

## Out of Hours Guide for GP Trainees

### 5 Key Messages

1. Ensure that you record your out of hours shift in your eportfolio 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. There is a list in this document and on the 'OOH Record' of what qualifies as OOH experience – one thing not to forget it that it does have to be out of hours.
4. Review the word pictures and learning outcomes relating to the shift types and level of supervision, red/amber/green. Your Educational Supervisor will work with you to define which level you should be on.
5. Book your shifts in plenty of time and having liaised with your practice. 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.

### **General Principles of Out of Hours Training in Health Education Thames Valley (HETV)**

- Out of Hours experience should be incorporated into the GP training programme as determined by a learning plan agreed with the ES.
- GP Trainees are responsible for organising their own sessions with the OOH Providers and should ensure that the required training is achieved commensurate with the duration of the GP component of their training programme.
- The GP Trainer/ES should facilitate and monitor the booking of out-of-hours sessions, though it remains the responsibility of the Trainee to book them.
- The GP Trainer/ES is contracted by HETV to manage and monitor all aspects of GP training and will be responsible for overseeing the OOH training.
- The GP Trainer/ES/GPStR must inform the OOH service of the experience level (Red, Amber or Green) that the GPStR has attained when booking any sessions.
- The hosting organisation must have agreed to any attachment, provide an appropriate Induction and the Trainee should sign an honorary contract with the OOH provider and inform their defence organisation.
- The OOH service should plan to offer a range of specific CS shifts appropriate to GPStR training during a normal working week and weekend, across the whole OOH area.
- GPStR will be required to plan with their GP Trainer/ES their OOH training and book sessions with the OOH service, which will be able to advise on suitable sessions, locations and the number of places available.

- The GP Trainee will be responsible for informing the OOH service at the earliest opportunity of any prearranged bookings that they are unable to keep.
- **Non-attendance on a recurrent basis or without adequate reason will result in the GP Trainer/ES being asked to investigate and the Associate Dean will be informed.**

### ST1/2 GP Trainee posts

- All GP ST1 and GP ST2 trainees are required to have completed at least 36 hours experience (as stated in the BMA Contract) by the end of their 6 month GP attachment (pro-rata for different time periods and in Less than Full Time Training posts).
- GP Trainees in their ST1 or 2 GP training attachments should have exposure to the wide and varied range of allied services that work with and alongside the GP Urgent “Out of Hours Services”. Whilst not compulsory to undertake such innovative OOH experience it is strongly encouraged for its unique educational value. This innovative OOH experience can include things like:-
  - Ambulance or Police attachments
  - On-call with duty Psychiatrists, Community Psychiatric Nurses and teams
  - OOH and Terminal Care Nursing services to include Macmillan services
  - Social Workers and Social Care Services
  - Seeing patients in places like detention centres and prisons
  - Community Midwives
  - Walk in clinics etc.
  - Specific local provision e.g. Community Paediatric Admission Prevention services, etc.
    - Up to **18 of the 36** of these required hours at ST1/2 can be innovative experience.
    - **THIS INNOVATIVE EXPERIENCE CAN ONLY BE UNDERTAKEN IN ST1/2. IF UNDERTAKEN IN ST3, WHILST THERE IS A LIKELY EDUCATIONAL BENEFIT IT DOES NOT COUNT TOWARDS THE 72 HOURS REQUIRED.**
    - **Any hours done in excess of the minimum of 36 for the 6-month post in ST1/2 cannot be carried forward to ST3.**

### 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 (additional specialised training/courses in this are essential), Urgent and Urgent Clinics and Home visiting.
- 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.

Learning Log entries should include a “running Log” of the session number, length and total completed in the title line. There should be a clear distinction between what is contributing towards the ST1/2 hours (i.e. out of 36) and those in ST3 i.e. out of 72)

**ST1/2 Session 3, Hours 6, Total 16/36, Twilight Nurses**

**ST3 Session 11, Hours 8, Total 68/72, OOH mobile**

**NB. Trainees in an extension to their training programme need to complete 6 hours of OOH per additional month of training.**

