# Urgent and Unscheduled Care – A Summary for Trainers

## Introduction

In August 2019 “Out of Hours” changed to “Urgent and Unscheduled Care”. As opposed to completing 6 hours per month whilst in a GP training post, trainees need to demonstrate capability to work in out of hours, urgent, unscheduled and emergency care. Evidence of capability should be gathered throughout the entire training programme and within different environments, including, but not limited to, acute medical/psychiatric/surgical on call duties, duty doctor in hours in GP surgeries, urgent care treatment centres, walk-in centres and traditional out of hours settings.

Although no one specific type of experience is likely to demonstrate capability in isolation the national guidance is that trainees should undertake at least 72 hours during their GP training within traditional out of hours settings. However, trainees will be assessed on the evidence presented and whether this sufficiently demonstrates their urgent and unscheduled care capability. As educational supervisors it will ultimately become your decision as to whether trainees have demonstrated these capabilities, in order to make a recommendation to the ARCP panel.

## Types of Session

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

Observational – Typically ST1. 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 and will make only a very limited contribution to demonstrating overall capability.

Direct – Typically ST1/2. Trainees consult patients with an approved supervisor present. This could include a joint surgery on call in the practice as part of the weekly tutorial. For sessions undertaken in settings outside of the normal training practice and working hours, time off in lieu should be granted.

Near – Typically ST3, although could be in ST2 if trainee deemed capable of undertaking this type of session. 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. These sessions should only be undertaken when having completed a minimum of 6 months whole time equivalent of “near” supervision sessions.

## Booking Sessions

Trainees should give reasonable notice of their intention to work in out of hours, such that practices are able to plan for this, including giving time off in lieu, where indicated. Ordinarily, trainees should spread sessions evenly throughout their GP placement and time off in lieu should be given within two weeks of completing the out of hours shift. Trainees are discouraged from spending excessive amounts of time in out of hours where this could impact upon their normal in-hours training.

The policies that many out of hours organisations currently have often take trainees unaware and can take time to organise before trainees are able to start working. It is helpful if trainees can be reminded of this, especially those ST1 trainees starting out in a GP placement.

Shifts in extended access hubs are allowable but will not count towards the number of hours worked unless it can be demonstrated that the patients seen are both urgent and unscheduled. Some trainees may have the opportunity to work in urgent care treatment centres. These hours may count if the following criteria are met:

* The sessions should be out of hours
* The site must have an approved HEEoE clinical supervisor and be approved as an HEEoE training site
* Trainees should not be seeing the patients exclusively from their own practice
* There should be limited access to the full patient record

## What are the Capabilities?

The Royal College of General Practitioners has been revising its curriculum over the past few years. The previous six urgent and unscheduled care capabilities mapped to the old curriculum and these have now been re-aligned. There are now five urgent and unscheduled care capabilities that trainees will be expected to demonstrate.

* Knowing yourself and relating to others
* Applying clinical knowledge and skill
* Managing complex and long-term care
* Working well in organisations and systems of care
* Caring for the whole person and the wider community

## How Are Trainees Going to Demonstrate Capability?

Trainees need to gain experience both in and out of normal working hours and will need to write reflective case logs, undertake relevant WPBA and upload their Urgent and Unscheduled Care Session Record (Appendix A) to the e-portfolio. You will need to guide trainees by discussing their urgent and unscheduled care session records regularly and suggesting possible PDP entries that will help them to demonstrate their capability.

From August 2020 all evidence should be linked to the urgent and unscheduled care clinical experience group. The “Urgent and Unscheduled Care Capability” document (Appendix B) may be maintained as a personal record but will not be mandatory from August 2020. At the pre-ARCP ESR (and mid-point ESR for ST3 trainees) you should review the evidence highlighted by the trainee. You will then need to decide whether the trainee is making sufficient progress and, in ST3, whether the evidence presented is sufficient to achieve their CCT. Trainees in ST1/2 who have not undertaken any “direct” sessions should be encouraged to do so.

Further information regarding the capabilities and mapping to the professional capabilities is presented in appendix C.

