

Urgent and Unscheduled Care

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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



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



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

Organisation	Locatio	n		
Type of Session (Please circle)	Observational	Direct	Near	Remote
Trainee Name	Date of session	Start	Time	Finish time
Name of OOHTrainer		Email		
Notes on the session (activities und	dertaken, cases seen	, organisational	structure)	
Significant learning points (how Hours'?)	\prime will this session he	elp you deliver	UUC inclu	ıding 'Out of
Reflection , including future training differently as a result of this session		from this sess	ion (what v	will you do



Section	Hast	Comments
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	

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/CS



The Process for OOH Sessions

Trainee agrees with OOH CS level of supervision and learning objectives for the session

Upload completed observational session record (Appendix B) to e-portfolio During the session identify potential opportunities for WPBA

Discuss observational record with educational supervisor and agree further learning objectives for next session/PDP entry At the end of the session complete observational session record with capabilities demonstrated and sign off by OOH CS



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 eportfolio 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



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



- 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



- 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



- 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



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://heeoe.hee.nhs.uk/general_practice/urgentand-unscheduled-care



Questions?