- The ARCP panel requires the Trainee to complete and scan into the e-portfolio the completed “ST1/2 or ST3 Summary Log” of OOH worked at the end of each GP Placement, failure to do so may result in a delay in obtaining Certificate of Completion of Training (CCT) or other adverse ARCP outcomes.
- The current usual service provision per week for general practice is from 08.00 to 18.30, Monday to Friday (52.5 hours). Thus “Out of Hours” is defined as that work undertaken between 18.30-08.00 Monday to Friday, weekends and Bank holidays.
- Additional Extended Hours sessions do not count towards the “Urgent On-Call” Out of hours Training (even if outside the Core Hours of the surgery).
- The processes for providing general practice and primary care, both during the normal working day and outside that, have changed over the last decade and these processes provide different models of working, with the need for different knowledge, skills and competencies.
- It is important to make clear that this does not just refer to the management of emergencies, but also to the experience of dealing with patient contacts in a different quantity and context to the general normal working day.

### European Working Time Regulations

- All GPStR training must be compliant with the Working Time Regulations (WTR) of a maximum 48 hours averaged across the training attachment. Therefore on occasion a Trainee may work more than 48 hours in a week.
- Occasional variation from week to week may occur over a reasonable time period however the WTR regulations must be complied with.

GPStR Training week	40 hrs (10 sessions see BMA Contract)
Surgery Working week	52.5hrs (GMS) plus Extended hours
Usual Session length	4 hours (This may on occasion vary to meet work or Educational needs)
WTR maximum	48 hrs per week (averaged over a reference period)
Continuous	13 hrs per day (with 11hrs continuous rest in 24hrs)
Night workers	<ul style="list-style-type: none"> <li>• no more than 8hrs work in 24hrs</li> <li>• 24 hrs continuous rest in 7 days</li> <li>• and 20 minute break in work periods over 6 hrs</li> </ul>

The need for Working Time Regulation compliance trumps all but, if required, time off the next morning needs to have 2 characteristics.

1. The trainee needs to ensure that they arrange the shift and liaise with the practice to ensure minimal disruption. This will include planning proactively and not at short notice.
2. Working OOH is an additional contractual requirement for GP trainees. Consequently, time off from standard hours in GP must be 'paid back' somewhere by the trainee simultaneously making arrangements with the practice (again in a proactive and professional way) for this to be scheduled.

### OOH Training over Attachment

- Trainees in Less Than Full Time Training posts need only to do the same total (pro-rata) of OOH work across their whole attachment. In other words whatever the percentage of less than full time training the number of hours per month is that percentage of the 6 hours. The end-point being that all trainees completing training will have done the required 108 hours. Plus any extras required for extension of training.
- All Trainees on Extensions (additional time above the 3 year programme and while in a GP post) will need to do additional OOH training at a rate of 6 hours per month of whole time equivalent training.

### Session Times

- An OOH session length of 6 hours would mean a week night start of 6:30 pm with a finish time after 12:30am. This will have significant implications on both same day and next day education or work and is overlong for an educational activity.
- We suggest that on week nights the OOH shift should preferably where possible be no longer than 4 - 5 hours to include the planned feedback time.
- The total hours worked by a GP Trainee must follow the WTR of no longer than 13 hours "continuous work allowed". The normal 8 hour training day (i.e. two sessions of 4 hours) is permitted with the addition of 5 hours OOH work provided it includes the required rest periods (or the Clinical working sessions may be reduced to allow a longer evening/night shift).
- A finish time of no later than 11:30 pm will minimise the knock on effect on next day training or work activities and will cause less disruption to the overall training week for the GP Trainee.
- In any event the minimum rest between shifts must not be less than 11 hours. Key points are that if the consequence of this is a later start to the next working day then the practice must be made aware and permission sought. Minimum notice of this is usually 6 weeks. Additionally, a later start to comply with the 11 hours rest requirement will require that missed time to be 'paid back' at a later date – again in negotiation with the practice.
- ST3/GPStRs should be encouraged to work a variety of differing shifts such as a mix of shorter week evenings as well as some longer weekend sessions within the WTR.
- Out of Hours work overnight (after midnight) should not be undertaken the night before any organised activity and Trainer/ESs will need to be aware of the WTR when planning the GP Trainee's week.
- Extended Hours provision by GP Practices does not count as Out of Hours training.

### OOH Clinical Supervisors

- All OOH C/S must either have attended a Deanery Organised Educational and Clinical Supervisors course (provided free by HETV) and attend a refresher course every 3 years, or other HETV approved equivalent training course. This must be updated on a 3-yearly cycle.

