓ OOH Record Sheet
- ✓ COTs – in-hours and OOHs

- ✓ CbDs – in-hours and OOHs
- ✓ E-portfolio
- ✓ Informal discussion
- ✓ Tutorials
- ✓ Joint surgeries
- ✓ Examination results

The judgement must be recorded on the Trainees OOH Record Sheet (thereby informing the OOH Supervisor covering the trainee's next shift) and as a comment to the OOH log entry on the Trainee e-portfolio.

## Level of supervision- AMBER

**Includes the majority of ST1/2 shifts and initial two ST3 shifts. Trainees undergoing a remedial extension to training might require this level of supervision for longer than other ST3s**

### Supervision –CLOSE

1. Trainee consults separately, with supervisor immediately available for discussion of cases and progression to joint consultation where appropriate ( includes visits)
2. Trainee is observed for some consultations/ telephone triage calls for learning
3. Trainee may consult independently with access to advice on organisational aspects of OOH care which may be provided by non-supervisors

### Leaning Goals: Clinical

1. Gain an increasing understanding of, and competency in the management of common medical, surgical and psychiatric emergencies OOHs and develop skills in how to manage some of these in the OOH setting
2. Explain the common organisational aspects of OOH care, to include:
    a. Location / set up and staffing of bases and how to find out if unsure
    b. MDT available in OOH e.g. MIU / Psychiatric support / District Nurses / Rapid Response and Pharmacies and how to access them
    c. How communication is made to GP surgeries the following day
3. Demonstrate enhanced consulting skills in telephone triage, to include:
    a. Establishing rapport, eliciting patient's 'ICE', use of appropriate language.
    b. Appropriately managing communication with third party
    c. Exercise communication skills for assessing the 'urgency' of a presentation
    d. Recognition and management of clinical red flag symptoms and signs
    e. Performing 'safety netting', an awareness of telephone triage 'risk' and its management
    f. What to do when a call is going 'wrong'
    g. Managing failed calls- patient engaged or not answering
    h. Forwarding calls for visits / TC / DN input
4. Recognise factors involved in the safe and appropriate referral of patients in the OOH setting drawing on discussion with supervisor
5. Demonstrate appropriate delegation to allied professionals for dressings / social care.
6. Operate safe prescribing: to include controlled drugs and drugs of abuse
7. Recognise the importance of time and stress management working OOHs, during shifts and when planning shifts. Awareness of EWTD.

### Learning Goals: Logistical

- Largely competent in use of OOH computer systems with occasional questions as to logistics etc
- Knowledge of base 'geography' to include location of emergency equipment and stock medications
- Demonstrate issuing of stock medications

## Assessment: Going from AMBER to GREEN.

**The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer taking into account reports from the OOH Supervisor (recorded on the trainee OOH Record Sheet and focussed on the relevant learning goals), knowledge of the trainee's previous experience, their exam performance and their own experiences working with the trainee in-hours. For a trainee to move from AMBER to GREEN there should be evidence that they have reached the above learning goals. This evidence may be obtained from a number of sources:**

- ✓ **OOH Record Sheet**
- ✓ **COTs – in-hours and OOHs**
- ✓ **CbDs – in-hours and OOHs**
- ✓ **E-portfolio**
- ✓ **Informal discussion**
- ✓ **Tutorials**
- ✓ **Joint surgeries**
- ✓ **Examination results**
- ✓

**The judgement must be recorded on the Trainees OOH Record Sheet (thereby informing the OOH Supervisor covering the trainee's next shift) and as a comment to the OOH log entry on the Trainee e-portfolio.**

## Level of supervision – GREEN

**Includes the majority of ST3 shifts and all ST4 shifts. An exceptional ST2 may also perform some shifts at this level.**

**Supervision: 'LIGHT'**

1. Trainee manages caseload independently
2. Supervisor available for discussion of problem cases (rarely joint consultations)
3. Trainee observed in joint consultations/telephone triage for learning when time available
4. Trainee generally able to operate all the organisational aspects of care
5. Trainee may perform visits 'solo', with supervision from base. The decision to go 'solo' is the supervisor's decision and must be based evidence of competence.

### Learning Goals: Clinical

1. Competent in managing common medical, surgical, paediatric, obstetric and psychiatric emergencies in OOH, including:
   a. Developing competence in the management of patients with Palliative care needs (RCGP curriculum statement 3.09 – End of Life Care)
   b. Verification of expected and unexpected deaths
2. Good understanding of Organisational aspects of OOH care; demonstration of the use of available resources effectively and efficiently
3. Performs and records reflective accounts on the safe and appropriate referral of patients to hospital and other allied professions
4. Competent in telephone triage and developing further telephone triage skills to include:
   a. The negotiation of TC attendance where appropriate
   b. Managing patient expectations and reaching a shared agreement
   c. Handling frequent callers appropriately
   d. Understanding how geography and workload influence triage outcomes (999 / Urgent Visit / TC)
   e. Triaging out of area – establishing who and what's available
   f. Management of telephoned pathology results
   g. Managing logistical issues such as when a patient cannot be contacted
5. Consult competently under pressure with awareness of own limits of competence and seeks help accordingly
6. Develop awareness of situations where security may be threatened for self and others and takes appropriate actions to minimise risk:
   - Managing the angry patient whilst being mindful of patient safety issues
   - Knowledge of ( and exercising of when appropriate), systems covering the abusive patient
   - Appropriate collaboration with the 'team' (driver, shift manager, other healthcare staff) for advice and support

## Learning Goals: Logistical

- Good understanding of logistics of OOH organisation, which might include: characteristics of different bases, the geographical spread of bases, allied agencies and teams, role of Pharmacies and how to access this information.
- Competent and confident in using OOH computer system to include prescribing, locking patient files, accessing patient special notes etc

