# Urgent and Unscheduled Care – A Summary for Trainees

## Introduction

From August 2019 “Out of Hours” will be changing to “Urgent and Unscheduled Care” (UUC). As opposed to completing 6 hours per month whilst in a GP training post you will need to demonstrate your capability to work in urgent and unscheduled care. Evidence of capability should be gathered throughout the entire training programme and within different urgent and unscheduled care environments, including, but not limited to, acute medical/psychiatric/surgical on call duties, duty doctor in hours in GP surgeries, extended access hubs, urgent care centres and traditional out of hours settings.

Although no one specific type of experience is likely to demonstrate capability in isolation it is highly unlikely that you will achieve capability working less than 72 hours within a traditional out of hours setting, and, most of you will likely require more than this. Ultimately, it will be your responsibility to demonstrate your capability to your educational supervisor.

## What are the Capabilities?

There are six capabilities that need to be demonstrated by your pre-CCT ARCP. Further information on these capabilities and potential evidence for demonstrating these can be found in Appendix A with a quick reference guide in Appendix B.

* Ability to manage common medical, surgical and psychiatric emergencies
* Understanding the organisational aspects of NHS out of hours care, nationally and at local level
* The ability to make appropriate referral to hospitals and other professionals
* The demonstration of communication and consultation skills required for out of hours care
* Individual personal time and stress management
* Maintenance of personal security, and awareness and management of security risks to others

## Gathering Evidence of Capability

Capability will need to be demonstrated across a range of environments and throughout your training with an assessment of this at the end of each ST year and twice during ST3. Evidence should come from reflective case logs, WPBA and uploaded “Urgent and Unscheduled Care Session Observation Records” (Appendix C).

Some of you will already have undertaken out of hours training in previous years. This will count towards your overall capability assessment but will need to be added to as you progress through your training. Prior to each end of year ESR (and mid-point ESR if in ST3) you will need to complete the Urgent and Unscheduled Care Evidence of Capability Document (Appendix D). This document highlights where the evidence of capability is within your e-portfolio so that your educational supervisor may make a judgment on your progress.

## Booking Sessions in Out of Hours

In addition to undertaking on-call duties in primary and secondary care you can gather evidence of capability in extended access hubs, urgent care centres and in traditional out of hours sessions. As your training progresses you must demonstrate development from more passive encounters, for example, observing other health professionals and attending relevant courses, to more active ones, whereby you are consulting almost independently. It is expected that to demonstrate this you will need to undertake 4 hours per month, whilst in GP placements, within a traditional out of hours setting. The aim should be, where possible, to be undertaking near and remote sessions whilst in ST3. It is expected that in ST1/2 observational and direct supervision sessions should be undertaken.

## Types of Session

Please note that all sessions must be undertaken in HEE approved training sites.

Observational – Trainee observes health professional consulting in urgent and unscheduled care but has no input into patient management. Includes relevant courses. The time comes out of protected learning time during the normal working week.

Direct – Trainees consult patients with an approved supervisor present. This could include a joint surgery on call in the practice as part of the self-directed study time. For sessions undertaken in settings outside of the normal training practice and working hours, time off in lieu should be granted.

Near – Approved clinical supervisor is readily available in the same building. Time off in lieu must be given for sessions undertaken outside of normal working hours.

Remote – Approved clinical supervisor available by phone. Time off in lieu must be given for sessions undertaken outside of normal working hours.

## Process for Sessions in Urgent and Unscheduled Care

## Process for Demonstrating Urgent and Unscheduled Care Capability

## Further Information

Further information can be seen in the Top Tips for Urgent and Unscheduled Careand in the FAQ document <https://heeoe.hee.nhs.uk/general_practice/gp-trainees/urgent-and-unscheduled-care>*.*