## 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 Care and in the FAQ documents <https://heeoe.hee.nhs.uk/general_practice/gp-trainees/urgent-and-unscheduled-care>*.*

## APPENDIX A – 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**   |  |  | | --- | --- | | **Relevant Capability** (please indicate with X as appropriate) |  | | **Knowing yourself and relating to others** |  | | **Applying Clinical Knowledge and Skill** |  | | **Managing complex and long-term care** |  | | **Working well in organisations and systems of care** |  | | **Caring for the whole person and the wider community** |  |   **I confirm that this represents an appropriate record of this UUC session**  **Signature of OOH CS ………………………….. Date ……………..**  **Name......................................................**  **Email or mobile.................................................** |
| **Educational/Clinical Supervisor Comments** (and suggested PDP entry)  **I confirm that this represents evidence towards demonstrating UUC capabilities**  **Signature of ES……………………….. Date…………………….** |

## APPENDIX B – Urgent and Unscheduled Care Capability

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| **Knowing yourself and relating to others** | | **Applying clinical knowledge and skill** | | **Managing complex and long-term care** | | **Working well in organisations and systems of care** | | **Caring for the whole person and the wider community** | |
| **Fitness to practise:**  Managing factors influencing performance  **Communication:**  Effective partnerships with patients | | **Data gathering:**  Structured approach to data gathering  Interprets findings accurately  **CEPS:**  Proficient approach to clinical examination  **Making decisions:**  Appropriate decision-making  **Clinical management:**  Structured approach  Appropriate use of colleagues and services | | **Managing medical complexity:**  Manage concurrent health problems in individuals  Safe and effective approach to complex health needs  **Working with colleagues:**  Work as an effective team member  Coordinate team-based approach to patient care | | **Improving performance, learning and teaching:**  Continuously evaluate and improve care you provide  Adopt a safe and scientific approach to quality  **Organisational management and leadership:**  Apply leadership skills to improve performance  Make effective use of communication systems | | **Practising holistically, promoting health, and safeguarding:**  Demonstrate a holistic mind-set of a generalist  Safeguard individuals, families and local populations  **Community Orientation**  Understand the health service and your role within it. | |
| **Evidence** | | **Evidence** | | **Evidence** | | **Evidence** | | **Evidence** | |
| **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** | **Date** | |
| *Learning Log/WPBA – Urgent and Unscheduled care log* | *18.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *27.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *6.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *12.09.19* | *Learning Log/WPBA – Urgent and Unscheduled care log* | *17.09.19* | |
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*Please expand this table as needed by highlighting rows and selecting “insert rows below”.*

**APPENDIX C – Urgent and Unscheduled Care Capability Mapping**

*The list should not be considered exhaustive or exclusive, and these examples of learning outcomes should be considered in the context of the curriculum as a whole.*

**Area of Capability – 1. Knowing yourself and relating to others**

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| Core capability | Specific capability | Learning outcomes relevant to urgent care |
| **Fitness to Practice** | Manage the factors that influence your performance | * Comply with professional demands whilst showing awareness of personal needs and preserving your resilience and health * Anticipate and manage factors that influence you day to day performance including your ability to perform under pressure. |
| **Communication and Consultation Skills** | Establish an effective partnership with patients | * Flexibly and efficiently achieve consultation tasks in the context of limited time or challenging circumstances, using a range of communication skills tailored to each patient’s needs in the clinical context. |