- 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
  - Nurse Practitioner Lecturer,
  - Retained Doctor ES,
  - Undergraduate Medical Student Teacher,
  - GP Trainer/ES

**Supervision Types**

Level/type of supervision	Word Pictures	Assessment by Trainer/ES	Learning Outcomes	Expected stage of training*
<p><b>Level of supervision - RED</b> <i>(Direct Supervision)</i></p> <ul style="list-style-type: none"> <li>• Direct supervision of the trainee by the clinical supervisor. The trainee takes no clinical responsibility</li> <li>• The model for direct supervision is based on graded experience based on the joint surgery format</li> </ul>	<ul style="list-style-type: none"> <li>• Trainee observes OOH Clinical Supervisor</li> <li>• Trainee progressively takes clinical responsibility for a caseload initially under direct observation (to include face-to-face consults and telephone triage)</li> <li>• Trainee consults separately reporting to Supervisor to agree a management plan prior to completing the consultation</li> <li>• End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee</li> </ul> <p>Best practice would include a similar but</p>	<p>Trainer/ES Guidance for assessing going from RED to AMBER</p> <ul style="list-style-type: none"> <li>• The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer/ES.</li> <li>• For a trainee to move from RED to AMBER there should be evidence that they have met the learning outcomes</li> <li>• Trainer/ESs should discuss the RAG rating with the trainee and should record this discussion and judgement in the educator notes of the trainee's e-portfolio.</li> </ul>	<p>Learning Outcomes to be achieved for moving from RED to AMBER</p> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of the basic organisational aspects of NHS OOH care</li> <li>• Show familiarity in working with OOH IT systems, including recording facilities and sources of IT help</li> <li>• Demonstrate safe and appropriate standards of data entry</li> <li>• Prescribe safely and appropriately using the OOH IT system</li> <li>• Demonstrate a basic understanding of the management of common medical / surgical / psychiatric conditions in OOH setting</li> <li>• Demonstrate a basic understanding of the provision of services available in OOH</li> <li>• Demonstrate telephone triage skills with emphasis on patient safety</li> <li>• Show Reflection on patient referrals and contacts with other health professionals and discuss with Supervisor/Trainer/ES on case by case basis.</li> <li>• Show reflection on personal response to stresses of working in OOH setting</li> <li>• Demonstrate an appropriate approach to personal security and awareness of security risks to others</li> <li>• Where a Trainer/ES has concerns regarding trainee progression towards amber the specific concerns should be shared with the trainee and an action</li> </ul>	<p><i>Months 1-2 of ST3 and all of ST1/2.</i></p>

Level/type of supervision	Word Pictures	Assessment by Trainer/ES	Learning Outcomes	Expected stage of training*
	accelerated process at the beginning of a shift where a Clinical Supervisor is supervising unknown amber (green) trainee		plan developed (and recorded in the e-portfolio) to clarify what steps the trainee should take and how evidence of progression will be measured.	
<p><b>Level of supervision - AMBER</b> (Direct/Close Supervision)</p> <ul style="list-style-type: none"> <li>• Close supervision of the trainee who consults independently but with the clinical supervisor close at hand (in the same building)</li> <li>• The model for amber supervision is based on graded experience.</li> </ul>	<ul style="list-style-type: none"> <li>• OOH CS undertakes an initial review with trainee to review experience</li> <li>• An accelerated process of direct observation of the trainee may take place at the start of the session</li> <li>• Trainee routinely consults separately, with supervisor immediately available for discussion of cases</li> <li>• Joint consultation where appropriate</li> <li>• Trainee is offered opportunity for</li> </ul>	Trainer/ES Guidance for assessing going from AMBER to GREEN <ul style="list-style-type: none"> <li>• The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer/ES</li> <li>• For a trainee to move from AMBER to GREEN there should be evidence that they have met the learning outcomes</li> <li>• Trainer/ESs should discuss the RAG rating with the trainee and should record this discussion and judgement in the educator notes of the trainee's e-portfolio.</li> <li>• Where a Trainer/ES has concerns regarding trainee progression towards green the specific concerns should be shared with the trainee and an action plan</li> </ul>	Learning Outcomes to be achieved for moving from AMBER to GREEN <ul style="list-style-type: none"> <li>• Demonstrate a working knowledge of the OOH organisation and infrastructure</li> <li>• Demonstrate a good working knowledge of OOH IT systems</li> <li>• Demonstrate safe prescribing to include use of opiates and drugs of abuse</li> <li>• Demonstrate a good understanding of the management of common medical / surgical / psychiatric conditions in OOH setting</li> <li>• Demonstrate enhanced consulting skills in telephone triage, to include:                             <ul style="list-style-type: none"> <li>• Establishing rapport, eliciting patient's 'ICE', use of appropriate language</li> </ul> </li> <li>• Appropriately managing communication with third party</li> <li>• Exercise communication skills for assessing the 'urgency' of a presentation</li> <li>• Recognition and management of clinical red flag symptoms and signs</li> </ul>	Months 3-5 of ST3.