## Assessment: Gaining competency in WPBA through OOH experiences

**This final judgement concerns Work Place Based Assessment (WPBA) and draws on the evidence gathered during the trainees OOH and in-hours experiences, it is NOT just about ensuring the required number of OOH sessions have been logged on the e-portfolio. The Trainer in making this judgement will draw on reports from the OOH Supervisor (recorded on the trainee OOH Record Sheet and focussed on the relevant learning goals), knowledge of the trainee's previous experience, their exam performance and their own experiences working with the trainee in-hours. For a trainee to be judged competent in their WPBA, there should be evidence that they have reached the above learning goals many of which may have been demonstrated in-hours. Evidence may be obtained from a number of sources:**

- ✓ **OOH Record Sheet**
- ✓ **COTs – in-hours and OOHs**
- ✓ **CbDs – in-hours and OOHs**
- ✓ **E-portfolio**
- ✓ **Informal discussion**
- ✓ **Tutorials**
- ✓ **Joint surgeries**
- ✓ **Examination results**

**If a Trainer doesn't think that sufficient evidence is available to make a judgement concerning WPBA and that additional OOH sessions are required to generate this evidence, then the Trainee may be required to complete additional sessions. In these circumstances the WPBA requirements would need to be clearly stated and the number of additional sessions appropriate. In all such circumstances the local Associate GP Dean would be consulted.**

Many thanks to:

- Dr Adrian Pett for his input and the 'OOH Learning Checklist'
- Dr Robin Hollands and the Cheltenham Trainers Group for their 'Detailed Competency Guide to Supervision Progression' (Severn Deanery Website)
- COGPED Out of Hours (OOH) Training for GP Specialty Registrars, Revised Position Paper 2010
- The RCGP Curriculum Statement 3.03 'Care of the Acutely Ill Patient'

# Out of Hours Guide for GP Trainees

## 4 Key Messages

1. **Ensure that you record your out of hours shift in your e-portfolio by scanning the completed 'OOH Record' at the back of this guide and attaching it to a learning log entry.**
2. **Remember to ensure that the number of hours is recorded in the learning log entry title. Out of 36 in ST1/2 and 72 in ST3.**
3. **Review the word pictures and learning outcomes relating to the shift types and level of supervision, red/amber/green. Your Clinical Supervisor and Trainer will work with you to define which level you should be on.**
4. **Book your shifts in plenty of time and once booked make sure that you turn up.**

## Introduction

- Urgent and unscheduled work remains an essential part of Primary Health Care services and all General Practice Trainees must gain experience in this area, see the RCGP Curriculum Statement, Care of the Acutely Ill patient
- This includes Urgent and unscheduled work in normal GP working hours and in Out of Hours' (OOH) provision as appropriate in all Training posts.
- The RCGP require confirmation in the ESs Report (ESR) that the GP Trainee "Has met Out of Hours Session requirements" before the ARCP panel can recommend that Certificate of Completion of Training (CCT) can be issued.
- The GP Trainer/ Educational Supervisor (ES) must confirm in the final ESR that the GP Trainee is competent to practice independently in all areas of General Medical Practice including OOH.
- See the following link for the full COGPED (2010) Out of Hours Guidelines and document. http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~/media/Files/GP-training-and-exams/Certification%20files/Out-of-Hours-OOH-Training-for.ashx

## BMA Framework for a written contract of employment; Hours of Work

- Out of hours: the GP Trainer/ES will ensure that you have completed necessary out-of-hours experience in line with Chapter 7 of the RCGP Curriculum, 'Care of Acutely Ill People' and recorded this in your e-portfolio. This evidence will also be taken into account in the considering your progression (Annual Review of Trainer/ES report. The Trainer/ES should be able to facilitate the booking of out-of-hours sessions. Out-of-hours sessions should not normally be started before you have completed one month of employment at the practice, and should be completed in sufficient time for the enhanced Trainer/ES report to be completed on time and a 'Recommendation for Completion of Training' (usually 6 weeks prior to completing training). It is your responsibility to book and attend the required out-of-hours sessions within this window.
- You will be required to undertake sufficient out of hours experience to gain and demonstrate the required competencies. This should include a benchmark 6-hours of out-of-hours training for each month of full time equivalent placement in General Practice. An out-of-hours clinical supervisor will make him/herself available at all times when you are undertaking out-of-hours duties.

**Out-of-hours competencies and their assessment**

- GP Trainees must demonstrate competency in the provision of OOH care. The overall responsibility for assessment of competency remains the responsibility of the GP Trainer/ES but GP Trainees are required to document in their e-portfolio their experience, reflection and feedback across the competency domains.
- The competencies expected to be gained in Out of Hours Training are embedded within the RCGP Curriculum Statement on 'Care of acutely ill people'.

**The RCGP Curriculum**

- "GPs have a number of fundamental generic attributes which are the deeper features of being a generalist. These underpin the many behaviours that we see GPs demonstrating in the wide variety of contexts in which they work. The core competences which you will need to master in order to be a GP are grouped into six areas of competence and three essential features of you as a doctor. In the curriculum statements these are subdivided into specific learning outcomes."
- Assessment of the GP Trainee's competence will be judged against the criteria laid out in the RCGP Curriculum and will not be simply a matter of completing the contracted minimum number of required training hours
- The GP Trainer/ES should evaluate the e-portfolio evidence and formative feedback from clinical supervisors in the OOH organisation, validating competencies when satisfied that these have been achieved, and confirming that the GPStR has undertaken the required level of exposure commensurate with the length of the GP component of their training programme.

**ST3/GPStRs**

- All GP ST3 trainees are required to have completed at least 72 hours experience (as stated in the BMA Contract) by the end of their 12 month GP attachment (pro-rata for different time periods and in Less Than Full Time Training posts).
- This should be a balanced programme across the range of the acute GP Out of Hours services and should include, Telephone Triage and face to face clinics.
- There should be a minimum of at least 12 documented sessions in the e-portfolio

**Recording Sessions in E-portfolio**

- All GP Trainees are required to document training and learning in the e-portfolio and to enter relevant learning experiences from their OOH sessions in the Learning Log.
- Each OOH session should be recorded using the OOH paper record and learning form. The clinical supervisor should sign off each session on the paper record which should then be scanned into the e-portfolio.
- All OOH sessions (ST1/2 and ST3) must be documented, signed off by the Clinical supervisor and logged (scanned) into the e-portfolio using the OOH record form. This becomes the legal record and log of hours worked and will be subjected to probity checks.

