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).  |