## APPENDIX A - Example Activities and Evidence for Demonstration of Urgent and Unscheduled Care Capability

The framework presented below is intended as a guide for GPSTs to help them demonstrate development of their urgent and unscheduled care capability. This may be used in conjunction with the Urgent/Unscheduled Care (UUC) Evidence of Capability form, which should be completed prior to each ARCP panel and uploaded to an appropriately titled learning log so that this is visible to the educational supervisor at the time of the ESR. The examples below are not exhaustive, and it is anticipated that GPSTs and educational supervisors will use this framework as a scaffold to support further learning needs. The examples suggested below indicate the likely relevant ST phase in which the evidence should be gathered, however, this is a suggestion and may differ between trainees depending upon capability. ST3 trainees will need to provide evidence that they are functioning at the level of an independent practicing GP by the time of their final ESR and be able to fully demonstrate the six capabilities of urgent and unscheduled care. ST1 and ST2 trainees should not be undertaking remote supervision sessions for traditional out of hours providers.

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| **1. Ability to manage common medical, surgical and psychiatric emergencies**  GPSTs should be able to manage common medical, psychiatric and social emergencies they are likely to encounter during UUC experience. They should be able to recognise and manage critical situations using available resources and facilities. Examples are listed.  GP registrars should be able to recognise the ill child and manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.  GP registrars should be able to manage such mental health problems as often present as a crisis during UUC. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining /admitting patients under the Mental Health Act. |
| ***Example Activities***  Managing acutely unwell patients in A&E and on call for paediatrics, medicine and surgery (ST1/2).  ALS (only if required by hospital post)  Observing/partaking in mental health sections and managing acutely unwell mental health patients on call (ST1/2/3).  Out of hours introductory courses (ST1/2).  Observation sessions in out of hours, urgent care centres and extended access hubs (GP Post in ST1/2).  Direct supervision sessions in out of hours, urgent care centres and extended access hubs (ST2).  Near/remote supervision sessions with traditional OOH providers (ST3).  Home visits and duty days at the training practice with near/remote supervision (ST1/2/3)  Managing acutely unwell patients in training practice (ST1/2/3)  BLS and AED training in training practice (mandatory for ST3).  ***Suggested Evidence***  Mini-CEX/COT/Audio-COT evidencing management of an acutely unwell patient/mental health assessment (ST1/2/3).  Learning logs reflecting on management of acutely unwell patients (ST1/2/3).  MSF with commentary regarding clinical management of acutely unwell patients (ST1/3).  CSR commenting on ability to manage acutely unwell patients (ST1/2/3).  CBDs focusing on the management of an acutely unwell patient/mental health assessment (ST1/2/3).  Course certificates with reflection uploaded to the learning log (ST1/2).  Completed UUC Observational Record uploaded to the learning log (ST2/3).  BLS and AED certificate (Must be uploaded before final ESR in ST3).  ALS certificate (Where required for hospital post) (ST1/2). |
| **2. Understanding the organisational aspects of NHS out of hours care, nationally and at local level.**  GPSTs should be aware of the processes that are in place both locally and nationally and understand the context of the provision of UUC in the Primary Care setting. They should understand the relationship between GP practices, OOH providers and PCTs, their roles and responsibilities.  GP registrars should have an understanding of how emergencies and health initiatives can impact on UUC providers and be aware of procedures and policies in place to deal with them, for example, the CMO cascade system for national drug/infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemics and managing a winter bed crisis.  They should be aware of the communication channels required for UUC and the IT systems to support them. |