**OOH Clinical Supervisors**

- All OOH C/S must either have attended a Deanery Organised Educational and Clinical Supervisors course (provided free by HETV) The GP Registrar will work under the supervision of a Deanery approved Clinical Supervisor, (CS), and only

undertake tasks to a level no greater than that to which the CS is personally responsible.

- If the trainee is undertaking the roles and responsibilities of a doctor, the CS must be a qualified Medical Practitioner on the National Performers List (NPL)
- Clinical Supervisors can be any suitably qualified health professional who has undertaken a Deanery approved Supervisors course unless they are already an approved
    - undergraduate Medical Student Teacher,
    - GP Trainer/ES

## Supervision Types

| Level/type of supervision | Word Pictures | Assessment by Trainer/CS | Learning Outcomes | Expected stage of training* |
|---|---|---|---|---|
| **Level of supervision - RED** *(Direct Supervision)* • Direct supervision of the trainee by the clinical supervisor. The trainee takes limited clinical responsibility • The model for direct supervision is based on graded experience with access to discuss any case for advice. | • Trainee observes OOH Clinical Supervisor • Trainee progressively takes clinical responsibility for a caseload (to include face-to-face consults and telephone triage) • Trainee consults separately reporting to Supervisor to agree a managemen t plan. • End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee | Guidance for assessing going from **RED** to **AMBER** • The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer/CS. • For a trainee to move from **RED** to **AMBER** there should be evidence that they have met the learning outcomes • Trainer/CS should discuss the RAG rating with the trainee | Learning Outcomes to be achieved for moving from **RED** to **AMBER** • Demonstrate an understanding of the basic organisational aspects of NHS OOH care • Show familiarity in working with OOH IT systems, including recording facilities and sources of IT help • Demonstrate safe and appropriate standards of data entry • Prescribe safely and appropriately using the OOH IT system • Demonstrate a basic understanding of the management of common medical / surgical / psychiatric conditions in OOH setting • Demonstrate a basic understanding of the provision of services available in OOH • Demonstrate telephone triage skills with emphasis on patient safety • Show Reflection on patient referrals and contacts with other health professionals and discuss with Supervisor/Trainer on case by case basis. • Demonstrate an appropriate approach to personal | *Months 1-of ST3 and 1-3 ST1/2.* |

| Level/type of supervision | Word Pictures | Assessment by Trainer/CS | Learning Outcomes | Expected stage of training* |
|---|---|---|---|---|
| | | | security and awareness of security risks to others<br>• Where a Trainer/CS has concerns regarding trainee progression towards amber an action plan developed (and recorded in the e-portfolio) to clarify what steps the trainee should take and how evidence of progression will be measured. | |
| **Level of supervision - AMBER**<br>*(Direct/Close Supervision)*<br>• Supervision of the trainee who consults independently but with the clinical supervisor (in the same building)<br>• The model for amber supervision is based on graded experience. | • OOH CS undertakes an initial review with trainee to review experience<br>• An accelerated process of direct observation of the trainee may take place at the start of the session<br>• Trainee routinely consults separately, with supervisor immediately available for discussion of cases<br>• Trainee is offered opportunity for observed practice to gain | Trainer/CS Guidance for assessing going from **AMBER** to **GREEN**<br>• The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer/CS<br>• For a trainee to move from AMBER to GREEN there should be evidence that they have met the learning outcomes<br>• Trainer/CSs should discuss the RAG rating with the trainee and should record this discussion and judgement in the educator notes of the trainee's e- | Learning Outcomes to be achieved for moving from **AMBER** to **GREEN**<br>• Demonstrate safe prescribing to include use of opiates and drugs of abuse<br>• Demonstrate a good understanding of the management of common medical / surgical / psychiatric conditions in OOH setting<br>• Demonstrate enhanced consulting skills in telephone triage, to include:<br>• Establishing rapport, eliciting patient's 'ICE', use of appropriate language<br>• Appropriately managing communication with third party<br>• Exercise communication skills for assessing the 'urgency' of a presentation | *Months 2-5 of ST3.*<br>3-6 of ST2 |

| Level/type of supervision | Word Pictures | Assessment by Trainer/CS | Learning Outcomes | Expected stage of training* |
|---|---|---|---|---|
| | feedback on performance<br>• End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee | portfolio.<br>• Where a Trainer/CS has concerns regarding trainee progression towards green the specific concerns should be shared with the trainee and an action plan developed (and recorded in the e-portfolio) to clarify what steps the trainee should take and how evidence of progression will be measured. | • Recognition and management of clinical red flag symptoms and signs<br>• Performing 'safety netting', and show awareness of telephone triage 'risk' and its management<br>• What to do when a call is going 'wrong'<br>• Managing failed calls- patient engaged or not answering<br>• Effectively forward patients to other appropriate sources of OOH help<br>• Demonstrate awareness of the factors that influence referrals in OOH setting<br>• Show level of reflection to include impact of experience of learning on future patient care<br>• Demonstrate evidence of effective working with OOH colleagues and services. | |
| **Level of supervision – GREEN** *(Indirect Supervision)* | The model for direct supervision is based on:<br>• Trainee manages caseload independently but with access to a supervisor.<br>• Supervisor readily available for discussion of | **Trainer/ES Evaluation:** The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer/CS<br>• Using evidence to support that they have met the learning outcomes and | Learning Outcomes for achieving OOH competencies for CCT<br>• Demonstrates competent and confident in using OOH computer system to include wide range of functions and applications<br>• Competent in managing common medical, surgical, | *month 6 onwards of ST3.* |

