Health Education England

Urgent and Unscheduled Care (UUSC) FAQ

GP trainees are required to demonstrate their capability to work in urgent and unscheduled care (UUSC).

This needs to be developed and demonstrated throughout the training programme, developing evidence in GP and hospital posts.

1. Definition of Unscheduled Care

Unscheduled care can be defined as; health and/or social care which cannot reasonably be foreseen or planned in advance of contact with the relevant professional. It follows that such demand can occur any time and that services to meet this demand must be available 24 hours a day seven days a week.

Unscheduled care, by definition, is urgent with the need to take action at the time of contact with services. Unscheduled care refers to patients who have NOT pre-booked an appointment. In other words, you need to demonstrate that you are capable of handling patients who turn up acutely wanting to be seen. It does NOT imply the delivery of routine or non-urgent services on an as required and uncontrolled basis 24hours a day.

2. Where is it done?

Whilst you are in hospital posts, you will engage in the department's on-call programme – whatever that may be. However, when you are in your GP posts, you will need to engage with and collate evidence of your capability in Urgent, Unscheduled Care.

There are a wide variety of places where urgent unscheduled care is provided such as Out of Hours (OOH) centres. They see patients out-of-GP-surgery-hours. But Urgent, Unscheduled Care is provided during surgery hours in the practice via the on-call duty doctor. There are other urgent unscheduled care services in primary care. Take for example GPs attached to A&E departments, the paramedics, the mental health crisis team, the palliative care emergency service and so on.

In the past, UUSC in GP training was based on the number of hours a GP trainee spent in an OOH centre, this has now changed to ensure trainees are exposed to a variety of Urgent Unscheduled Care service types.

Although the **majority** of your evidence for UUSC capabilities will come from OOH centre work and by doing in-hours on-call duty doctor for the surgery, you are encouraged to explore other providers, e.g.

<u>UUSC services directly with GPs</u>

- Duty Doctor for the surgery (i.e. on-call surgeries)

- Out of Hours (OOH) Emergency GP Centres – mobile & base sessions
- GP centre attached to A&E departments
- GP Extended hours work where the appointments are for acute unscheduled problems and not routine.
- Telephone triage session (in practice, OOH or elsewhere)

To supplement that evidence further, you can use experience from:

UUSC with allied health care professionals

- Paramedics & Regional Ambulance Services
- Mental Health Crisis Team
- Palliative Care Urgent Service
- A&E departments, MAU, Paediatric Emergency Assessment Units, Paediatrics services, emergency Psychiatry on call services, Crisis teams
- Prison Medicine
- Walk in clinics / Minor Injuries Centres

The capabilities that you have to demonstrate are the 13 Professional Capabilities that you are already familiar with that run throughout GP training and the Work-Place Based Assessments.

3. What do I need to demonstrate?

Write your UUSC experience from the aspect of one or more of the 13 Professional Capabilities.

The 13 Professional Capabilities have been grouped into 5 Professional Capability areas.

1. ***Relating To You And Others-*** Fitness to Practice, Communication Skills, Ethical Approach
2. ***Clinical Knowledge, Skills & Decisions*** Data Gathering, Clinical Examination & Procedural Skills (CEPS), Making Decisions, Clinical Management
3. ***Complex & Long-Term Care-*** Managing Medical Complexity, Working with Colleagues & in Teams
4. ***Organisations & Systems-*** Performance, Learning & Teaching, Organisation, Management & Leadership
5. ***The Person & Communities-*** Practising Holistically & Promoting Health, Community Orientation, Safeguarding

4. What number of UUSC sessions do I need to do?

In the past, GP trainees were expected to do 18 OOH sessions over the 18 months of General Practice. That equated to roughly ONE session per month – each session lasting 4-6 hours. Now it is not the hours spent in UUSC that is important. What is important is that you do enough sessions to provide enough EVIDENCE of adequate experience demonstrating your ability across the Professional Capabilities (listed above). In all cases, to be deemed as “competent” in UUSC will need to be justified by the evidence provided – not by the number of hours or sessions.

There is no longer a minimum required number of hours of UUSC work trainees must complete prior to CCT. The emphasis in the new guidance is on achieving competence rather than counting hours. it would probably be difficult to demonstrate this in less than 48 hours of UUSC experience. If you can provide ample evidence for all UUSC capabilities in less than this this might be fine but please be aware that you will be inviting increased scrutiny to the quality of your evidence. So, for those of you who like to have numbers, approximately 48 hours of experience should be regarded as a minimum figure that should allow a GPST to demonstrate that they are capable in UUSC.

5. The European Working Time Directive (EWTD)

It is important that working arrangements (both in-hours and OOH) for practice-based trainees are compliant with the EWTD, both to provide a fair working environment for the trainee and to ensure that the employer is properly fulfilling their statutory obligations. Full information on the EWTR is available on the BMA website.

The EWTR dictate that, within a 24-hour period, a trainee can work continuously for a maximum of 13 hours and that there should be 11 hours rest between work periods.

They also state that there must be an average maximum working week of 40 hours.
This average is taken over a reference period of 6 months, so it is possible to have some weeks busier than others.

If UUSC sessions are organised in good time and with sufficient thought given to when those sessions should take place, there is no reason why completing their UUSC responsibility should put them in breach of the EWTD.

6. How will I be supervised?

Depending on what stage you are at in your training and how experienced you are, your clinical supervisor (CS) may either oversee your work in detail or take a step back and see how you get on.

- ***Observing***– this is where you will sit in and watch your Clinical Supervisor with a discussion at appropriate points. You will not see any patients. Observing also includes induction, orientation or other training sessions for OOH work – like a telephone triage workshop. (helps you to 'KNOW' about services contributing to UUSC).
- ***Direct supervision*** – the GP trainee is supervised directly, face-to-face, by the CS. Trainees might suggest a clinical management plan, but they will take no clinical responsibility because it is the CS who will make the final clinical decisions. (Enable you to begin to develop your capabilities i.e. KNOW HOW to deliver care)
- ***Nearby supervision*** – the GP trainee consults independently but with the CS close at hand if needed e.g. in the same building (i.e. the trainee starts some independent working). (Enables you to SHOW HOW)
- ***Remote supervision*** – the GP trainee consults independently and remotely from the CS, who is available by telephone. An example of such a session would include a session 'in the OOH mobile 'car' session, supervised by another GP 'at base'. (DO)
- Remember, never act beyond your capabilities. If you feel unsure about something or feel something is beyond your expertise, seek advice from your Clinical Supervisor. Patient safety is paramount.

7. What UUSC things should I be doing at ST1, ST2 and ST3?

<u>ST1 & ST2</u>
GP trainees at the ST1/2 stage should ensure that they get enough UUSC exposure such that they are ready to work with an UUSC provider in a patient facing capacity from the start of ST3 at the latest.

In hospital-based posts, you engage in the on-call programme for that department. In your first GP post, you will mainly be OBSERVING or under DIRECT SUPERVISION (i.e. seeing patients but all need to be seen and reviewed by the CS before they leave).

ST3

The ST3 GP trainee should gradually move from supervised to consulting independently. All these sessions are to be counted towards “clinical” sessions in the weekly timetable.