

Section 3 - Record of OOFH session 2010-2011

Please insert the Name of GP trainee: Trainee NTN number: Please tick ST2 <input type="checkbox"/> or ST3 <input type="checkbox"/>
Type of session (e.g. base doctor (including walk-in centre), visiting doctor, telephone triage, minor injuries centre):
Date of session:
Out of Hours Centre:
Time of session and length (hours):
Type of cases seen and significant events
Competencies demonstrated (RCGP Curriculum Statement 7 'Care of the Acutely Ill Patient' prompt on back of page)
Learning areas and needs identified (to be discussed with trainer)
Debriefing notes from Clinical Supervisor
Please complete in BLOCK CAPITALS FOR PAYMENT PURPOSES Name & Address of OOFH Clinical Supervisor: _____ _____
Signature of OOFH Clinical Supervisor: _____
Please select category (please tick): Trainee's Trainer <input type="checkbox"/> NIMDTA Trainer <input type="checkbox"/> OOFH Clinical Supervisor <input type="checkbox"/>
Countersignature by GP Trainer (If the GP Trainer is not the supervisor): _____
Date: _____

*** The key OOH competences and their assessment**

- OOH KC 1 Ability to manage common medical, surgical and psychiatric emergencies in the OOH setting
- OOH KC 2 Understanding of the organisational aspects of NHS OOH care
- OOH KC 3 Ability to make appropriate referrals to hospitals and other professionals in the OOH setting
- OOH KC 4 Demonstration of communication skills required for OOH care
- OOH KC 5 Individual personal time and stress management
- OOH KC 6 Maintenance of personal security and awareness, and management of the security risks to others