| Level/type of supervision | Word Pictures | Assessment by Trainer/CS | Learning Outcomes | Expected stage of training* |
|---|---|---|---|---|
| | problem cases<br>• Trainee generally able to operate all the organisational aspects of care<br>• Trainee may perform visits 'solo', with remote supervision<br>• End of session debrief with OOH CS | OOH competencies<br>• If a Trainer/CS doesn't think that sufficient evidence is available to make a judgement and that additional OOH sessions are required to generate this evidence, then the Trainee may be required to complete additional sessions. In these circumstances the requirements would need to be clearly stated and the number of additional sessions appropriate. In all such circumstances | paediatric, obstetric and psychiatric emergencies in OOH, including: • Developing competence in the management of patients with Palliative care needs (RCGP curriculum statement 3.09 – End of Life Care)<br>• Verification of expected and unexpected deaths<br>Competent in telephone triage and to include:<br>• Negotiation of type of contact offered<br>• Managing patient expectations and reaching a shared agreement<br>• Handling frequent callers appropriately<br>• Triaging out of area – establishing who and what's available<br>• Management of telephoned pathology results<br>• Managing logistical issues such as when a patient cannot be contacted<br>• Consult competently under pressure with awareness of own limits of competence and seeks help accordingly<br>• Demonstrate awareness of situations where security may be threatened for self and others and takes appropriate actions | |

| Level/type of supervision | Word Pictures | Assessment by Trainer/CS | Learning Outcomes | Expected stage of training* |
|---|---|---|---|---|
| | | | to minimise risk:<br>• Managing the angry patient<br>• Knowledge of ( and exercising of when appropriate), systems covering the abusive patient<br>• Demonstrate a comprehensive knowledge of colleagues providing OOH clinical, social and other services and evidence to demonstrate effective collaboration<br>• Demonstration of comprehensive reflection including critical self-reflection | |

*As a guide only and based on assessment by trainer.

**NEWHAM GP CO-OPERATIVE LIMITED**

**HEALTHCARE COMMISSIONING TARGETS**

It is essential that when you are seeing patients you are fully aware of these targets:

**For telephone ADVICE:**

1. URGENT patients must be triaged and call completed within 20 minutes.

2. 999 on completion of the call must be dealt with in 3 minutes.

3. All telephone calls should be triaged within 60 minutes. It is essential that telephone calls are prioritised so that they can be dealt with quickly.

**For patients attending the BASE:**

1. Patients logged as EMERGENCY must be consulted within 1 hour of their initial contact.

2. Patients logged as URGENT must be seen within 2 hours of the initial contact.

**For any patients needing a VISIT:**

1. Calls that you pass for visit those logged as EMERGENCY on the computer must be finished within 1 hour.

2. Calls logged as URGENT need the total time between initial call and completed home visit within 2 hours.

# VISITING POLICY

1. Doctors visiting for Newham GP Co-operative will be available from the start of their session time. They are responsible for all calls that are passed during the time of their session. This means if their session finishes at 1.00 p.m. they must accept all calls within that time even if it is passed at 10 minutes to 1.00 p.m.

   The doctor must call the receptionist at the start of the session and when they complete the session. They must either deliver call slips to the receptionist at the end of the session or fax to the office as soon as their session ends.

2. If the time of the visit overlaps the doctor's finishing time calls must still be completed. This is compensated by the fact that doctors often will not need to have started visiting at the start of their session and that they are allowed to begin their session from a place of their own choosing rather than from the Co-op Centre base unit.

3. The visiting doctor is expected to answer the mobile phone promptly and must accept all calls given within the visiting period. The visiting doctor may re-triage calls himself and is expected to at least make contact with the patient being visited within 2 hours. The actual visit may take place within the out of hours quality standards. We would, however, expect the doctor to at least contact with the patient by telephone if there is to be a 2 hour delay to reassess their condition and give appropriate advice until the visit takes place.

All calls mean all calls irrespective of race, gender, religion, visitor status, registration status or residence.

4. It is not acceptable to expect the receptionist to hold calls if for some reason the visiting doctor cannot take the call immediately (for instance whilst driving), they must return the call to the receptionist within 15 minutes. Failure to accept the calls within this timescale is a clinical governance issue and may result in referral to the General Medical Council.

5. The visiting doctor is expected to cope with at least 1 call for every 45 minutes on average. e.g. 8 calls in a 6 hour shift or 6 calls in a 4 hour shift. If the total number of calls exceeds this figure and more than 4 calls are received in the last 2 hours of the shift the doctor may leave up to 2 calls for the doctor starting the next session. This is only expected to happen in exceptional circumstances.

6. Failure to comply with the above duties will result in the doctor being withdrawn from the visiting rota.

7. Refusing to accept calls may result in Clinical Governance and disciplinary action. Such action may put patients at risk and the visiting doctor should at least re-triage a call themselves if they feel it does not warrant a visit.

| Date | Author / Reviewer | Version | Page | Reason for Change |
|---|---|---|---|---|
| 03/12/2006 | Dr Jim Lawrie | 1.0 | | Introduction of new policy |
| 30/01/2008 | Dr Jim Lawrie | 2.0 | All | Bi-Annual review |
| 15/01/2010 | Dr Jim Lawrie | 3.0 | All | Bi-Annual review |
| 13/01/2012 | Dr Jim Lawrie | 4.0 | All | Bi-Annual review |
| 09/01/2014 | Dr Jim Lawrie | 5.0 | All Pages | Bi-Annual review |
| 26/01/2016 | Dr Jim Lawrie | 6.0 | All Pages | Bi-Annual review |
| 20/01/2018 | Dr Jim Lawrie | 7.0 | All Pages | Bi-Annual review |

## Possible circumstances where shared care is not appropriate and hospitals/specialists would normally retain responsibility for

