Example Activities and Evidence for Demonstration of Urgent Unscheduled Care Capability

This is intended as a guide for GP trainees to help them develop and demonstrate their Urgent and Unscheduled Care capability. Examples are given of the kinds of material that may contribute to a GP trainee’s ‘UUC Evidence for ARCP’. They are not exhaustive, and it is anticipated that GP trainees and their educational supervisors will use this framework as a scaffold to guide learning needs. At the final ESR there must be enough evidence to fully demonstrate the six key competencies for OOHs care.

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 OOH 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 OOHs. 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.

**ST1/ST2**

*Example Activities*

Managing acutely unwell patients in A&E and on call for paediatrics, medicine and surgery.

ALS/APLS [only if required by hospital post]

Observing/partaking in mental health sections and managing acutely unwell mental health patients on call.

Out of hours training courses.

Observation sessions in Urgent Primary Care Services: Out of Hours, Urgent Care Centres, Acute Visiting Services, GP Hubs, GP streaming in Emergency Departments [GP posts].

Observation sessions with other services providing urgent and emergency health and social care in your area (e.g. Crisis Mental Health, Community Palliative Care, Social services, District Nursing Team, Ambulance service, 111/999)

Managing acutely unwell patients in training practice.

BLS and AED training in training practice.

*Suggested Evidence*

Mini-CEX/COT evidencing management of an acutely unwell patient/mental health assessment.

Learning logs reflecting on management of acutely unwell patients.

MSF with commentary regarding clinical management of acutely unwell patients.
CSR commenting on ability to manage acutely unwell patients.
CBDs focusing on the management of an acutely unwell patient/mental health assessment.
Course certificates with reflection uploaded to the learning log.
UUC Observational Record form and associated learning log.

**ST3**

*Example Activities*
Home visits and duty days at the training practice with near/remote supervision
Urgent Care clinical sessions (under supervision) outside of training practice: traditional OOH providers, Extended Access and Urgent Primary Care Services, Urgent Care Triage Services, Acute Visiting Services, GP streaming in Emergency Departments.
BLS and AED training (mandatory for ST3)

*Suggested Evidence*
COT/Audio-COTs evidencing management of an acutely unwell patient/mental health assessment.
Learning logs reflecting on management of acutely unwell patients.
MSF with commentary regarding clinical management of acutely unwell patients.
CBDs focusing on the management of an acutely unwell patient/mental health assessment.
BLS and AED certificate (Must be uploaded before final ESR).
UUC Session Record Form and associated learning log.

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 OOH care 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 OOH care 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 OOH care and the IT systems to support them.

**ST1/ST2**

*Example Activities*
Referral to GP service when working in A&E.
Taking referrals from the GP out of hours when working on call.
Teaching at half day release (e.g. public health outbreaks, commissioning of UUC/OOH, case discussion).
Tutorials in practice on primary care organisation.
Processing out of hours correspondence in practice.
Introductory OOH courses.
Introductory courses to Ambulance Service, 111 and 999.
Observation sessions in Urgent Primary Care Services: Out of Hours, Urgent Care Centres, Acute Visiting Services, GP Hubs, GP streaming in Emergency Departments [GP posts].
Observation sessions with other services providing urgent and emergency health and social care to your community (e.g. Crisis Mental Health, Community Palliative Care, Social services, District Nursing Team, Ambulance service, 111/999)
Attendance at relevant CCG/LCG/PCN meetings.

**Suggested Evidence**
Learning logs, including professional conversations regarding the organisation of UUC and teaching sessions on the organisation of UUC with reflection.
Course certificates with reflection on the organisational aspects of UUC.
UUC Observational Record form and associated learning log.

