

Advice to ARCP panels on OOH in Y & H Summer 2014

All trainees have been sent in early April 2014 advice on OOH expectations. This advice is also available on the school website on the OOH pages.

It is important that all Panels adopt the same approach to OOH so that there is consistency between schemes and localities.

All trainees must produce evidence of 1 session of OOH per 1m (whole time equivalent) of GP based employment.

There should be evidence of feedback from the supervising doctor on almost all of these sessions (Expectations would be 80% of those done within the last 12 months and 70% overall)

OOH experience should involve a range of OOH experiences. (It would not for instance be acceptable to do *all* OOH hours as telephone triage.)

OR

For those who are not able to provide this evidence the following should be considered :

1. There must be detailed explanation from the trainee in the log diary of the reasons that it has been hard to achieve OOH in each period of training. (i.e. updated at least every 6 months if in the same post)
2. There should be evidence of competency in the clinical areas of OOH and emergency work (evidence of coping with the skills and knowledge in areas such as telephone triage and managing the acutely ill can to some extent be provided through on call experience).
3. Where there are difficulties in obtaining normal GP OOH sessions because the local provider has problems with provision of the sessions needed, a mixture of other experiences as advised by COGPED and local (April 14) guidance should be used. There should normally be an Educators note from CS or ES to confirm that it has been agreed that this is appropriate (or a contemporaneous Log diary entry confirming this discussion). The sessions committed to this should normally be of at least 4 hours duration and should cover a variety of experiences.
4. A panel may accept a commitment to up to 2 sessions being provided after the date of the panel during the period of training; but should have a process to ensure that this commitment is achieved. Failure to complete these sessions must involve contacting RCGP to halt the final CCT certificate.
5. It is acceptable (but definitely not advised) for an ST1 to have 1-2 sessions of OOH owed at the end of their 6m in GP. The panel will want to consider the failure to complete this in the light of other information and this may contribute to a decision to give an adverse outcome whilst not on its own triggering one.

6. It is important that trainees start to arrange their sessions at the start of their GP post and not leave these to the end. Failure to complete the required number of sessions due to a shortage of sessions at the end of a post when sessions were available to be booked earlier will not be considered as acceptable to a panel.
7. Personal difficulties in travelling to OOH or getting time away from family responsibilities to carry out OOH work will not be accepted as a reason for failure to achieve one 4 hour session of this per calendar month of GP post.

Panel approach if enough evidence is not there

- A. If there is inadequate explanation of the reasons to achieve the expected 18 sessions per 18m then the outcome has to be a 2 3 4 or 5 depending on other evidence and previous outcomes. (The same options would apply if there is evidence of concerns about clinical management / skills in OOH medicine.)
- B. If there is a full explanation of the difficulties in achievement of the expected 18 sessions in 18m, and there is good evidence of clinical competency in OOH care and there is consistent evidence from other trainees on the same scheme of comparable difficulties then the panel will accept 16 or 17 sessions. In this situation the local panel should add to the comments section of the outcome the following statement.
“The expected OOH contractual hours have not been met, however the panel has confirmed that this trainee is clinically competent in OOH , and that the trainee has made appropriate efforts to achieve the expected OOH experience, and that there are major local problems with obtaining OOH experience.”
- C. Failure to achieve a minimum of 16 sessions per 18m of GPSTR work (achieved and/or committed to) will normally result in an Outcome 5 giving the GPSTR some time to book and complete the relevant missing sessions. In situations where other evidence links to the failure to provide OOH there may be other adverse outcomes.

N.B. A session is assumed to be at least 4 hours long.

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March/April 14