### Prescribing in the following instances:

| |
|---|
| Medicines requiring ongoing specialist intervention and specialist monitoring. |
| Patients receive the majority of ongoing care, including monitoring, from the provider and the only benefit of transferring care would be to provider costs. |
| Medicines, which are unlicensed and/or are being used outside of product license (e.g. licensed medicine used for unlicensed indication or at an unlicensed dose) unless there is a recognised evidence base and/or it is standard treatment. In terms of paediatric medicines, that inclusion of dosage guidance in the Children's BNF provides a suitable evidence base. |
| Medicines, which are only available through the provider i.e. are not available on FP10, including any 'borderline' products when used outside approved indications. |
| Medicines used as part of a provider-initiated clinical trial or the continuation of a provider initiated clinical trial or compassionate use, where no arrangement has been made in advance with the commissioner to meet the extra cost of treatment. |
| The GP has insufficient information to participate in a shared care prescribing arrangement where applicable. |
| No shared care prescribing agreement exists. |
| The GP does not feel competent in taking on clinical responsibility for the prescribing of a specialist medicine. |
| Medicines and other prescribable products, which have not been approved for addition to the provider's formulary. |
| PbR-excluded medicines and devices where a budget transfer mechanism is not in place and shared care prescribing is not agreed. |
| Medicines subject to High-tech Hospital at Home guidance (EL(95)5). |
| Specified packages of care. |
| All other treatments funded by NHS England unless specifically agreed to be provided through a shared care prescribing agreement, or other process as agreed by the local APC. |
| The patient and/or carer withholds their consent. |

**The Following Policies are located in the GP Co-op Admin Office and also available on the Co-op shared drive and desktop**
**Newham GP Co-Operative Policies: A - Z**

**A**
Alcohol, drugs & substances misuse policy

**B**
Business continuity plan & standard operating procedures

**C**
Chaperone policy
Clinical governance policy
Clinical supervision policy
Complaints, concerns & compliments policy
Confidentiality policy
Consent to treatment policy
Control & prevention of MRSA policy
COSHH policy

**D**
Data protection policy
Disciplinary & capability policy
Dress policy
Duty of candour (including principles of being open) policy

**E**
Equality & diversity policy
Equal opportunities policy

**F**
Fire safety policy
First aid policy
Flexible working policy

**G**
General code of conduct policy
Grievance policy

**H**
Handling general & clinical waste policy
Harassment & bullying policy
Health & safety policy
Health & safety audit policy

**I**
Immunisation of healthcare staff policy

Incident reporting & management policy and procedures

**I**

Induction policy & procedure
Infection control policy
Information security policy
Inspection, calibration & replacement of equipment policy
Isolation of patient's policy

**M**

Management of patient information & sharing policy
Medicine management policy & standard operating procedures

**N**

Notification of infectious diseases policy

**P**

Patient advanced directives
Patient dignity care & respect policy
Performance review policy & procedure
Privacy & decency policy

**R**

Records management policy
Recruitment & selection policy
Reduction of risk from legionella policy
Resuscitation & equipment policy
Risk assessment policy

**S**

Safeguarding adults policy & procedures
Safeguarding children policy & procedures
Safety alerts policy
Sample handling policy
Staff lone worker policy
Staff survey policy