| ***Example Activities***  Referral to GP service when working in A&E (ST1/2).  Introductory OOH courses (ST1/2).  Taking referrals from the GP out of hours when working on call (ST1/2).  Teaching at half day release on public health outbreaks (ST1/2/3).  Tutorials in practice on primary care organisation (ST1/2/3).  Processing out of hours correspondence in practice (ST2/3).  Observational sessions in OOH/urgent care centres/extended access hubs (GP Post in ST1/2).  Direct supervision sessions in OOH/urgent care centres/extended access hubs (ST2/3).  Near/Remote supervision sessions with traditional OOH providers (ST3).  Attendance at relevant CCG/LCG meetings (ST1/2/3).  ***Suggested Evidence***  Learning logs, including professional conversations regarding the organisation of UUC and teaching sessions on the organisation of UUC with reflection (ST1/2/3).  Course certificates with reflection on the organisational aspects of UUC (ST1/2/3).  UUC Observational Record uploaded to the learning log (ST2/3). |
| **3. The ability to make appropriate referral to hospitals and other professionals.**  GPSTs should be aware of the range of and referral facilities and professionals available to patients out of hours. They should be able to communicate effectively and with courtesy to all other professionals involved with the care of the patient making prompt and appropriate referrals with clear documentation and arrangements for follow up.  The GP registrar should respect the roles and skills of others and can engage effectively and refer to other sources of care, such as ambulance and paramedic services, and those in secondary care (hospital where appropriate). |
| ***Example Activities***  Making referrals to other specialties when working in A&E at unsociable hours (ST1/2).  Receiving GP referrals when on call at unsociable hours (ST1/2).  Observation/Direct supervision sessions in OOH/urgent care treatment centres/extended access hubs (GP post in ST1/2).  Near/remote supervision sessions by traditional OOH providers (ST3).  Referral to on call specialties from the training practice (ST1/2/3).  Urgent referrals in the acute hospital and in the training practice to relevant safeguarding teams (ST1/2/3).  Referrals to duty social worker for mental health section/crisis team (ST1/2/3).  Arranging ambulances for acutely unwell patients on home visits/at the practice (ST1/2/3).  Working with district nurses and palliative care team to ensure plans are in place for evenings and weekends (ST1/2/3).  Confirming deaths on home visits and arranging coroner referrals where appropriate (ST1/2/3).  Review of case notes (ST1/2/3).  ***Suggested Evidence***  Learning logs specifically reflecting on the referral process or a difficult referral (ST1/2/3).  MSF that comments on effective communication within the wider team (ST1/3).  CSR that comments on effective communication within the wider team (ST1/2/3).  CBDs that include analysis of referral processes and appropriate referral pathways being used (ST1/2/3).  Mini-CEX/COT where a referral was made (ST1/2/3).  Learning logs reflecting on an MDT (ST1/2/3).  Professional conversation reviewing the outcome of a patient following admission to hospital (ST1/2/3).  UUC Observational Record uploaded to the learning log (ST2/3). |
| **4. The demonstration of communication and consultation skills required for out of hours care.**  The GP registrar should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care e.g. telephone consultations and triage skills. They should be patient centred and should demonstrate understanding of consultation models and their relevance to UUC, such as breaking bad news, the limitations of telephone consultations and the absence of non-verbal communication.  The GP registrar should have some understanding of teamwork, be aware of the roles and responsibilities of the UUC team and be able to work and communicate with them effectively. |
| ***Example Activities***  Breaking bad news in the acute setting and within the training practice to patients and their relatives (ST1/2/3).  Communicating with patients with acute mental health problems in the acute setting and in primary care (ST1/2/3).  Telephone consultations within the training practice (ST1/2/3).  Observational/Direct supervision sessions in OOH/extended access hubs/urgent care treatment centres whereby communication skills and breaking bad news are observed (ST1/2).  Near/Remote sessions in traditional OOH where bad news is given to patients (ST3).  Joint sessions with trainer in training practice when on duty day (ST1/2/3).  Video recorded consultations with acutely unwell patients (ST1/2/3).  Telephone triage at training practice and traditional OOH (ST3).  ***Suggested Evidence***  Learning logs that discuss communication with acutely unwell patients (ST1/2/3).  MSF that specifically comments on GPSTs communication with patients and other team members (ST1/3).  CSR with commentary on communicating under pressure (ST1/2/3).  CBDs that comment on communicating by telephone with patients or that analyse the communication with acutely unwell patients (ST1/2/3).  Mini-CEXs or COTs on interactions with acutely unwell patients or focusing on breaking bad news (ST1/2/3).  Completed UUC Observational record uploaded to the learning log (ST2/3).  PSQ (when in GP post).  Audio- COTs (ST3) |