Level/type of supervision	Word Pictures	Assessment by Trainer/ES	Learning Outcomes	Expected stage of training*
	observed practice to gain feedback on performance <ul style="list-style-type: none"> <li>• End of Session debrief with OOH CS and OOH record sheet completed with feedback to trainee</li> </ul>	developed (and recorded in the e-portfolio) to clarify what steps the trainee should take and how evidence of progression will be measured.	<ul style="list-style-type: none"> <li>• Performing 'safety netting', and show awareness of telephone triage 'risk' and its management</li> <li>• What to do when a call is going 'wrong'</li> <li>• Managing failed calls- patient engaged or not answering</li> <li>• Effectively forward patients to other appropriate sources of OOH help</li> <li>• Demonstrate awareness of the factors that influence referrals in OOH setting</li> <li>• Show level of reflection to include impact of experience of learning on future patient care</li> <li>• Demonstrate evidence of effective collaborative working with colleagues providing OOH clinical, social and other services</li> <li>• Demonstrate an appropriate approach to personal security and awareness of security risks to others</li> </ul>	
<b>Level of supervision – GREEN</b> <i>(Indirect Supervision)</i>	The model for direct supervision is based on: <ul style="list-style-type: none"> <li>• Trainee manages caseload independently but with access to a supervisor.</li> <li>• Supervisor readily available for discussion of</li> </ul>	<b>Trainer/ES Evaluation: Gaining competency in WPBA through OOH experiences</b> <ul style="list-style-type: none"> <li>• The judgement concerning the level of supervision most appropriate for a trainee must be made by the Trainer/ES</li> <li>• Using evidence to support that they have met the learning outcomes and OOH competencies</li> </ul>	Learning Outcomes for achieving OOH competencies for CCT <ul style="list-style-type: none"> <li>• Demonstrates comprehensive understanding of logistics of delivering OOH and the organisational infrastructure required to support this</li> <li>• Demonstrates competent and confident in using OOH computer system to include wide range of functions and applications</li> <li>• Competent in managing common medical, surgical, paediatric, obstetric and psychiatric emergencies in OOH, including:                             <ul style="list-style-type: none"> <li>• Developing competence in the</li> </ul> </li> </ul>	<i>Possibly month 6 onwards of ST3.</i>

Level/type of supervision	Word Pictures	Assessment by Trainer/ES	Learning Outcomes	Expected stage of training*
	<p>problem cases (remotely or rarely by joint consultations)</p> <ul style="list-style-type: none"> <li>• Trainee generally able to operate all the organisational aspects of care</li> <li>• Trainee may perform visits 'solo', with remote supervision</li> <li>• End of session debrief with OOH CS and OOH record sheet completed with feedback to trainee</li> </ul>	<ul style="list-style-type: none"> <li>• If a Trainer/ES 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</li> </ul>	<p>management of patients with Palliative care needs (RCGP curriculum statement 3.09 – End of Life Care)</p> <ul style="list-style-type: none"> <li>• Verification of expected and unexpected deaths</li> </ul> <p>Competent in telephone triage and to include:</p> <ul style="list-style-type: none"> <li>• Negotiation of type of contact offered</li> <li>• Managing patient expectations and reaching a shared agreement</li> <li>• Handling frequent callers appropriately</li> <li>• Triage out of area – establishing who and what's available</li> <li>• Management of telephoned pathology results</li> <li>• Managing logistical issues such as when a patient cannot be contacted</li> <li>• Consult competently under pressure with awareness of own limits of competence and seeks help accordingly</li> <li>• Demonstrate awareness of situations where security may be threatened for self and others and takes appropriate actions to minimise risk:</li> <li>• Managing the angry patient</li> <li>• Knowledge of ( and exercising of when appropriate), systems covering the abusive patient</li> <li>• Demonstrate a comprehensive knowledge of colleagues providing OOH clinical, social and other services and evidence to demonstrate effective collaboration</li> </ul>	