**T**

Training policy

**V**

Visiting policy
Visiting car policy & procedures

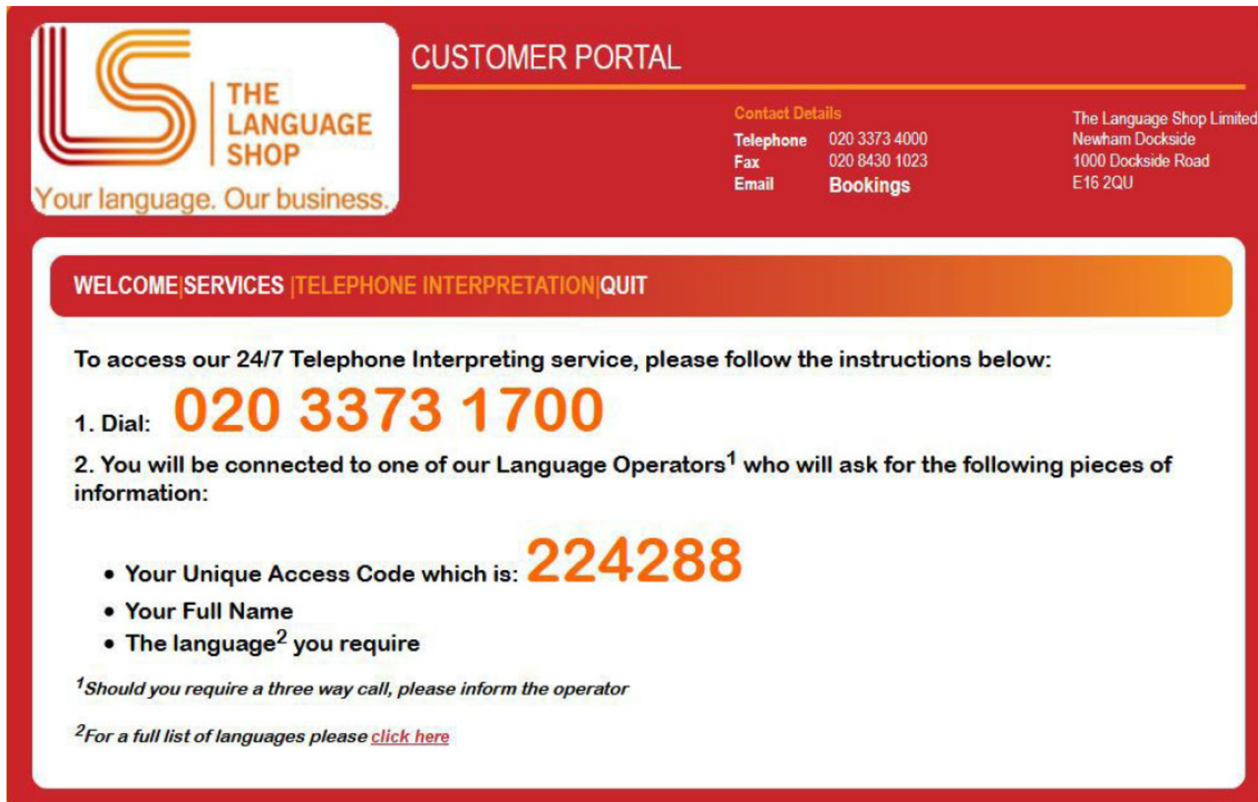
**W**

Whistleblowing policy

**Z**

Zero tolerance policy

## PLEASE FIND BELOW INTERPRETING SERVICES DETAILS WHEN YOU ARE WORKING AT THE CO-OP:




**A LIST OF LANGUAGES ARE AVAILABLE IN THE ROOMS.**

# Rapid Response Team

**East Ham Care Centre**
**Shrewsbury Road,**
**Forest Gate,**

**London E7 8QP**

**The service operates between 08.00 and 22.00 daily.**
**Tel:** 020 8709 5555

---

## Rapid Response

Rapid Response is a service that is focused on preventing avoidable admissions to hospital and will reach eligible patients within 2 hours.

The Rapid Response healthcare professional can perform and interpret diagnostic tests such as urinalysis, vita sign observation, blood tests and Doppler tests, as well as undertake a details history from the patient. Onwards referrals to other services are performed as required.

The service is available through the single point of access team.

Conditions supported include chest infection, UTI, viral illnesses, dehydration/malnutrition, not coping at home, falls, confusion secondary to organic causes, patients on the lower limb IV antibiotic pathway.

**Where services are run:**
Service is based at East Ham Care Centre, Shrewsbury Rd, Forest Gate

**And covers the whole of Newham**

**The service operates between 08.00 and 22.00 daily**

**Updated May 2018**

# NEWHAM GP CO-OPERATIVE LIMITED
# SUBSTANCE MISUSE GUIDANCE

1. We do not prescribe **Methadone** in Out of Hours as we do not have urine testing facilities and are not part of the Opiate Reduction Programme. Part of the programme is to go to the clinic and counselling appointments.

2. The Prescribing team have advised that we should only prescribe medication (of any sort) sufficient until the patient sees their own GP. OOH's does not prescribe medication to patients for more than 7 days.

3. Unregistered patients can always register with the Transitional Team even if they have no papers for address and identity.

4. We need proof that the patient is actually using the medication, at least the latest box or bottle. Some drugs like insulin are potentially lethal and we cannot take a risk to prescribe for anyone who wants it without any records of verification.

5. GP OOH's does not prescribe any drugs of addiction including **Benzodiazepines**.

**Updated 27.03.2018**

## Record of Out Of Hours Session – Newham GP Co-operative

**PLEASE ENSURE THIS FORM IS TYPED BEFORE SUBMISSION**

**Type of session:**
*(E.g. BASE DOCTOR, VISITING DOCTOR, TELEPHONE TRIAGE DOCTOR, MINOR INJURIES, GP STREAMING DOCTOR)*

**Name of "Trainee":**

**No. of Patients Telephone Triaged**…………… **No. of Face-to-Face Consultations:**…………

**Date of session:** **Time of session, and length in hours:**

**Type of cases seen and significant events:**

**Competencies demonstrated:**

**Learning areas and needs identified:**

**Debriefing notes from clinical supervisor of session > "trainer":**

**Signature of Clinical supervisor:** **DATE**: ______________

**Name:**

**RAG RATING:** RED AMBER GREEN

***Comments from Trainer***

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

# Formative assessment of learner by trainer at start of OOH sessions

**Trainer**

..........................................................................................

**Learner**

..........................................................................................

**Date of initial assessment**

..................................................................

**Formative assessment of learner by trainer at start of OOH sessions**

The following section covers the key competencies that learners need to develop through their OOH experience

The narratives describe what a learner should have achieved by the end of their training.

At the start of their OOH experience the trainer should make an assessment of the learner's level of achievement using the tool below. This is entirely formative and will be used to guide the Co-op clinical supervisor in planning the sessions for the learner.

Ongoing communication between co-op clinical supervisor and trainer and learner should be through feedback on the session forms completed for each session the learner works at the co-op.

## 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.
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.

No experience fully competent

1 2 3 4 5

Comments

## 2. Understanding the organisational 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.

No experience fully competent

1 2 3 4 5

Comments

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

The GP registrar should be aware of the range of and 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).

No experience fully competent

1 2 3 4 5

Comments

## 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 centred 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

No experience fully competent

1 2 3 4 5

Comments

## 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 prioritise cases appropriately.
GP registrars should be aware of the difficulties working OOH, working antisocial and long hours and sometimes with overnight shifts. They should recognise 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.
Problem solving – competency 4 making a diagnosis/making decisions.

No experience fully competent

1 2 3 4 5

Comments

## Telephone Consultations

**Uses**

- Triage emergencies during surgery hours
- Routine consultations initiated by patient
- Out of hours:
- Own patients triaging from home
- Triaging for "Coop" or other "out of hours" service

**Special issues**

- Can't see patient – no visual clues, body language etc
- Can't examine patient
- May not know patient
- May not have access to records
- May have less access to "help"

**Options**

- Completely deal with problem
- Give temporary advice
- Arrange review in surgery
- Arrange to be seen at "out of hours" base
- Arrange home visit
- Refer to hospital
- Refer to pharmacy
- Refer to other agency – district nurses social services etc.

# NEWHAM GP CO-OPERATIVE LIMITED

## Telephone Consultation Check-list

### Initiation

- Greeting
- Doctor identifies self
- Clarify patient's identity
- Opening question (open)
- Listens (not interrupting)
- Allows patient to explain things in own words
- Summarises agenda (checking understanding)… anything else?

### Information gathering

- Good selection of open, semi-open, and closed questions
- Listens, appropriate verbal prompts
- Clarifies
- "Patient friendly" language
- Particular concerns and worries sought
- Patient's understanding, what they have done already, and expectations
- Summarise and feed-back, to confirm full understanding

### Relationship

- Empathy
- Support
- Reassurance

### Action planning

- Clear
- Concise
- Patient involved with options
- Understanding checked
- Agreement checked

### Conclusions and "safety-netting"

- What to expect?
- What ifs?
- Follow up?
- Check patient is happy with arrangements?