<table>
<thead>
<tr>
<th><strong>ST3</strong></th>
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<tbody>
<tr>
<td><strong>Example Activities</strong></td>
<td>In addition to activities under ST1/ST2:</td>
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<td></td>
<td>Urgent Care clinical sessions (under supervision) outside of training practice: traditional OOH providers, Extended Access and Urgent Primary Care Services, Urgent Care Triage Services, Acute Visiting Services, GP streaming in Emergency Departments.</td>
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**Suggested Evidence**
As for ST1/ST2 but may also include:
UUC Session Record Form and associated learning log

| **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). |

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<thead>
<tr>
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<tr>
<td><strong>Example Activities</strong></td>
<td>Making referrals to other specialties when working in A&amp;E at unsociable hours.</td>
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<td>Receiving GP referrals when on call at unsociable hours.</td>
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<td>Urgent referrals in the acute hospital and in the training practice to relevant safeguarding teams.</td>
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<td>Referrals to duty social worker for mental health section/crisis team.</td>
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<td>Referral to on call specialties from the training practice.</td>
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<td>Arranging ambulances for acutely unwell patients on home visits/at the practice.</td>
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| Review of case notes.  
Observation sessions in Urgent Primary Care Services: Out of Hours, Urgent Care Centres, Acute Visiting Services, GP Hubs, GP streaming in Emergency Departments [GP posts].  
Observation sessions with other services providing urgent and emergency health and social care to your community (e.g. Crisis Mental Health, Community Palliative Care, Social services, District Nursing Team, Ambulance service, 111/999) |

**Suggested Evidence**  
Learning logs specifically reflecting on the referral process or a difficult referral.  
MSF that comments on effective communication within the wider team.  
CSR that comments on effective communication within the wider team.  
CBDs that include analysis of referral processes and appropriate referral pathways being used.  
Mini-CEX/COT where a referral was made.  
Professional conversation reviewing the outcome of a patient following admission to hospital.  
UUC Observational Record from and associated learning log.  

| **ST3**  
*Example Activities*  
Urgent Care clinical sessions (under supervision) outside of training practice: traditional OOH providers, Extended Access and Urgent Primary Care Services, Urgent Care Triage Services, Acute Visiting Services, GP streaming in Emergency Departments.  
Referral to on call specialties from the training practice.  
Urgent referrals to relevant safeguarding teams.  
Referrals to duty social worker for mental health section/crisis team.  
Arranging ambulances for acutely unwell patients on home visits/at the practice.  
Working with district nurses and palliative care team to ensure plans are in place for evenings and weekends.  
Confirming deaths on home visits and arranging coroner referrals where appropriate.  
Review of case notes.  

**Suggested Evidence**  
Learning logs specifically reflecting on the referral process or a difficult referral.  
Learning logs reflecting on an MDT.  
MSF that comments on effective communication within the wider team.  
CBDs that include analysis of referral processes and appropriate referral pathways being used.  
COT where a referral was made.  
Professional conversation reviewing the outcome of a patient following admission to hospital.  
UUC Session Record Form and associated learning log where a referral was made. |

| **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 OOH care, 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 OOH team and be able to work and communicate with them effectively.

**ST1/ST2**
[Note that this competency is demonstration of these skills in the OOHs setting; most evidence should come from clinical UUC sessions in ST3.]

*Example Activities*
- Breaking bad news in the acute setting and within the training practice to patients and their relatives.
- Communicating with patients with acute mental health problems in the acute setting and in primary care.
- Telephone consultations within the training practice.
- Joint sessions with trainer in training practice when on duty day.
- Video recorded consultations with acutely unwell patients.

*Suggested Evidence*
- Learning logs that discuss communication with acutely unwell patients.
- MSF that specifically comments on GP trainee’s communication with patients.
- CSR with commentary on communicating with patients under pressure.
- CBDs that comment on communicating by telephone with patients or that analyse the communication with acutely unwell patients.
- Mini-CEXs or COTs on interactions with acutely unwell patients or focusing on breaking bad news.
- PSQ (when in GP post).

**ST3**

*Example Activities*
- Breaking bad news within and outside the training practice (including OOH).
- Communicating with patients with acute mental health problems within and outside the training practice (including OOH).
- Telephone consultations within and outside the training practice.
- Joint sessions with trainer in training practice when on duty day.
- Video recorded consultations with acutely unwell patients.
- Telephone triage within and outside training practice (including OOH).

