

Working out of hours: the experiences and training needs of general practitioner registrars

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SUMMARY

Out-of-hours work has been identified as a major concern for registrars, and as contributing to the steady decline both in the number of applicants to vocational training schemes and in those practising as principals on completion of their training. Until now, little has been known about registrars' views about their experience of working out of hours and how this might be improved. The present study describes general practitioner (GP) registrars' current patterns of out-of-hours working and their perceptions about training needs.

Keywords: GP registrars; out-of-hours work; learning needs.

Introduction

THE current guidelines for vocational training stipulate that general practitioner (GP) registrars should have 'adequate exposure to all aspects of out-of-hours care'.¹ However, there is ambiguity about what this entails, particularly in the context of new arrangements, such as GP cooperatives, which have greatly reduced the hours most GP principals spend on call. The present study was undertaken to identify the opinions of GP registrars with regard to out-of-hours care and to describe potential ways of improving training.

Methods

Key issues were identified from initial consultation with course organizers, trainers and members of the British Postgraduate Medical Federation, together with group discussions held at half-day release schemes with GP registrars and their respective course organizers. This informed the development of a self-administered, semi-structured questionnaire which was piloted with 20 registrars, and then distributed in June 1996 to all 104 registrars identified as working within the area covered by the former South East Thames region. Two reminders were sent.

Results

Sixty-four (67%) registrars replied. The amount of time completed as a GP registrar ranged from 1 to 15 months (mean 8.6 months). Forty-seven (73.4%) registrars worked in practices that belonged to GP cooperatives. The mean number of hours reported as being spent on-call during a typical month was 10.4 hours (h), but there was considerable variation. For registrars working in practices who handed all out of hours work over to a cooperative, the

mean was 6.6 h per month (range 0–40 h), while for those in practices not covered by a cooperative, the mean was 16 h (range 4–56 h).

Respondents felt lower levels of confidence in relation to providing telephone advice than for undertaking home visits, and perceived their effectiveness to be lower (Table 1). They commented on several issues which made the delivery of telephone advice problematic and/or a source of anxiety. Many (19 respondents; 30%) felt a lack of confidence in determining the seriousness of the complaint from the patient or a carer's history alone. Twelve (19%) found difficulty in managing patients or relatives who demanded a visit. General comments reflected fears about litigation arising from incorrect decision making.

Suggestions made for enhancing telephone assessment skills included:

- Role play, discussion and tutorials focusing on ways in which to handle specific situations over the phone and medico-legal issues (22 respondents; 34%).
- Written guidelines on the delivery of telephone advice for quick reference by registrars (three respondents; 5%).
- Listening in on telephone advice given by a trainer (four respondents; 6%).
- Greater initial supervision of the registrar by the trainer when advising patients over the telephone (three respondents; 5%).

The main issues of concern relating to home visits appeared to surround personal safety. Seven respondents (11%) had experienced an actual threat to their safety, whilst nine (14%) were 'unsure' as to whether they had been threatened whilst conducting a home visit out of hours.

Twenty registrars (31%) suggested that they should be accompanied on home visits by a trainer, driver or chaperone, and 11 (17%) felt that the provision of specific training on self-defence and ways in which to increase personal security would be useful. In addition, many registrars felt that greater availability of mobile phones, panic alarms and local area information would be useful.

In relation to interagency working, a considerable need for more information about when to refer was identified. This was described by 36 respondents (56%) for information about when to refer to social services, 28 (44%) for emergency services, 27 (42%) for mental health and community nursing services, and 26 (39%) for palliative care.

Discussion

Out-of-hours general medical services may require a different mix of skills and knowledge to those needed during normal surgery hours. In the present study, a range of training needs emerged, particularly in relation to conducting telephone consultations and home visits and interagency communication/referral. These appear to reflect difficulties faced by GP principals as a whole,² confirming the importance of addressing these issues within vocational training. Course organizers, trainers and those managing out-of-hours services will need to consider at a local level how best to respond to these issues, although at present, it appears that few cooperatives have been involved in this way.³

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Table 1. Registrars' confidence and perception of their effectiveness in providing telephone advice and undertaking home visits (*n* = 64).

	Very low	Low	Satisfied	High	Very high
<i>Confidence</i>					
Telephone advice	0	11 (17.5%)	23 (36.5%)	26 (41.3%)	3 (4.8%)
Home visits	0	2 (3.2%)	11 (17.2%)	38 (59.4%)	13 (20.3%)
<i>Effectiveness</i>					
Telephone advice	0	11 (17.2%)	26 (40.6%)	26 (40.6%)	1 (1.6%)
Home visits	0	0	11 (18.0%)	40 (65.6%)	10 (16.4%)

References

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CLOSING DATE FOR APPLICATIONS: 30 June 1998

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CLOSING DATE FOR APPLICATIONS: 30 June 1998

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Catherine Messent Clerk of the Awards Committee - Ext 246 Email: cmessent@rcgp.org.uk

or Mayuri Patel - Ext 233, Assistant Committee Clerk to the Awards Committee Email: mpatel@rcgp.org.uk