## Comments

……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
………………………………………………………………………………………………………

# NEWHAM GP CO-OPERATIVE LIMITED

## Facilitator Debrief

### Using consultation framework

### Doctor's feelings about the consultation

- What went well?
- What not so happy with?
- Anything that could be done differently ------ ? Brief rehearsal in role

### Patient's feelings about the consultation

- Felt confident to deal with the situation?
- Felt listened to?
- "Hidden agendas" dealt with?

**General discussion** of skills used what worked, and what did not

Any important "bullet point" to bring back to whole group

# NEWHAM GP CO-OPERATIVE LIMITED

| First Name | Middle Name | Surname |
| --- | --- | --- |
| | | |

| Date of Birth | Gender |
| --- | --- |
| __ __ / __ __/ __ __ __ __ | ☐ Male ☐ Female |

| Training Practice & Trainer Name: | |
| --- | --- |
| GP Type (Registrar ST1, ST2, ST3): | |

| Contact Number: | Home: | Mobile: |
| --- | --- | --- |

| Email Address: | |
| --- | --- |

| Mailing Address: | | | |
| --- | --- | --- | --- |
| | | | |
| | | Postcode: | |

| Holder of NHS Smartcard: | ☐ Yes ☐ No | Smartcard ID No: | |
| --- | --- | --- | --- |

| Performers List Code No: | | Expiry Date: | / / |
| --- | --- | --- | --- |
| Performers List PCT Name: | | | |
| GMC Number: | | Expiry Date: | / / |
| MDO Membership No: | | Expiry Date: | / / |

**I have attached a copy of;**

- ☐ Current annual GMC certificate
- ☐ Current annual Medical Defence Organisation certificate
- ☐ Current Letter from the PCT confirming that you are included on the Performer's list
- ☐ *Vocational Training Certificate JCPTGP or PEMTB
  (GPRs should forward this on completion of training)
- ☐ Birth certificate or valid passport
- ☐ *2 Clinical References (1 being within the past year & including current referees)
- ☐ Current CV
- ☐ Current CPR and AED Certificate (within past year)
- ☐ Current Child Protection Level 2+ Certificate (within past 2 years)
- ☐ Current DBS Certificate (within past 2 years)
- ☐ Hep B Certificate (up to date)

(Copies of all documents must be received for registration. Registrars do not need to provide documents marked with *)

# NEWHAM GP CO-OPERATIVE LIMITED

| | | | |
|---|---|---|---|
| **Dates of last 3 Appraisals:** | **1: / /** | **2: / /** | **3: / /** |
| **Appraising PCT:** | | | |

| **Next of Kin / Emergency Contact: (Individual to be contact in an emergency)** |
|---|

| | | |
|---|---|---|
| **Name:** | **First:** | **Surname:** |
| **Contact Number:** | **Home:** | **Mobile:** |

Source: Adapted from Camidoc (2008)

# NEWHAM GP CO-OPERATIVE LIMITED

## USEFUL CONTACT NUMBERS

| SERVICES | CONTACT NUMBERS |
|---|---|
| NUHT SWITCHBOARD | 0207 476 4000 |
| WHIPPS CROSS SWITCHBOARD | 0208 539 5522 |
| MILE END,ST BARTHOLOMEW'S & THE ROYAL LONDON | 0207 377 7000 |
| ADASTRA (24 HOURS SERVICE) | 01233 722 707 |
| PREMIER CHOICE (PHONE COMPANY) 24 HOURS | 0208 300 9495 |
| CORONER – WALTHAM OFFICE:<br>WALTHAM FOREST,REDBRIDGE & NEWHAM - (OPTION-1)<br>CORONER – ROMFORD OFFICE:<br>BARKING&DAGENHAM,HAVERING - (OPTION-2) | 0208-496-5000 |
| ABT TEAM- *(Assessment and brief Treatment Team) @ Eastham Memorial* | 0203-288-5100 |
| CMHT HOME TREATMENT TEAM- 7 DAYS 09.30–20.00.<br>*OOH'S SERVICE FOR CMHT IS THE SAME CONTACT NUMBER* | 0207-540-6782 |
| NEWHAM COMMUNITY MENTAL HEALTH RECOVERY TREATMENT: MON-FRI 09.00-17.00<br>NORTH TEAM (E6,E7,E12,E15)<br>SOUTH TEAM (E12,E13,E16) | 0208-475-8000<br>0208-475-8110 |
| RESUS NUHT | 0207 363 8440 |
| CRASH TEAM | 0207-363-8163 or EXT -2222 |
| RAID TEAM | 0207 363 9233 or NUHT SWITCHBOARD<br>0207-476-4000- EXT - 3233 |
| EMIS HELP DESK | 03300241270-OPTION 2 & 1 |
| FAMILY PLANNING | 0208 5865147- (MON-FRI 09.00-17.00) |
| HEALTH CARE PROFESSIONAL ADMISSIONS (Emergency Ambulance Line) | 0203 162 7525 |
| GOLDLINE MINI CAB SERVICE | 0208 555 5555 |
| NEWHAM MENTAL HEALTH TEAM | 0207 540 4380 |
| P.A.L.S (COMPLAINT/PATIENT LIAISON) BY TELEPHONE OR WALKI IN SERVICE BETWEEN - *MON-FRI-9.30-16.30* | 0207-363-9292<br>OR EMAIL: NUHPals@bartshealth.nhs.uk |
| MATERNITY HELP LINE | 0208-090-9999 |
| PREGNANCY ADVICE LINE (Termination) | 0207-363- 8247 |
| SEXUAL HEALTH CLINIC<br>*(SIR LUDWIG GUTTMAN HEALTH & WELLBEING CENTRE)*<br>40 LIBERTY BRIDGE, EAST VILLAGE, STRATFORD, E20 1AS<br>*Mon, Tue &Thurs- 08.30-19.00*<br>*Wed-12.00-19.00*<br>*Fri-08.30-15.30*<br>*Sat-09.15-13.00* | 0208-496-7237 |
| AREAS | OUT OF HOURS SERVICE PROVIDERS |
| BARKING & DAGENHAM<br>HAVERING<br>REDBRIDGE<br>WALTHAM FOREST<br>WEST ESSEX | 0208-911-1134/35 (ADMIN ONLY) |
| TOWER HAMLETS | 0300-033-5000 (ADMIN ONLY) |
| LEWISHAM / SOUTHWARK /LAMBETH | 0208-299-2619 (ADMIN ONLY) |
| CITY & HACKNEY/ ISLINGTON/ CAMDEN | 0208-865-0210 (ADMIN ONLY) |
| SAFEGUARDING TEAM | |
| ADULT (24 HOUR SAFEGUARDING HELPLINE) | 0208-430-2000 (OPTION 2 & OPTION 1) |
| CHILDREN (24 HOURS NSPCC HELPLINE) | 0800 800 5000<br>E-MAIL- help@nspcc.org.uk |