*Suggested Evidence*
- Learning logs that discuss communication with acutely unwell patients.
- MSF that specifically comments on GP trainee’s communication with patients.
- CBDs that comment on communicating by telephone with patients, analyse the communication with acutely unwell patients or discuss telephone triage.
- COTs on interactions with acutely unwell patients or focusing on breaking bad news.
- Audio-COTs.
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<td>Managing several cases concurrently when working in A&amp;E or during on call for medical, surgical and paediatric specialties.</td>
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<td>Involvement in major incident/major incident training at the hospital.</td>
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<td>Delegation of tasks appropriately to other colleagues both in the acute setting and in the training practice.</td>
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<td>Prioritisation of home visits/emergency appointments in training practice.</td>
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<td>Observation sessions in Urgent Primary Care Services: Out of Hours, Urgent Care Centres, Acute Visiting Services, GP Hubs, GP streaming in Emergency Departments [GP posts].</td>
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<td>Minimisation of excessive handover to colleagues.</td>
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<td>Use of telephone triage when duty doctor in the training practice.</td>
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<td>Seeking senior support appropriately.</td>
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| **Suggested Evidence** |
| Learning logs reflecting on prioritisation of patients when on call and the underlying decision-making processes. |
| Relevant comments within the educators notes section. |
| Course certificate with reflection on major incident training. |
| MSF that comments on delegation and working with colleagues. |
| CSR commenting on ability to delegate and work efficiently and with colleagues and professionalism. |

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<td>Consulting effectively within 10 minutes within the training practice.</td>
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**Efficient undertaking of multiple home visits during a duty day at the practice.**
Effective delegation of patients to other health professionals where appropriate.
Telephone triaging within and outside training practice (including OOH settings).
Urgent Care clinical sessions (under supervision) outside of training practice: traditional OOH providers, Extended Access and Urgent Primary Care Services, Urgent Care Triage Services, Acute Visiting Services, GP streaming in Emergency Departments.
Being able to consult efficiently outside the training practice when dealing with patients that are unknown and the full record may be unavailable (traditional OOH setting).

**Suggested Evidence**
Learning logs reflecting on prioritisation of patients when on call and the underlying decision-making processes.
Relevant comments within the educators notes section, for example, related to timekeeping.
MSF that comments on delegation and working with colleagues.
UUC Session Record form and associated learning log where there is a focus on time pressures/stress management.
Significant event analysis related to systematic pressures within the acute care setting/OOH.
Audio-COTs

### 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 OOH service as potentially dangerous. This may include but is not limited to a chaperone and a driver.

**ST1/ST2**

**Example Activities**
- ALS Course (If required by hospital post)
- Dealing with aggressive patients/relatives when working in A+E or on call for hospital specialties.
- Managing acutely disturbed mental health patients in psychiatry.
- Controlled drug rules and regulations.
- Conflict resolution training.
- Observation sessions in Urgent Primary Care Services: Out of Hours, Urgent Care Centres, Acute Visiting Services, GP Hubs, GP streaming in Emergency Departments [GP posts].
- Observation sessions with other services providing urgent and emergency health and social care in your area (e.g. Crisis Mental Health, Community Palliative Care, Social services, District Nursing Team, Ambulance service, 111/999)
Discussion within training practice on home visit policies.

**Suggested Evidence**
Course certificates with reflection.
Learning logs on controlled drug regulations, conflict management and professional conversations with colleagues.
UUC Observation Record form and associated learning log.

| ST3
| Example Activities |
|-------------------|-------------------|
| Urgent Care clinical sessions (under supervision) outside of training practice: Urgent Care Triage Services (home visit security risk?) and Home Visiting Services. |
| Late home visits at the training practice as part of a duty day. |

**Suggested Evidence**
Learning logs, for example, reflecting on the difficulties of late visits or visiting unsafe areas.
UUC Session Record and associated learning log.

[Adapted from HEE East of England document by Olie Morris, July 2019]