

Urgent and Unscheduled Care

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Developing people
for health and
healthcare

Aims and Objectives

- Understand the key changes to OOH training
- Understand the responsibilities of all stakeholders
- Understand how to assess capability
- Know what resources are available to support changes

What are the Key Changes?

- OOH → Urgent and unscheduled care
- Reduced time spent in traditional OOH settings
- Regular formative assessment
- Assessment of capability
- E-portfolio changes

Urgent and Unscheduled Care Capabilities

- 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

Developing Capability

- All ST phases
- Primary and secondary care
- In hours
- OOH/extended access hubs/urgent care treatment centre

	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					■		■	■			■							

Types of Session - Observational

- Typically ST1/2
- May include OOH courses
- No responsibility for patients
- Educational sessions

Types of Session – Direct Supervision

- Typically ST1/2
- Must be done prior to any near or remote sessions
- Only a limited contribution towards demonstrating capability
- Trainees have no clinical responsibilities for patients
- Considered as a “clinical” session

Types of Session – Near Supervision

- Typically ST3
- Trainee consults independently
- Considered a “clinical” session

Types of Session – Remote Supervision

- ST3 Only
- Not before has completed at least 6 months FTE of near supervision sessions
- Trainee consults independently with telephone advice
- Considered a “clinical” session

How Many Hours Then?

- Minimum of 48 hours of near/remote sessions in traditional OOH settings in ST3
- Need to stress capability is the target, not the number of hours

Evidencing Capability

- WPBA
- Reflective Log Entries
- UUC Observational Session Record

	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
SUGGESTED EVIDENCE																		
Mini-CEX	█		█	█			█		█	█								
COT	█						█						█		█	█		
Audio-COT																	█	
CBD	█		█	█			█		█	█					█	█		
MSF			█	█	█												█	
PSQ							█			█								
CSR			█	█	█										█	█		
Learning Log	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Course Certificates																		
BLS and AED (mandatory for ST3)																		
ALS (When required for hospital post)	█						█											
UUC Observational Record	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Educators Notes																		

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

Organisation				Location			
Type of Session (Please circle)		Observational	Direct	Near	Remote		
Trainee Name		Date of session		Start Time		Finish time	
Name of OOHTrainer				Email			
Phone							
Notes on the session (activities undertaken, cases seen, organisational structure)							
Significant learning points (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?)							

Session Host 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 observational session