Level/type of supervision	Word Pictures	Assessment by Trainer/ES	Learning Outcomes	Expected stage of training*
			<ul style="list-style-type: none"> <li>• Demonstration of comprehensive reflection including critical self-reflection</li> </ul>	

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

## ARCP

- A maximum of **8** hours of OOH can be booked to take place after ARCP, whether the final one or a gateway one at the end of ST1/2. If this happens the ES must make a statement about this in the Educator Notes section of the e-portfolio and all competencies must be assessed as 'Competent for Licensing'.

## Service Role

- The ST3/GPStR is a fully qualified doctor undergoing training to become a General Practitioner. They are not able to undertake an unsupervised or unsupported role at any time.
- The GP Trainer/ES must advise the designated manager in the OOH Service of any ST3/GPStR that plans to attend or work within the OOH service.
- The GP Trainer/ES/GPStR must inform the OOH service of the experience level that the GPStR has attained when booking any sessions.

## Medical Defence Insurance

- In the context of OOH training medical indemnity organisations have indicated that a GP Trainee's standard membership will provide cover for the work they undertake as part of OOH training.

## Using the E-Portfolio and documenting OOH training

- The 'OOH session' learning log entry in the e-portfolio will prompt the GPStR with a number of set entry fields.
- The portfolio requires that each entry must be tagged before it is filed against one or more of the curriculum headings.
- During each OOH session record the session on the attached paper "Record of Out of Hours Session". These must be up-loaded or scanned onto the e-portfolio. (see Appendix 1)
- The Clinical Supervisor in OOH will complete a session feedback sheet which the GPStR must share with the GP Trainer/ES.
- All OOH sessions entered on the e-portfolio must be shared with the GP Trainer/ES who should 'validate' the sessions that contribute to workplace-based assessment. It is important that the entries demonstrate learning, and the trainee should link to appropriate curriculum areas. Likewise the content should allow linkages to appropriate competency areas by the ES (as for other learning log entries) Again, the entry will be tagged to the 13 professional competency areas.
- GP Trainers/ESs will be required to sign off the e-portfolio and provide the assessment of their ST3/GPStRs in the competencies that have been recorded with the help of OOH clinical supervisors.

## Feedback by Clinical Supervisor

- Sufficient protected time must be planned and set aside after each shift for discussion and feedback by the CS to the ST3/GPStR of work undertaken and cases seen.
- This is an additional responsibility for the CS and requires protected time outside the normal working shift as well as additional training and skills.

### Trainee Record of OOH session

Trainee Name		Location:		
Time of session and length (hours):		Date of session		
Trainee Status (circle relevant session):	RED	AMBER	GREEN	
<b>Type of session</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Base doctor <input type="checkbox"/> Visiting doctor <input type="checkbox"/> Telephone triage <input type="checkbox"/> Induction <input type="checkbox"/> Ambulance or Police attachments <input type="checkbox"/> On-call with duty Psychiatrists, Community Psychiatric Nurses and teams <input type="checkbox"/> OOH and Terminal Care Nursing services to include Macmillan services		<input type="checkbox"/> Social Workers and Social Care Services <input type="checkbox"/> Seeing patients in places like detention centres and prisons <input type="checkbox"/> Community Midwives <input type="checkbox"/> Walk in clinics etc. <input type="checkbox"/> Specific local provision e.g. Community Paediatric Admission Prevention services, etc. <input type="checkbox"/> Other (please specify – will have had to have been agreed by your Programme Director)		
Type of cases seen and significant events				
Competencies demonstrated				
Learning areas and needs identified				
Debriefing notes from Clinical Supervisor				
Signature of Clinical Supervisor			Date	
Signature of Trainer			Date	

**NB This Form must be discussed with your own Trainer for signing off and then scanned into your e-Portfolio.**