| **5. Individual personal time and stress management.**  GPSTs should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases appropriately.  GP registrars should be aware of the difficulties working in UUC, working antisocial and long hours and sometimes with overnight shifts. They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.    GP registrars should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. |
| ***Example Activities***  Managing several cases concurrently when working in A&E or during on call for medical, surgical and paediatric specialties (ST1/2).  Prioritisation of home visits/emergency appointments in training practice (ST1/2/3).  Efficient undertaking of multiple home visits during a duty day at the practice (ST3).  Delegation of tasks appropriately to other colleagues both in the acute setting and in the training practice (ST1/2/3).  Observation/direct supervision session within OOH/urgent care treatment centre (ST1/2).  Near/remote sessions in traditional OOH settings (ST3).  Involvement in major incident/major incident training at the hospital (ST1/2).  Minimisation of excessive handover to colleagues (ST1/2).  Use of telephone triage when duty doctor in the training practice (ST2/3).  Seeking senior support appropriately (ST1/2/3).  Consulting effectively within 10 minutes within the training practice (ST3).  Being able to consult efficiently when dealing with patients that are unknown and the full record is unavailable in traditional OOH settings (ST3).  Telephone triaging in traditional OOH settings (ST3).  Remote sessions on home visits with the OOH car (ST3).  ***Suggested Evidence***  Learning logs reflecting on prioritisation of patients when on call and the underlying decision-making processes (ST1/2/3).  Relevant comments within the educators notes section (ST1/2/3).  Course certificate with reflection on major incident training (ST1/2).  MSF that comments on delegation and working with colleagues (ST1/3).  CSR commenting on ability to delegate and work efficiently and with colleagues and professionalism (ST1/2/3).  Audio-COTs (ST3).  Completed UUC Observation Record uploaded to the learning log (ST2/3).  Significant event analysis related to systematic pressures within the acute care setting/OOH (ST1/2/3).  Educators notes – Sickness record (ST1/2/3). |
| **6. Maintenance of personal security, and awareness and management of security risks to others**  GPSTs must consider the implications of taking controlled drugs on home visits and recognise the risk that this may place on them and colleagues.  GPSTs should be able to deal with emergency situations ensuring that they are aware of resuscitation guidelines relating to personal and colleague safety when engaging with patients in dangerous situations including defibrillation.  GPSTs should seek additional advice or specific security advice when considering a home visit in areas that have been identified by the UUC service as potentially dangerous. This may include but is not limited to a chaperone and a driver. |
| ***Example Activities***  ALS Course (If required by hospital post) (ST1/2).  Dealing with aggressive patients/relatives when working in A+E or on call for hospital specialties (ST1/2).  Managing acutely disturbed mental health patients in psychiatry (ST1/2).  Revision of controlled drug rules and regulations (ST1/2/3).  Conflict resolution training (ST1/2/3).  Observation of colleagues in OOH/urgent care treatment centres/on call within the training practice (ST1).  Observation/direct supervision session within OOH/urgent care treatment centres/extended access hub (ST2).  Near/Remote supervision sessions in OOH, particularly with reference to going out in the OOH car (ST3).  Late home visits at the training practice as part of a duty day (ST2/3).  Discussion within training practice on home visit policies (ST1/2/3).  ***Suggested Evidence***  Course certificates with reflection (ST1/2/3).  Learning logs on controlled drug regulations, conflict management and professional conversations with colleagues (ST1/2/3).  Completed UUC Observation Record uploaded to the learning log (ST2/3). |

