

# Urgent and Unscheduled Care (UUC) Policy (Primary Care)

## Thames Valley and Wessex

### For Trainees and Trainers

Updated Feb 2021

This guidance is based on the [COGPED position paper](#)

GP trainees need to demonstrate that they are able to meet the relevant capabilities linking to UUC as per the RCGP curriculum. The mapping document linking these can be found [here](#).

Quoting from RCGP website:

“whilst it is recognised that knowledge and skills needed to develop Urgent and Unscheduled capabilities may be gained “in hours” and in varying secondary / community / urgent care services there remain particular features more likely encountered in a primary care urgent care setting that require specific educational focus. Thus, to gain experience of, for example, working in isolation and with relative lack of supporting services, GP trainees **will need** significant opportunities to develop these capabilities in primary care based Urgent and Unscheduled care / Out of Hours provider organisations.”

### Settings for suitable experience out of hours in primary care

OOH providers should be the primary experience (including remote consultations/triage, Face to Face consulting and Home visiting)

Urgent Covid clinics

Urgent Care Centres (if available in your area)

Observational sessions can also develop capabilities in the OOHs setting: Crisis Mental Health Team, OOH Palliative Care Team, Urgent Social Services, Ambulance Services, 111, OOH district nursing or similar.

### Clinical supervision guidance

All work done outside of the training practice must have appropriate clinical supervision according to the trainee’s current experience and capability:

1. Observed Sessions - trainee observes health or social care professional providing no clinical care themselves (counts as trainee educational time; no clinical supervision required)
2. Direct Supervision - trainee consults with approved OOH clinical supervisor observing and holding final clinical responsibility (counts as trainee clinical time).

3. Near Supervision - OOH clinical supervisor works in same location and is readily available for discussion and debriefing or to review the patient themselves if necessary (counts as trainee clinical time).
4. Remote Supervision - OOH clinical supervisor is in a different location from trainee but available at all times for advice over the phone (e.g. trainer in base with trainee on home visit). The trainee must have completed some near supervision sessions and have agreed with their ES that they can work safely under remote supervision. (counts as trainee clinical time).

All levels of supervision (especially 2-4) can contribute to helping a trainee demonstrate capabilities.

Trainees need to discuss their supervision level with their ES/CS - this may be different for different types of consultation – For example: telephone triage as opposed to face to face consulting. They should state their agreed supervision level at booking, and then confirm this level is appropriate with their OOH clinical supervisor at the start of each shift. If there is any discrepancy the highest level of supervision requested should be used initially until both parties feel ready to progress.

We expect observational sessions to only happen in ST1/2 (as well as direct or near supervision if sessions available), and a very quick progression in ST3 to near supervision if this hasn't already happened. There is no requirement to have done any sessions with remote supervision.

### **Amount of experience in OOH settings that is necessary to demonstrate capability**

There is no mandatory number of hours – the focus should be on demonstrating capabilities.

All trainees must demonstrate capability in providing UUC in OOH settings away from their usual GP training practice. Each trainee, with ES support, should tailor their sessions (variable hours, ways and paces) according to their individual educational needs. UUC capabilities can be developed through working in acute medical / surgical / psychiatry on call, duty GP in hours sessions, urgent care centres and extended access hubs: each trainee will have different experiences of these and thus different learning needs.

Trainees should gain a breadth of experience (especially a mixture of triage, face to face consulting and home visits), in OOH settings, within the limitations of what is available to them locally. We would recommend working 1 session per month (approximately 48 hours per year/pro rata if LTFT) in an urgent care setting, dependant on availability.

If a trainee wishes to work additional hours in OOH beyond developing capabilities, they will need to discuss this with their ES to ensure they are developing capabilities well in all other areas first. On the whole this is not recommended, especially when limited OOH shifts are available and need to be offered fairly to all trainees.

## Documentation

An easy way to record a UUC session is to use a [UUC session record form \(named Urgent and Unscheduled session feedback form\)](#) which can be completed together with the OOH clinical supervisor for each session and then be uploaded to the e-portfolio.

We require you to show the signed completed forms to your ES/CS in order to claim time off in lieu (TOIL).

Trainees can also demonstrate learning from OOH sessions as 'Clinical Case Reviews' and WPBA (COTs, Cbd).

A summary of all OOHs sessions worked (showing a trainee has completed a mixture of triage, home visits and face to face consulting) may help an ES gather a picture of the experience gained.

## LTFT trainees

There is no difference for LTFT trainees. They need to demonstrate capability in UUC, including OOHs, by the end of training.

## Booking sessions

The booking arrangements will vary according to a trainees' local area. Please only book clinical sessions with GP OOH clinical supervisors that have been approved by the Deanery. Most OOH providers have a booking process to ensure this is the case.

You will be working with the GP OOH provider that is allocated to the GP practice where you work. In some regions there may be more than one organisation providing different aspects of the OOH work (triage, face to face, home visiting) and you may need to register with all of them individually to gain experience across settings.

Trainees are strongly encouraged to give their GP training practice a reasonable amount of notice (4 weeks) for clinical time off in lieu, to help with rota and patient care planning for in-hours work. Practices are also asked to accommodate and support trainees as much as possible with gaining OOH experience.

## WPBA in OOH

COTs, Audio COTs, CATs/CBDs can all be completed in UUC settings and we would encourage you to do so.

However, the assessor who completes these must be trained in the use of WPBA tools. In primary care this means they must **be an approved Educational Supervisor**. The guide to who can complete WPBA can be found [here](#).

### **Decisions regarding capability of a trainee**

The Educational Supervisor is responsible for assessing capabilities in this clinical experience group alongside the other groups. The RCGP mapping document referenced above can guide trainers to make this assessment and documenting the evidence in the ESR.

We have locally created a further assistance for educational supervisors - see appendix 1. By completing this chart with the trainee over the placement, it can help ensure a breadth of experience. The chart can be uploaded to the trainee e-portfolio.

### **Travel Costs**

At the moment travel costs in OOH cannot be claimed for. Usually however the OOH provider will provide transport for home visits.

Updated Feb 2021

[sheena.sharma@hee.nhs.uk](mailto:sheena.sharma@hee.nhs.uk) (Thames Valley)

[omorris@doctors.org.uk](mailto:omorris@doctors.org.uk) (Wessex)

## Urgent and Unscheduled Care Evidence

You should demonstrate capabilities across a range of different UUC settings in your area. Use the Evidence Grid to show how your chosen pieces of evidence support your capabilities in at least two settings for each consultation type (Telephone/Video, Face-to-Face and Home Visiting). You should also demonstrate capabilities in at least two types of consultation in the OOHs setting.

	Telephone/Video	Face-to-Face	Home Visiting
<b>In Training Practice</b> Primary care records available Patients known to Team Full daytime services available			
<b>Outside Training Practice</b> Primary care records available Full daytime services or more limited OOHs services available depending on time of day			
<b>Out of Hours Setting</b> No/limited primary care records available Limited OOHs services available			