Signature of Session Host **Date**

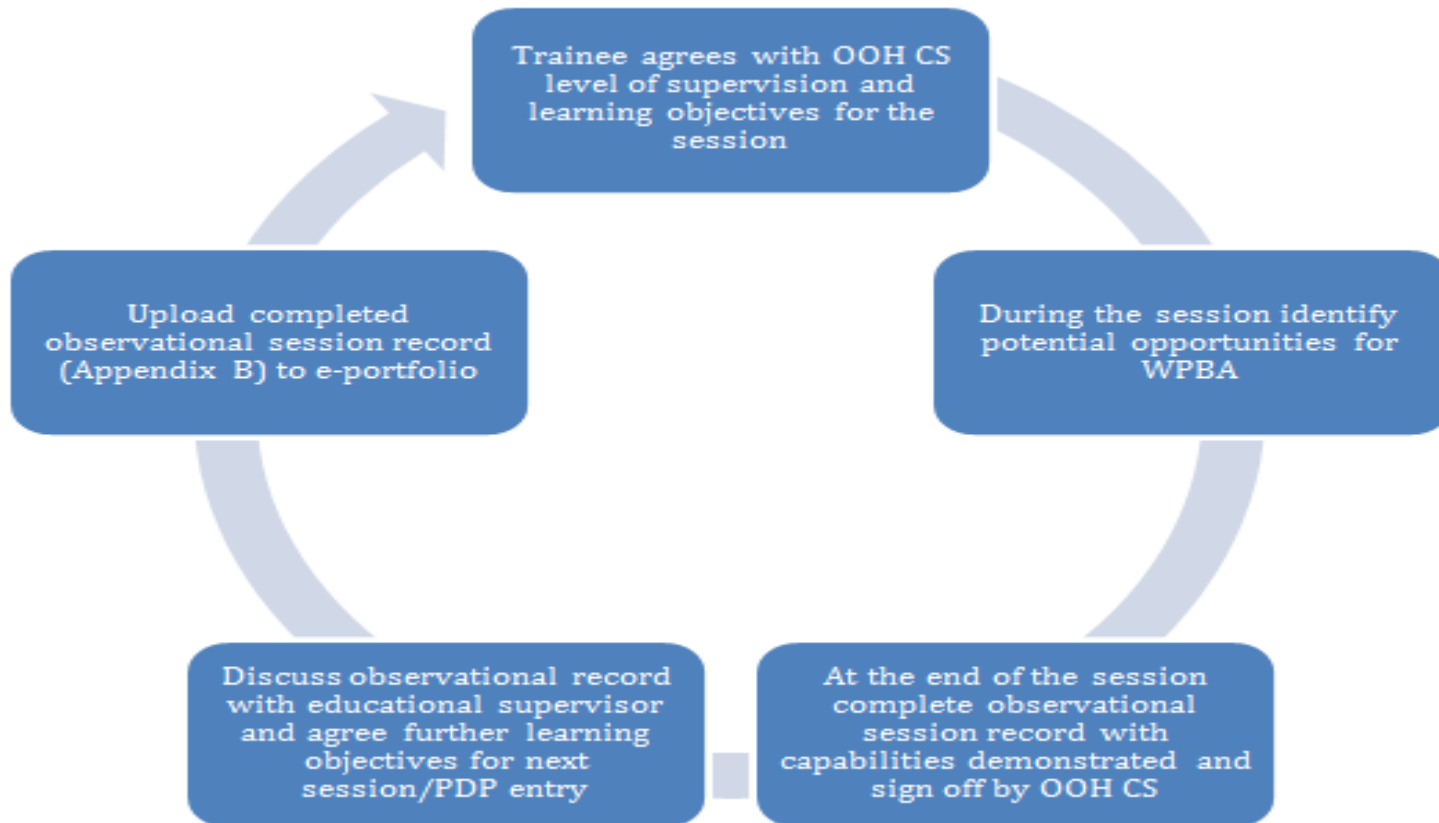
Name..... **Email or mobile**.....

Educational Supervisor Comments (and suggested PDP entry)

UUC Observational Session Record

- Completed after every shift in OOH
- Strongly suggested to upload to e-portfolio
- No requirement to record number of hours worked
- Should be discussed with ES

The Process for OOH Sessions



Process for Demonstrating Capability

Trainee identifies learning opportunities for UUC, including on-call duties, extended access and OOH



Gather evidence after each learning event - UUC Observational record, reflective case logs, WPBA



Prior to end of year ESR (and midpoint ESR if in ST3) complete UUC Evidence of Capability Form, highlighting relevant e-portfolio evidence



Educational supervisor reviews UUC Evidence of Capability and makes recommendation to ARCP panel whether sufficient progress being made



ARCP Panel uses recommendation of ES to decide whether outcome satisfactory for progression/CCT

Roles and Responsibilities

- Practice
 - Identify opportunities for addressing UUC capabilities
 - Facilitating attendance at OOH
 - Organising TOIL where appropriate

Roles and Responsibilities

- OOH Clinical Supervisor
 - Offer appropriate help and support
 - Complete UUC Observational Session Record as needed
 - Complete WPBA opportunistically
 - Ensure up to date with tier 2 re-approval

Roles and Responsibilities

- Educational Supervisor
 - Identifies opportunities for developing capability
 - Support trainees with the transition of OOH to UUC
 - Reviews UUC Observational Session Record and generates further developmental objectives
 - Assess capability using UUC Evidence of Capability Form

Roles and Responsibilities

- Trainees
 - Engage with the process
 - Gather evidence of capability
 - Pro-active in organising shifts
 - Upload UUC Observational Session Records
 - Prepare evidence prior to pre-ARCP ESR

Scenarios

- A current ST3 trainee had completed 72 hours of OOH prior to going on long-term sick leave. They are starting their next job in September 2019 and their CCT date will be the beginning of February. How many OOH do they need to complete?
- They do not have to achieve a specified number of hours just need to demonstrate ongoing capability. It will be down to the ES to decide how/what they need to do in their remaining time.