## APPENDIX B – Quick Reference Guide for UUC Activities and Evidence

The quick reference guide below is intended to help GPSTs identify possible activities and evidence that demonstrates development of their urgent and unscheduled care capability. A more detailed guide is presented in “Example Activities and Evidence for Demonstration of Urgent and Unscheduled Care Capability” (Appendix A). Both may be used in conjunction with the “Urgent/Unscheduled Care (UUC) Evidence of Capability” form, which should be completed prior to each ARCP panel and uploaded to an appropriately titled learning log so that this is visible to the educational supervisor at the time of the ESR. The examples suggested below indicate the likely relevant ST phase in which the evidence should be gathered, however, this is a suggestion and may differ between trainees depending upon capability. ST3 trainees will need to provide evidence that they are functioning at the level of an independent practicing GP by the time of their final ESR and be able to fully demonstrate the six capabilities of urgent and unscheduled care. ST1 and ST2 trainees should not be undertaking remote supervision sessions for traditional out of hours providers.

## THE SIX URGENT AND UNSCHEDULED CARE CAPABILITIES

|  |  |
| --- | --- |
| 1 | **Ability to manage common medical, surgical and psychiatric emergencies** |
| 2 | **Understanding the organisational aspects of NHS out of hours care, nationally and at local level.** |
| 3 | **The ability to make appropriate referral to hospitals and other professionals.** |
| 4 | **The demonstration of communication and consultation skills required for out of hours care.** |
| 5 | **Individual personal time and stress management.** |
| 6 | **Maintenance of personal security, and awareness and management of security risks to others** |

## EXAMPLE ACTIVITIES (IN BLACK) AS MAPPED TO ST PHASE AND CAPABILITY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ST PHASE/UUC CAPABILITY** | | | | | | | | | | | | | | | | | |
|  | **ST1** | | | | | | **ST2** | | | | | | **ST3** | | | | | |
| **SUGGESTED ACTIVITY** | **1** | **2** | **3** | **4** | **5** | **6** | **1** | **2** | **3** | **4** | **5** | **6** | **1** | **2** | **3** | **4** | **5** | **6** |
| Managing acutely unwell patients in secondary care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Managing acutely unwell patients in training practice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ALS Course (if required for hospital post) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Involvement in mental health sections |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out of Hours Courses |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Observational sessions in out of hours, urgent care centres and extended access hubs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direct supervision sessions in out of hours, urgent care centres and extended access hubs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Near/remote supervision sessions with traditional OOH providers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home visits and duty days at the training practice with near/remote supervision |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BLS and AED Training (mandatory in ST3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **ST PHASE/UUC CAPABILITY** | | | | | | | | | | | | | | | | | |
|  | **ST1** | | | | | | **ST2** | | | | | | **ST3** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **1** | **2** | **3** | **4** | **5** | **6** | **1** | **2** | **3** | **4** | **5** | **6** |
| Making/Receiving Referrals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Half day release teaching |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Practice tutorials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Processing OOH Correspondence |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attending CCG/LCG Meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Involvement in adult and child safeguarding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Arranging urgent ambulances |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Liaising with other community teams e.g. DNs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ensuring effective handover |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Confirmation of death |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review of case notes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breaking bad news |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone consultations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone Triage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Joint Surgeries |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Video Consultations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Effective delegation of tasks |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Major Incident Training |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Seeking appropriate senior support |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **ST PHASE/UUC CAPABILITY** | | | | | | | | | | | | | | | | | |
|  | **ST1** | | | | | | **ST2** | | | | | | **ST3** | | | | | |
| **SUGGESTED ACTIVITY** | **1** | **2** | **3** | **4** | **5** | **6** | **1** | **2** | **3** | **4** | **5** | **6** | **1** | **2** | **3** | **4** | **5** | **6** |
| Efficient consulting including where full notes unavailable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Communicating in challenging situations with patients and their relatives |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Revision of controlled drugs rules and regulations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conflict resolution training |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## APPENDIX C – Urgent and Unscheduled Care Session Record

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| **Organisation………………………………….……….…Location……..…....……………**  **Type of Session** (Please circle) **Observational Direct Near Remote** |
| **Trainee Name Date of session Start Time Finish time**    **Name of OOH Trainer..……………………………………….Email ………………………………………**  **Phone……………………….** |
| **Notes on the session** (activities undertaken, cases seen, organisational structure) |
| **Significant learning points/Capabilities Demonstrated** (how will this session help you deliver UUC including ‘Out of Hours’?) |
| **Reflection, including future training needs identified from this session** (what will you do differently as a result of this session?) |
| **OOH Clinical Supervisor Comments**   |  |  | | --- | --- | | **Evidence of Progress towards Capability** (please indicate with X as appropriate) |  | | **Ability to manage common medical, surgical and psychiatric emergencies** |  | | **Understanding the organisational aspects of NHS out of hours care, nationally and at local level** |  | | **The ability to make appropriate referral to hospitals and other professionals** |  | | **The demonstration of communication and consultation skills required for out of hours care** |  | | **Individual personal time and stress management** |  | | **Maintenance of personal security, and awareness and management of security risks to others** |  |   **I confirm that this represents an appropriate record of this UUC session**  **Signature of Session Host ………………………….. Date ……………..**  **Name...................................................... Email or mobile.................................................** |
| **Educational Supervisor Comments** (and suggested PDP entry)  **I confirm that this represents evidence towards demonstrating UUC capabilities**  **Signature of ES……………………….. Date…………………….** |

