

Yorkshire and the Humber School of primary care

Quality management of Out of Hours (OOH) training – 2014

1. Ongoing Challenges

1.1 The constantly changing commissioning arrangements, plurality of providers and variable payment arrangements for supervisors inevitably creates a dynamic situation across the school. This means that when significant problems in provision of OOH training arise they are not easily predicted.

1.2 It also means that OOH experience is variable for trainees in different programmes but the principals of OOH experience remain the same: Out of Hours primary care experience should

- take place at other times 6.30pm and 8am Monday to Friday
- be unscheduled – providing primary care input for problems that arise within this time
- require the gathering, use and sharing of clinical information across the boundaries between different primary care organisations in the community.

2. Responsibilities

2.1. The responsibilities for ensuring training in the OOH setting is of sufficient quality and supervised effectively have changed little since the last revision of the COGPED OOH paper in 2010 [1] and are summarised below.

- The responsibility for ensuring that the environment is suitable for training and that supervision is appropriate lies with the providers. The GMC have advised that LETBs are not required to quality manage the training environment for OOH training.
- The responsibility for providing *appropriate training materials and opportunities for training* OOH supervisors falls to schools of general practice.
- The responsibility for the sufficient provision of experience in OOH care during training is with commissioners and providers of OOH care [2] (the service - but see below).
- The school also has a responsibility to ensure that all trainees can access the training experience that is required to achieve a CCT and therefore must work collaboratively with OOH providers to ensure this is the case and support the resolution of problems when they occur.

2.2. Support for OOH providers

- School of General Practice

The school will have an identified lead for OOH training. Due to the geographical size of the school they will be supported by a team of 3-4 local tutors with responsibility for providing support to named providers and training programmes when problems arise.

- Training programmes

As the OOH experience is an integral part of each training programme, training programme directors should actively liaise with their local OOH providers to provide support and identify any problems early and each programme should have an OOH lead. When problems arise, training programmes should alert the local named tutor and school lead for OOH at the earliest opportunity, in order that they can be addressed quickly and appropriate guidance is given to trainees and assessment teams whilst problems remain.

3. The Quality Management process.

3.1 . OOH Clinical supervisors

OOH supervisors will be appointed following the successful completion of the LETB e-learning module for clinical supervisors and will not require face to face training, though GMC recognised GP trainers will be exempt from this requirement. A contract for the development of an additional OOH e-learning module has now been agreed and the old Acute Care of the Ill module is to be adapted to an on-line form during 2015 - when complete, new OOH supervisors (who are not exempt) will need to complete both the generic and OOH modules.

Providers will be sent the details of the on-line learning requirements to circulate to potential supervisors at regular intervals. The e-learning module should capture the name of new supervisors electronically allowing the school to have a register of OOH supervisors who have completed training within a defined period. This will be kept up to date by a named administrator in the school of primary care.

3.2. OOH Training environment

The GMC do not require a formal mechanism for quality managing out-of-hours providers. Routine visits to OOH providers are therefore not required.

Local OOH tutors and training programmes may need to visit providers in situations where problems with the standard or opportunity for training are identified, when a new provider is commissioned to provide the OOH service, or at the request of a provider for support in developing training. There are national OOH Quality Management templates that can questions be used to inform these discussions.

Additionally, training programmes will be asked how they liaise with and support local OOH providers as part of the training programme quality management visits.

The Gateway letter of 2014 [2] clearly states the responsibility for Commissioners and providers of care to take account of the requirement for GP registrar during negotiations. Where and whenever possible the school will facilitate this.

4. Administration and reporting.

There will be a named administrator within the school who will responsible for collecting the register of OOH supervisors and keep a record of any issues that arise in OOH training.

The number of trained supervisors and the spreadsheet will be reported to each specialty training committee and in the school report. Where and when serious issues arise, these will be reported to the Quality Team to include in the LETB quality database.

References

1. COGPED (2010) *Out of Hours (OOH) Training for GP Specialty Registrars Revised Position Paper*
2. Gateway NHS letter (2014) - *Out of hours training for GP Registrars* DoH 16.04.14

Both available online at

http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/out_of_hours/