***Updated 03.07.2018***

## NEWHAM GP CO-OPERATIVE LIMITED

## HOW TO OBTAIN A PARKING PERMIT AND ID CARD

1. **Parking Permits**

   Parking permits are available in the Co-op office for use by Doctors working for the Co-op. This will need to be displayed clearly, any tickets issued for non display of permits will be paid for by the respective Doctor and not by the Co-op. Please ensure you sign the permit in and out when you are working.

2. **ID Badges**

   A form (which is attached at the back of this pack) needs to be completed and signed by the Office Manager. You are then required to ring Kenny Ogunsola – Security Manager on Ext. 3133 to arrange an appointment. Issuing of ID badges is not done on a walk in basis, only by appointment. Their office is situated on the ground floor in zone 12

# NEWHAM GP CO-OPERATIVE LIMITED

## Registrar Clinical Supervision Form Page 1

### Session Data:

| **Date and Shift of Session:** | Type of Session: Car/Base |
|---|---|
| **Registrar Name:** | Registrar Contact Email: |
| **Trainers Name:** | Trainer Contact Email: |
| **Clinical Supervisors Name:** | Clinical Supervisors Contact Email: |

**Pre Session Needs Assessment:**

| **Trainer Approval for remote supervision/base session** | Yes/No<br>Trainer must have certified that Registrar is safe to be supervised remotely e.g. over the phone by trainer or supervisor. If not please note extenuating circumstances: |
|---|---|
| **Attendance to Telephone Consultation Course** | Yes/No Attendance is recommended within the first half of the Registrar year but not required. |
| **Type and Number of Sessions Completed to Date:** | |
| **Previous Clinical Experience (List Hospital and other jobs):** | |
| **ST's Specific Concerns Prior to beginning the shift:** | |

# NEWHAM GP CO-OPERATIVE LIMITED

## Post Session Learning Assessment:

| Competencies Demonstrated | Insufficient Evidence | Needs Further Developme nt | Compete nt | Excellent |
|---|---|---|---|---|
| Clinical Consultation and Communication Skills | | | | |
| Practising holistically | | | | |
| Data gathering and interpretation * | | | | |
| Making diagnoses/ decisions * | | | | |
| Clinical management * | | | | |
| Managing medical complexity * | | | | |
| Primary care administration /IMT * | | | | |
| Working with colleagues and in teams * | | | | |
| Community orientation * | | | | |
| Maintaining an ethical approach * | | | | |
| Fitness to practise * | | | | |
| Overall assessment * | | | | |

*See https://eportfolio.rcgp.org.uk/login.asp for detailed description of each competency and rating

Source: Adapted from Camidoc (2008)

**Registrar Clinical Supervision Form Page 2**

## Patient Contact Log

**(Please log all patient contacts for review with Clinical Supervisor and Trainer continue on back of page if needed)**

| Case No. | Age and Gender | Call/ Surgery / Visit | Chief Complaint | Outcome (Advice/ Script/Admit/etc.) | Notes: |
|---|---|---|---|---|---|
| | | | | | |

**Post Session Educational Planning:**

| Feedback and recommendations for further development: | |
|---|---|
| Agreed action: | |
| Name of Clinical Supervisor: | |
| Signature of Clinical Supervisor: | |
| Signature of Trainee: | |
| Signature of Trainer: | |

On completion of this form it can be entered onto the e-portfolio learning log and validated against the curriculum and competencies by the ST.

Source: Adapted from Camidoc (2008)

# NEWHAM GP CO-OPERATIVE LIMITED
# Learners Evaluation – 2018/2019

*Please complete this form: we use your comments to improve our teaching and clinical supervision. Please comment on all the out of hours sessions in this module. Please print or write clearly.*

Dates / Venues: ....................................................................................................................................

.......................................................................................................................................................

1. *Three things you found useful about these sessions*

   i.......................................................................................................................................

   ii ......................................................................................................................................

   iii .....................................................................................................................................

2. *Something you would like us to change and how*

   .........................................................................................................................................

   .........................................................................................................................................

   .........................................................................................................................................

*Please reply to following statements by placing a X next to the appropriate number:*

Clinical Exposure

Good opportunities for learning ............................ Agree 1 2 3 4

Disagree

I learnt a lot about the care out of hours ............. Agree 1 2 3 4

Disagree

I was able to experience the impact of out of Agree 1 2 3 4
Disagree
Hours care on patients.

Teaching

I was able to ask questions.................................... Agree 1 2 3 4

Disagree

I received useful feedback.................................... Agree 1 2 3 4

Disagree

Good use of my time ............................................. Agree 1 2 3 4
Disagree

*Please place an X next to words to describe how you found the sessions*

useful boring intensive irrelevant enjoyable challenging

practical interesting tedious appropriate inspiring

*We would welcome any other comments on the back of this sheet:*

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________