# A Guide to Urgent and Unscheduled Care- OOH Supervisors

## Introduction

In August 2019 “Out of Hours” changed to “Urgent and Unscheduled Care” (UUC). Trainees should be aiming to spend significant time in out of hours during their GP placement, however, their overall assessment is based upon the demonstration of urgent and unscheduled care capabilities within their e-portfolio. The old RAG system for rating trainees will no longer be in place. Instead trainees will require differing levels of supervision, depending upon experience and developmental objectives that should have been set by their educational supervisor.

## What are the Different Levels of Supervision?

Observation – The trainee observes the out of hour’s clinical supervisor and does not have any input into the management of patients. This is equivalent to RED rating under the old arrangements.

Direct Supervision – Typically ST1 or ST2 trainees who are always directly observed by an out of hour’s clinical supervisor. The out of hour’s clinical supervisor would retain responsibility for the care of the patients. This is equivalent to RED rating under the old arrangements.

Near Supervision – Typically ST3 trainees, although could be ST2 if felt appropriate, who may consult patients, but with full access to an on-site out of hours clinical supervisor. This is equivalent to AMBER rating under the old arrangements.

Remote Supervision – ST3s who have undertaken at least 6 months whole time equivalent of “near supervision” sessions. The ST3 sees patients, but with out of hours clinical supervisor available at the end of the phone. This is equivalent to GREEN rating under the old arrangements.

## What Should Happen During a Training Session?

At the beginning of the session it should be agreed the level of supervision, as above, that the trainee requires.

The trainee should have some agreed objectives that have been discussed with their educational or clinical supervisor in practice and these should be discussed and facilitated, where possible, during the session.

Where applicable you will still need to complete workplace-based assessments, such as, consultation observation tools (COTS), case-based discussions (CBDs) and clinical examination and procedural skills (CEPS).

At the end of the session you should discuss the learning with the trainee and complete the new “Urgent and Unscheduled Care Session Record” (Appendix A), indicating which of the urgent and unscheduled care capabilities they have demonstrated.

## What are the Urgent and Unscheduled Care Capabilities?

The UUC capabilities were revised as part of the new RCGP curriculum and have now been mapped to the professional capabilities that trainees are expected to demonstrate by the end of training. There are now five capabilities relating to UUC:

* 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

These are described in more detail in Appendix B.

## 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

## URGENT AND UNSCHEDULED CARE SESSION RECORD

***Scan into e-portfolio for each session attended and attach to a Learning Log entry about this UUC session.­­***

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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) |  | | **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 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 CAPABILITIES

**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 |