

# Faculty of Public Health

## Standards and guidance for commencement of supervised on call duties

### Purpose

This paper describes the standards required of all trainees in public health to be achieved before starting supervised on call duties. It also gives guidance on possible methods of delivery for development of competence for on call and for assessment of competence.

### Background

Standards of competence at different levels of on call have been agreed and are published on the Faculty website. The assurance of competence to start supervised on call duties is a requirement under the new curriculum for public health training. An assessment of competence for inclusion on an out of hours rota will assure the delivery of a safe public health first line emergency response across the four countries of the UK.

The standards and guidance for commencement of supervised on call duties were developed by a working group hosted by the Faculty of Public Health. It included members from the Health Protection Agency, Faculty officers and PHMEG.

This paper should be read in conjunction with the Faculty documents: "Health Protection Training for generalists in public health, including Educational Requirements for on-call<sup>1</sup>" and "Improving the quality of local NHS Health Protection on-call services in England<sup>2</sup>".

### General Principles

- Public health on-call services should be provided to high and consistent standards and meet clinical governance requirements
- An assessment of competence for supervised on-call should assure PCTs/health boards that those who take part in NHS first level on-call rotas, or their equivalent, are competent to undertake these duties
- This assessment framework applies to all public health trainees with an NTN and training on a formal public health training programme
- On call does not start until all requirements have been satisfactorily demonstrated
- Trainees should be properly briefed, supervised and debriefed (including feedback) to ensure that learning opportunities are fully taken
- Trainees will always be supervised by someone who has the competencies required for unsupervised public health on call
- Trainees are responsible for ensuring they remain up to date with on-call issues and maintaining their on-call competencies

These guidelines will apply to all public health trainees starting run through from August 2007.

### Mandatory requirements for joining the on-call rota

Preparation for supervised on call requires several steps. Each of these steps must be satisfactorily achieved before on call can start. These requirements are:

- Demonstration of basic health protection skills including understanding of the control of communicable and non communicable diseases, simple skills in assessment of risk and clinical history taking
- A full pass at the Part A examination to fulfil the knowledge requirements for health protection
- An induction to on call in the health protection unit (or equivalent)
- Satisfactory assessment of on call procedures
- Agreement to maintain a reflective log book of in and out of hours calls.

These elements are expanded below. The required standard is given in italics with guidance for the delivery of that standard indicated below.

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<sup>1</sup> Faculty of Public Health. Health Protection Training for generalists in public health, including Educational Requirements for on-call

<sup>2</sup> Faculty of Public Health. Improving the quality of local NHS Health Protection on-call services in England. 2006

## **1. Basic Skills**

*Demonstration of basic health protection skills including understanding of the control of communicable and non communicable diseases, simple skills in assessment of risk and clinical history taking*

A basic health protection skills course, if provided, would most appropriately take place at the beginning of the training programme before starting the academic phase of training (August/September). This course will prepare trainees to understand the basic principles underlying responding to communicable and non communicable disease control. This may include history taking, basic microbiology and undertaking a risk assessment. The course will also help trainees with their academic health protection modules. Programmes may wish to join together to deliver these courses. Programme Directors should work with their HPA colleagues to develop and deliver opportunities to develop these skills.

## **2. Part A**

*A full pass at the Part A exam to demonstrate the basic knowledge and know how requirements for health protection*

There is no stipulation for attendance at a formal academic course in the new curriculum as a CCT requirement. Part A is the first part of the MFPH which is a requirement for CCT. Trainees are expected to pass Part A MFPH before starting on-call duties. The Part A exam evidences satisfactory attainment of the basic knowledge and know how base of health protection including:

- Understanding the basic principles in dealing with communicable diseases and non – communicable incidents during working hours and out of hours
- Basic understanding of communicable disease process
- Awareness of the general principles of health protection response, including outbreak and incident management and the roles of others

## **3. On Call Induction programme**

*An induction to on call in the health protection unit (or equivalent)*

The induction programme should ensure that trainees are familiar with operational and administrative aspects of the on-call system. There is no stipulation for the timing or length of this induction but it would ideally take place shortly before on call duties commence. Elements to be covered include:

- Understanding the professional obligations of being on call including availability, sobriety, confidentiality, ethics etc
- Thorough knowledge of the on call pack and local on call procedures including contact details for colleagues and access to buildings out of hours
- Recognition of competence and when to seek advice
- Roles and responsibilities, including those for administering chemoprophylaxis
- Handover and feedback. Effective handover pre and post on-call is a particular skill that is necessary for actual on-call practice
- Understanding of the role of others in the control of infection and environmental hazards
- Explanation of standard forms for information collection and recording of advice during induction
- Familiarity with guidelines and plans for most common problems
- Awareness of and access to other local and national policies, plans and guidelines or regularly updated on-call pack covering guidance on potential on-call scenarios

## **4. Formal Assessment**

*Satisfactory assessment of on call procedures*

Formal assessment should take place immediately after the completion of on call induction and before supervised on call starts. The assessment will ensure that trainees are safe and confident to start on call and have reached the minimum standard of practice. The assessment will identify those trainees who need further training.

### **The assessment process**

The assessment should test the trainee's understanding of basic on-call principles and how and when they would seek timely information from second on call or another expert and will assure that the trainee is both confident and safe. Assessment will not take place unless the previous three steps can be evidenced. Scenarios for assessment will be developed and maintained by local training programmes.

The assessment should follow the following format:

- 1 Scenario-based assessment by CCDCs/health protection nurse/senior staff who are qualified for unsupervised on call duties
- 2 The candidates will be expected to deal with common scenarios and the assessment should last about 20 minutes to half an hour
- 3 Scenarios should be marked against an agreed checklist of correct responses
- 4 Candidates would be expected to pass all scenarios

Feedback should be available to trainees and their trainers. Trainees assessed as satisfactory should be sent a letter of confirmation. Trainees not reaching minimum requirements to go on call should be sent a report with recommendations on further training and support necessary. A record of achievement of competence for on call should be kept in the trainee's portfolio.

### **Logbook**

Trainees should complete a logbook (both within and out of hours), including a section for reflective learning that can be reviewed and discussed with the trainer. This will include action taken and learning from the episode. A template for this purpose is available on the Faculty website and is a requirement of the new curriculum.

May 2007