Scenarios

- A trainee on maternity leave asks whether you they are able to do any OOH shifts as part of a keeping in touch day. How should you respond?
- They are able to undertake observational sessions and could undertake a direct observation session, provided that the medical indemnity and lead employer have been contacted regarding this.

Scenarios

- The training practice is acting as an extended access hub for the local PCN. They are keen to involve the trainee and wonder how much of their time may be offset against the new OOH requirements
- Trainees are likely to have to work for at least 48 hours in OOH in near/remote sessions if they are likely to demonstrate their urgent and unscheduled care capability. Any hours worked in the extended access hub will contribute to demonstrating this, but will not detract from OOH sessions.

Scenarios

- A trainee attends an Urgent and Unscheduled Care introductory course and asks to claim this as study leave. Should this be allowed?
- **No. Any courses should come from the protected learning time during the normal working week, unless they are in a hospital post, in which case this would be acceptable.**

Scenarios

- A trainee arranges to observe an OOH supervisor overnight and asks to have TOIL. Should this be granted?
- Again the answer is no. The TOIL should be taken from their weekly protected teaching time.

Scenarios

- Who is responsible for deciding whether a trainee has achieved their UUC capability, the ES or the ARCP panel?
- The ES makes a recommendation to the panel as they will be better placed to make this decision.

Scenarios

- You are the ES for an ST3 trainee and you are conducting their pre-CCT ESR. On their e-portfolio it appears that they have only undertaken 36 hours in a traditional OOH setting. Should you sign them off for their UUC capability?
- It is the trainee's responsibility to fully evidence their UUC capability. If they can present evidence that suggests they have achieved this then this is fine, however, most trainees will need to spend a considerably longer time in the traditional OOH session, working almost independently.

Scenarios

- A trainee asks whether they may be able to spend some time going out with paramedics in out of hours. Should you as their ES agree to this?
- This is a legitimate experience, however, it would have to be as an observer with no clinical responsibility for any patients seen. The TOIL would therefore be taken from protected learning time.

Scenarios

- An ST1 GP trainee books a shift at an OOH organisation. When they arrive the team is short-staffed and they are asked to see patients in an adjacent room to the clinical supervisor. What should the trainee do?
- ST1 trainees should only undertake observed sessions where they sit in with the clinical supervisor, or direct sessions where they see the patients with the clinical supervisor, who has the responsibility for all clinical decision making.

Scenarios

- A very capable ST3 trainee attends OOH and is asked whether they could supervise one of the ANPs. How should the trainee respond?
- They should decline. At no point should EoE trainees be responsible for supervising other members of staff.

Scenarios

- An ST3 trainee approaching the end of their training attends an OOH session. Unfortunately, the only HEE approved clinical supervisor has phoned in sick. Is it ok for the trainee to continue to see patients as long as they are supported by one of the other doctors?
- **No. Even if working on a remote session there needs to be a named HEE OOH supervisor available at the end of a phone.**

Scenarios

- A trainee is reviewed at local ARCP panels and has been rated as competent for UUC by their ES. They have not uploaded any of the UUC observational session sheets to their e-portfolio, however, there are several reflective log entries and some WPBA completed within OOH that are probably sufficient to demonstrate their capability. Should they be given an outcome 5 with the advice to upload their shift sheets?

Scenarios

- No. An outcome 6 would be ok in this case. UUC is about capability and if the trainee has demonstrated this convincingly there is no necessity to upload their shift sheets. However, as part of the educational process this is strongly advised.

Summary

- UUC is about capability not hours worked
- Until e-portfolio changes demonstrating this will be more complicated
- Evidence of capability needs to be assessed at each ST phase
- Educational supervisors will be responsible for signing off trainees
- https://heeo.hee.nhs.uk/general_practice/urgent-and-unscheduled-care

Questions?