**Area of Capability – 2. Applying Clinical Knowledge and Skill**

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| **Data Gathering and interpretation** | Apply a structured approach to data gathering and investigation | * Make appropriate use of existing information about the problem and the patient’s context. * Tailor your approaches to the contexts in which you work such as the predictive value of investigations |
| Interpret findings accurately to reach a diagnosis | * Demonstrate proficiency in interpreting the findings that may signify potentially significant health conditions requiring further action * Recognise ‘red flags’ and indicators of high risk, responding promptly and effectively. |
| **Clinical Examination and Procedural Skills** | Demonstrate a proficient approach to clinical examination | * Perform and accurately interpret focused examination in challenging circumstances eg. Emergencies * Demonstrate the ability to perform a variety of procedures according to your training, working circumstances and capability, and the patients’ preferences * Use equipment safely and effectively and in accordance with best practice guidelines eg. defibrillators |
| **Making decisions** | Adopt appropriate decision-making principles | * Recognise the inevitable uncertainty in general practice problem solving, sharing uncertainty with the patient where appropriate * Develop skills in rapid decision-making required for managing urgent, unfamiliar, unpredictable and other high-risk clinical situations. |
| **Clinical Management** | Provide general clinical care to patients of all ages and backgrounds | * Develop the knowledge and skills to provide high quality, holistic and comprehensive care to patients who have needs that require you to adapt your approach, such as acutely ill people. |
| Adopt a structured approach to clinical management | * Develop and implement management plans and monitor patients’ progress to identify unexpected deviations from the anticipated path. * Give appropriate safety-netting advice * Implement adequate follow-up arrangements * Facilitate continuity of care eg. record keeping |
| Make appropriate use of other professionals and services | * Refer appropriately to other professionals and service |
| Provide urgent care where needed | * *See other learning outcomes* * Develop and maintain skills in basic life-support and AED |

**Area of Capability – 3. Managing complex and long-term care**

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| **Managing medical complexity** | Manage concurrent health problems in individual patients | * Demonstrate a problem-based approach to identify, clarify and prioritise the issues to be addressed during an interaction with a patient with multiple problems. |
| Adopt safe and effective approaches for patients with complex health needs | * Recognise that patients often present with problems that cannot be readily labelled or categorized. Evaluate how this uncertainty influences the diagnostic and therapeutic options available. |
| **Working with colleagues and in teams** | Work as an effective team member | * Seek advice from colleagues when encountering problems in following agreed protocols and policies. * Routinely prioritise and manage personal workload in an effective and efficient manner, delegating appropriately to other team members |
| Coordinate a team-based approach to the care of patients | * Demonstrate the capability to lead and coordinate care at a team level, and when appropriate, at a service level. * Anticipate and manage the problems that arise during transition in care, especially at the interface of different healthcare professionals, services, and organisations. Be able to work across these boundaries. |

**Area of capability – 4. Working well in organisations and systems of care**

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| **Improving performance, learning and teaching** | Continuously evaluate and improve the care you provide | * Regularly obtain and act on feedback from patients and colleagues on your own performance as a practitioner. * Engage in structured team-based reviews of significant or untoward events and apply the learning arising from them. |
| Adopt a safe and scientific approach to improve quality of care | * Follow infection control protocols * Contribute to the assessment of risk across the system of care, involving the whole team in patient safety improvement * Promote safety behaviours to colleagues and demonstrate awareness of human factors in maintaining safety and reducing risk |
| **Organisational Management and Leadership** | Apply leadership skills to help improve your organisation’s performance | * Acknowledge the importance to patients of having an identified and trusted professional responsible for their care and advocate this by acting as the lead professional when required. * Recognise your responsibilities as a leader for safeguarding |
| Make effective use of information management and communication systems | * Use systems effectively for clinical recording, referral and communicating with patients and colleagues |

**Area of capability – 5. Caring for the whole person and the wider community**

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| **Practicing holistically, promoting health and safeguarding** | Demonstrate the holistic mindset of a generalist medical practitioner | * Interpret each patient’s personal story in his or her unique context. * Develop the ability to switch from diagnostic and curative approaches to supportive and palliative approaches as appropriate for the patient’s needs |
| Safeguard individuals, families, and local populations | * Recognise how safeguarding concerns may present across a range of scales – individual, families, and populations. * Respond safely, promptly and effectively to the full range of safeguarding needs. |
| **Community Orientation** | Understand the health service and your role within it. | * Recognise the role of a GP as first contact clinician, patient advocate, service navigator and gatekeeper. * Identify how local services can be accessed and use this to inform your referrals * Optimise use of limited resources |