# FAQS – URGENT AND UNSCHEDULED CARE (UUC)

## Where can one access urgent and unscheduled care?

This can be accessed in Health Education England (HEE) approved centres working with HEE approved Clinical Supervisors. It is also possible to develop capability within hours during “duty days” in training practices and in the hospital during jobs such as A&E, psychiatry, acute medical units and whilst on call in paediatrics.

**When can one access urgent/ unscheduled care training recognised towards GP training?**

Most training has to be during GP attachments, and it is likely that the bulk of this will be during ST3. Relevant experience may be accrued during the hospital posts listed above. Observational sessions, in which the trainee attends relevant courses or observes other health professionals, without undertaking any clinical responsibility for patients, can be undertaken as part of the normal weekly protected educational sessions at any time throughout training. This is useful within ST1 and ST2 to demonstrate progression of capability.

The learner must not embark on this training during sick leave or whilst Out of Programme (OOP). It is possible to undertake observational or direct supervision sessions on Keeping in Touch Days during maternity leave provided this has been agreed with the Indemnity provider, ES and TPD. Near and remote supervision sessions must not be undertaken.

**What are the different types of session?**

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. This type of session is likely to make a very limited contribution to the demonstration of 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 but could be ST1/2 if competent. 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 – ST3 trainees only. Approved clinical supervisor available by phone. Time off in lieu must be given for sessions undertaken outside of normal working hours. Trainees should not be asked to undertake any remote sessions until they have completed at least 6 months of whole time equivalent “near” sessions.

**What time off in lieu is one entitled to?**

Any direct, near or remote session that is worked outside of the normal practice hours (excluding study leave for relevant courses) must be compensated by time off in lieu and should be granted by the training practice. This time should ideally be given back within two weeks of undertaking the shift. Observational sessions within the training practice, approved out of hours settings, extended access hubs or urgent care centres should be taken from the weekly self-directed study time.

In the unlikely event that practices are not providing time off in lieu you should initially speak to your educational supervisor. If this does not resolve the issue, then your training programme director needs to be informed.

The lead employer has agreed that the new requirements will not affect the pay of GP trainees, despite them working fewer anti-social hours than in previous years.

**Who can supervise urgent/unscheduled care training?**

This should only be HEE approved supervisors. However, observational sessions may be provided by a named supervisor in the organisation who may not be HEE approved.

**What are the urgent/unscheduled care capabilities (competencies)?**

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 does one record urgent/unscheduled care capabilities?**

Use the Health Education East of England (HEEoE) GP School “Urgent and Unscheduled Care Session Record” which can be downloaded from <https://heeoe.hee.nhs.uk/general_practice/gp-trainees/urgent-and-unscheduled-care>. The completed form should be signed by the clinical supervisor and then discussed and signed by the educational supervisor or clinical supervisor if the educational supervisor is in a different practice. You are strongly recommended to upload this onto the e-portfolio as it will provide evidence for your educational supervisor as to how you are progressing. Additionally, it is vital to document relevant cases seen when working in urgent and unscheduled care that reflect the required capabilities.

**How much exposure is necessary to achieve the urgent/ unscheduled care capabilities?**

Developing capability is a continuous process throughout the three years of GP training and there will need to be evidence of progression at each annual review of competence progression (ARCP) panel. Capability may be evidenced from a variety of sources. Previously trainees were expected to undertake 108 hours in traditional out of hours settings. This was revised in 2019 to 72 hours as this was thought to be a reasonable level at which trainees were likely to gain the relevant capability.

National guidance now is that trainees must gain experience of managing patients presenting with urgent and unscheduled healthcare needs, which is an important feature of both 'in-hours' and 'out-of-hours' GP care. Because there are particular features of unscheduled care that require a specific educational focus, such as the increased risk of working in isolation, the 'high-stakes' nature of clinical decisions, the relative lack of supporting services and the frequent need to promote self-care, it is important that trainees spend sufficient time in out of hours. Trainees may also attend sessions within urgent care treatment centres and walk-in centres provided that the site is HEEoE approved, there is access to an approved HEEoE supervisor, sessions are undertaken outside of the normal practice working hours and that the trainee is not seeing their own patients with access to the complete medical record.

Trainees in their ST 1 and 2 phases, whilst in GP placements, will need to develop their capability by undertaking “observational” and “direct” sessions and should aim to spend on average 4 hours per month pro rata. This will enable them to aim to undertake 48 hours of “near” and “remote” supervision sessions within ST3. “Direct” supervision sessions may be undertaken during ST3, particularly in those parts of the region that do not allow trainees to consult by themselves. If this is the case trainees should endeavour to provide evidence of independent working in urgent and unscheduled care linking evidence, for example, from duty days at the training practice. If the OOH clinical supervisor and educational supervisors assess trainees as being competent to undertake “near” supervision sessions whilst in ST2 this should be encouraged.