## APPENDIX D – Urgent and Unscheduled Care (UUC) Evidence of Capability

Please list the evidence available on your e-portfolio for each of the areas listed below.

|  |  |
| --- | --- |
| **UUC capability area** | **UUC capability evidence** |
| **1. Ability to manage common medical, surgical and psychiatric emergencies**  The GPST should be able to manage common medical, psychiatric and social emergencies they are likely to encounter during UUC experience. They should be able to recognise and manage critical situations using available resources and facilities. Examples are listed.  The GPST should be able to recognise the ill child and manage common paediatric emergencies such as meningitis; croup/asthma; febrile convulsion; gastro-enteritis and dehydration; and non-accidental injury.  The GPST should be able to manage such mental health problems as often present as a crisis during UUC. They should be competent to perform a suicide risk assessment and be aware of the procedures for assessment and implementation of detaining /admitting patients under the Mental Health Act. |  |
| **2. Understanding the organisational aspects of NHS out of hours care, nationally and at local level.**  The GPST should be aware of the processes that are in place both locally and nationally and understand the context of the provision of UUC in the Primary Care setting. They should understand the relationship between GP practices, OOH providers and PCTs, their roles and responsibilities.    The GPST should have an understanding of how emergencies and health initiatives can impact on UUC providers and be aware of procedures and policies in place to deal with them, for example, the CMO cascade system for national drug/infection alerts, how to deal with a local outbreak of an infectious disease, flu epidemics and managing a winter bed crisis.  They should be aware of the communication channels required for UUC and the IT systems to support them. |  |
| **3. The ability to make appropriate referral to hospitals and other professionals.**  The GPST should be aware of the range of and referral facilities and professionals available to patients out of hours. They should be able to communicate effectively and with courtesy to all other professionals involved with the care of the patient making prompt and appropriate referrals with clear documentation and arrangements for follow up.  The GPST should respect the roles and skills of others and can engage effectively and refer to other sources of care, such as ambulance and paramedic services, and those in secondary care (hospital where appropriate). |  |
| **4. The demonstration of communication and consultation skills required for out of hours care.**  The GPST should be competent in communication and consultation skills for the different types of consultations required in the context of out of hours care e.g. telephone consultations and triage skills. They should be patient centred and should demonstrate understanding of consultation models and their relevance to UUC, such as breaking bad news, the limitations of telephone consultations and the absence of non-verbal communication.  The GPST should have some understanding of teamwork, be aware of the roles and responsibilities of the UUC team and be able to work and communicate with them effectively. |  |
| **5. Individual personal time and stress management.**  The GPST should be able to manage their time and workload effectively; demonstrating good timekeeping, problem solving and the ability to prioritise cases appropriately.  The GPST should be aware of the difficulties working in UUC, working antisocial and long hours and sometimes with overnight shifts. They should recognise when they are not fit to work because of tiredness, physical or mental ill health and take appropriate action. They should be aware of their personal needs and abilities and learn to develop the necessary strategies to avoid stress and burnout and maintain good health.    The GPST should be aware of their duties and responsibilities regarding the health, safety and performance of their colleagues. |  |
| **6. Maintenance of personal security, and awareness and management of security risks to others**  The GPST must consider the implications of taking controlled drugs on home visits and recognise the risk that this may place on them and colleagues.  The GPST should be able to deal with emergency situations ensuring that they are aware of resuscitation guidelines relating to personal and colleague safety when engaging with patients in dangerous situations including defibrillation.  The GPST should seek additional advice or specific security advice when considering a home visit in areas that have been identified by the UUC service as potentially dangerous. This may include but is not limited to a chaperone and a driver. |  |