**How many hours of each type of session should a trainee undertake?**

COGPED states that there is no one particular type of session that is required to demonstrate capability within urgent and unscheduled care and a range of sessions is suggested. However, it should be noted that “observational” sessions are unlikely to demonstrate capability to any particular degree and trainees should be concentrating more on “direct”, “near” and “remote” sessions.

**Is there a limit to the number of out of hours shifts that a trainee can work?**

There is no upper limit to the amount of out of hours work that trainees may undertake. However, trainees will only receive an anti-social enhancement for up to 108 hours within their contracts of employment. Furthermore, with the new junior doctor’s contract and reduced hours that trainees work in their training practices, consideration must be given towards the impact on the rest of their training. Whilst training in urgent and unscheduled care is important this should not adversely impact upon the other clinical experience groups.

**Can all the urgent/unscheduled care capabilities be achieved within extended access at the training practice or at an extended access hub in which the training practice is a member?**

It is very unlikely that this would achieve the capabilities by itself. There is an expectation that you can consult in an environment where full access to clinical records is unavailable. The capabilities do not relate to the management of routine care. It is suggested that at least 72 hours will be undertaken in a traditional out of hours setting with additional experience within urgent care treatment centres and walk-in centres (as above) providing additional evidence of capability.

**Are there any requirements for WPBA during urgent/unscheduled care training?**

You are encouraged to arrange CBDs, COTs, Audio COTs and CEPS as these will provide evidence of your capability. However, they need to be carried out by experienced HEE approved Clinical Supervisors who are well versed with the assessments.

**Who assesses the urgent/ unscheduled care capabilities?**

OOH Clinical Supervisor – Identifies capability and indicates this on the Urgent and Unscheduled Care Session Record

Practice Clinical Supervisor – Where the educational supervisor is based at another practice, confirms the assessment of the OOH clinical supervisor using the Urgent and Unscheduled Care Session Record and agrees further developmental needs with the trainee.

Educational Supervisor – Confirms the assessment of the clinical supervisor using the Urgent and Unscheduled Care Session Record and agrees further developmental needs with the trainee. At the end of year ESR assesses whether the Urgent and Unscheduled Care Clinical Experience Group demonstrates satisfactory development.

ARCP panel – Utilises the assessment by the educational supervisor as evidence for the panel’s recommendation regarding progress.

**How will I know that I am progressing towards achieving urgent/unscheduled care capabilities throughout my training?**

You should be reviewing this regularly with your ES. The “Urgent and Unscheduled Care Session Record” should act as a trigger for a professional conversation with your ES or CS, who should assess the evidence collated to that point and suggest further developmental needs that should be recorded as a PDP entry.

**In preparation for my ESR and ARCP panels how should I highlight the evidence supporting the development of urgent/unscheduled care capabilities?**

Trainees should link their evidence to the Urgent and Unscheduled Care Clinical Experience Group within the e-portfolio and upload relevant urgent and unscheduled care session records.

**Are there any further additional requirements prior to the final ESR for urgent/unscheduled care training?**

You should have completed BLS & AED training. The BLS training is valid for 12 months and ALS training certificate is valid for 3 years, but the training should have taken place during GP training. The certificates on your e-Portfolio should be valid at the time of your CCT and attached to a shared log entry so that they are visible to your educational supervisor and the ARCP panel.

**I’m an ST4 trainee. What do I need to do regarding Urgent and Unscheduled Care?**

You should still be addressing your capability by undertaking and evidencing on call work within the training practice, but there is no requirement to undertake any further out of hours work during the ST4 post.

**I’m on an extension of my training. What do I need to do regarding Urgent and Unscheduled Care?**

You are advised to continue to add evidence to the Urgent and Unscheduled Care clinical experience group. If you have had an extension due to failure of WPBA it may be necessary for you to undertake further OOH sessions, depending upon the recommendation of the ARCP panel. If your extension is for examination failure attendance at OOH may not be necessary.

**I’m returning from a career break and have already undertaken some of the required out of hours. How much of this can I offset against what I need to do under the new arrangements?**

Under the old system trainees were expected to undertake 6 hours of out of hours shifts per month throughout their GP placements. Some trainees will have done more, and some, less than this prior to going on their career break. It is suggested that trainees continue to demonstrate ongoing capability and should aim to undertake 4 hours per month pro rata in traditional out of hours whilst in a GP placement. This will ensure that the capabilities are being developed prior to the end of GP training and is particularly important for those following a career break.